Care Coordinator Informational Questionnaire

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1. **Please indicate the number of years of experience in care coordination/case management.**

   I have been a Workers Compensation Case Manager for 21 years providing CM services for predominately Catastrophic Injuries such as those experienced in the Big Dig to injuries that significantly impact an IW's ability to quickly get back to the work force. I have dedicated employers who request my services and Insurers who value my CM interventions which hads allowed me considerable success as a case manager.

2. **Please provide the approximate number cases with morphine milligram equivalent above 100 (MME > 100) that you have assisted with in past three years.**

   In the past 3 years, I have worked with 40 Injured workers where they were taking doses of opioid medication at a MME > 100.

3. **Please indicate the best geographic area where you have greatest experience**.
   I would be most interested in working in the South Shore, Cape and Islands to Providence, RI area.

4. **Please explain your background/experience with addiction or pain management.**

   I have received referrals from Insurance companies to specifically provide Opioid Weaning interventions which has required me to contact involved parties to develop a plan to wean down doses of medications to either substitute suboxone, morphine instead of Oxycontin/Oxycodone or alternative measures including gym memberships or use of pain management interventions prior to wean and after resulting in abstinence.

   I have acquired several Injured Workers with new injuries who are on chronic narcotics for prior incidents. I identify the issue and address with the IW that I would like to work on elimination of all narcotics at the cessation of our plan of care with some success.

   I work with individuals with Catastrophic Injuries who are prone to heavy narcotic use initially to treat pain. I am very cognizant of narcotic prescribing and encourage alternative medications/interventions to overcome pain cycles and prevent potential high dosing of narcotics.

5. **Please provide a very brief outline of three cases you have assisted with within last three years (i.e., starting MME, what treatment plan seemed to help and how case ended). Please explain the results of the three cases.**

Case 1

Starting MME: > 300 mg Oxycontin/320 mg Oxycodone/Fentanyl Patch/Ativan 0.5 x6/day as needed

Treatment Plan:

Referral received from Insurance Company at request of new PCP who acquired the patient from a PCP office who suddenly closed. PCP continued to prescribe medications and informed IW he would be requesting assistance with wean . IW was represented with counsel refusing direct contact with IW. CM worked with PCP and local Pain Management MD to develop a plan. Since the IW had ongoing lumbar back pain that had been responsive to epidural in the past, I obtained authorization from the Insurance Company to cover an epidural injection which was completed 3 weeks prior to the planned weaning process. I identified an acute inpatient facility to potentially initiate the wean(spoke with them in advance) with IW reporting to facility as planned. The PCP provided medication up to that day with a plan to provide new prescriptions if he was not deemed a candidate for inpatient. The facility indeed deferred treatment and snet him back home. We then embarked on a 10% wean weekly of opiates, starting with reducing the oxycontin to safer levels then weaning the oxycodone down to manageable levels, then converting to oxycodone for final taper over 9 months. During the course of the wean , the IW was seen by Pain Management and underwent an additional epidural injection and was started on a gym membership for aquatic exercise with great response.

End Results: Successful wean form exorbitant amounts of Opioids

Case 2

Starting MME: 120 mg Oxycodone/Ativan 0.5 6 x day

Treatment Plan:

Referral was received from Insurance company to assist patient with wean from narcotics as ordered by the DIA . IW was not happy about the order, but eventually agreed to participate when his new PCP indicated he would not prescribe high dose narcotics any longer after CM contacted him regarding the Order. IW elected to undergo detox and agreed to an established date. The PCP ordered medication through the target date for detox. The IW refused to go to detox on the target date reporting he would get drugs off the street. After 48 hours he contacted CM who talked to him via phone as he proceeded to the detox facility. Upon discharge 5 days later he was drug free. IW notified CM two days later reporting he had been in a car accident, broken his leg and hospital insisted he had to take narcotics for pain as “they knew best”. He took pain medications for several days post op and was transferred to a skilled facility for two weeks. He was able to eliminate the narcotics. As planned, I had the insurance company agree to an epidural injection after detox (delayed due to accident) which reduced his pain levels to manageable levels treated with Tylenol.

End Results: Patient weaned off all narcotics and called CM 6 months later thanking her for assistance and changing his life.

Case 3

Starting MME: Oxycontin 80 mg 3 x day/Oxycodone 5 mg 6 x day

Treatment Plan: Plaintiff Attorney requested from nsurance Company that CM be assigned t work with IW due to severe bilateral leg injuries after fall from roof and onging pain issues and lack of progress with rehab plan of care. CM worked with Occupational Health Provider who was prescribing to order gym membership with pool to offer alternative approach to using narcotics and we embarked on an initial wean from naroctics. IW underwent a third surgery and the treating surgeon initiated narcotic dosing and by the end of inpatient stay patient was on higher doses of medication. I arranged for the Occupational Health Provider to resume prescribing only to find out the patient was getting medication from the surgeon. I notified both providers and the surgeon ceased prescribing. In the interim the Occupational Helath Provide suddenly closed his practice and we scurried to find a provider to prescribe the medication as the patient refused to wean. He treated with 3 different pain centers and underwent an epidural injection to no avail. In the interim he secured a new PCP who was willing to prescribe his medication. I was able to convince the patient to wean down off his narcotics and established a plan with his PCP to wean down by 10% every week and again offered the gym membership at the local YMCA .

End Results: At the time of file closure, the patient was down to Oxycodone 20 mg 3 x day with plan for further wean

6. Do you work with, or are you familiar with, any health care practitioners who specialize or have had success with assisting patients to reduce daily opioid intake?

Yes, I am familiar with health care practitioners who have been successful with patients to decrease opioid usage. I have worked with both pain management specialists and the patient's treatment providers to wean clients off opioids and implement alternative pain management strategies, if needed.

7. Do you have a vehicle and are willing to travel to meetings and medical appointments?

Yes, I have a vehicle. My CM position requires me to meet with IW in their home or at MD visits at needed to provide services.

8. Please indicate, if applicable, any language skills other than English.

I only speak English but access interpreter services to optimize my CM interventions as needed