Medical and Life Care Consulting, Inc.
Case Management - Life Care Planning

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

I have been working as a case manager for patients with work-related injuries for 20 years.

2. Please provide the approximate number cases with morphine milligram equivalent above 100 (MME > 100) that you have assisted with in past three years.
Each patient that I work with is dealing with pain and as a case manager I facilitate pain management. These are in the acute rehabilitation setting and most do not go over 100 MME. Approximately 3 per year have reached levels higher than this. However, with appropriate referrals, they were all able to come off of narcotic use.

3. Please indicate the best geographic area where you have greatest experience.
Cape Cod, South Shore, Boston and Worcester

4. Please explain your background/experience with addiction or pain management.
I have worked with many patients addicted to or who became addicted to pain medication throughout my working with them over the time of their work-related injuries. I have worked closely with providers to ensure a safe weaning pattern off narcotic medications. Due to the nature of their injuries these patients had acute pain or progressed to chronic pain syndrome.

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: Mr. D. worked as a laborer and fell 30 feet down a stairwell, while working commercial construction. He sustained a brain injury as well as T8 spinal cord injury. Mr. D. required emergency care at an acute care facility and underwent multiple surgeries for both spine and brain injury. He was in ICU for many weeks and then transferred to acute medical floor and stayed a total of 3 months in acute care. During his early admission, his pain was managed with a pain pump (PCA). He did progress to oral long and short acting narcotics to manage his pain.

After three months he was transferred to a rehabilitation facility for another 3-month period. During Mr. D.'s rehabilitation stay he did work with pain specialists to try different medication to help reduce his neuropathic pain syndrome. Mr. D. tried Lyrica, Neurontin, and multiple antidepressant medications to help with symptoms of chronic pain. Neurontin did seem to be the most helpful. Mr. D. also tried acupuncture, botox injections and a spinal cord stimulator. Most of these treatments did not completely eliminate his symptoms but attempted to decrease his pain, so Mr. D. could have a better quality of life. Mr. D. did eventually come off most of his medications and only required minimal muscle relaxants as needed and the Neurontin to manage his chronic pain.

Case #2: Mr. N. reported standing next to a large forklift on 9/22/15, when the forklift made a turn and one of its 4-foot wheels suddenly exploded. He states he was hit by large pieces of the tire primarily in the right thigh. The explosion caused him to fall backward, striking his head with brief loss of consciousness; however, he was able to recall the entire event. Mr. N. was originally transported via ambulance to Lowell General Hospital where he was found to have a nasal fracture and comminuted right distal femur fracture. He was then transported to Brigham and Women's Hospital for further evaluation. He underwent a Right ORIF application external fixture femur/tibia on 9/23/15 with Orthopedic Surgeon, Dr. W. After a 9-day stay in Acute Care Hospital, Mr. N. was transferred to Spaulding Rehabilitation Hospital on 9/30/15. Mr. N. would have been transferred sooner, but there were no beds available at Rehabilitation Hospital.

Mr. N. worked closely with Pain Specialist at the rehabilitation hospital due to his prior history of opioid, heroin and alcohol abuse. Mr. N. was on a combination of long and short acting narcotics in the rehabilitation facility, as well as continuing to take his suboxone. Mr. N. stayed 2 weeks in rehab and was discharged to home with his ex-wife. He did work closely with outpatient pain specialists, therapists and his own PCP to help him wean off the narcotic analgesics during his rehabilitation. He was finally off all medications and able to manage the pain with therapy and OTC medications.

Case # 3: Mr. F. explained that on 3/7/13, during the course of his full duty job as a heavy machine operator/truck driver, he was shoveling salt from the top of a sander and he fell backwards. He grabbed the sander with his left arm and experienced intense pain. The following day he was seen at Southcoast with Dr. S and x-rays were obtained which revealed degenerative changes. He could not lift his left arm up and he had weakness and positive impingement sign. He was placed in a sling and prescribed narcotics. He underwent an MRI on 3/18/13, revealing severe glenohumeral arthropathy with synovial proliferation, and several intraarticular loose bodies related to synovial osteochondromatosis ascending of his rotator cuff. He underwent an arthroscopic guided injection in May of 2013, with little relief of pain, weakness and function. He tried PT and aquatic therapy and saw Dr. T. on 6/10/13 and they did discuss a

hemiarthropasty versus total shoulder replacement. Mr. F. stated there was a holdup for the recommended surgery, but had since underwent a (partial shoulder replacement) hemiarthropasty as of 11/7/13 at New England Baptist Hospital with Dr. T. Mr. F.'s pain was not managed well in the acute care facility.

Once he was discharged Orthopedist did prescribe long and short acting narcotics (oxycodone and dilaudid) with a weaning schedule when appropriate. He discontinued the dilaudid and transitioned to Lidoderm patch to manage his left shoulder pain symptoms, while still taking oxycodone. Mr. F. managed to work with therapy and got off the narcotics, managing pain with OTC pain relievers. He was released to limited duty in January 2014 and full duty work as of 5/1/14. He managed his pain using OTC pain relievers as needed when he returned to his work duties.

I have worked with adjusters and treating providers on multiple cases over the past three-year period regarding pain management. These specific cases did require help with a pharmaceutical company, who was focused in developing a weaning program in order for my patients to come off of narcotic analgesics in a safe and healthy manner.

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 do work with multiple Physiatrists, who aid in reducing the use of opioids and trying alternative methods of managing pain.

7. Do you have a vehicle and are willing to travel to meetings and medical appointments?
Yes, I do have a vehicle, and I would be willing to travel to meetings and medical appointments.

8. Please indicate, if applicable, any language skills other than English.
English is the only language I am fluent in.

All referrals should be sent through Medical and Life Care Consulting Services, Inc.:
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