

Name/Professional Title(s): Michelle Ahearn RN, BSN, CCM

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1. Please indicate the number of years of experience in care coordination/case management. 15 + 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.
12 cases
3. Please indicate the best geographic area where you have greatest experience.
My experience geographically has been North and North Western MA.
4. Please explain your background/experience with addiction or pain management. In my career as a Case Manager I have had opiate management, pharmacological management, associated mental health issues, addictive disorders and recommendations for DUA's resultant from home visits, assessment of potential opiate difficulties and subsequent coordination of appropriate medical care.
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.
 - 1) A postoperative claim in which the claimant was nearly 1 yr. postop and remained taking an opiate medication. The treatment approach was asking the treating physician to refer the claimant who was on 90 mg/day to a Pain Management Specialist. Being familiar with a network of providers that specialize in weaning and supporting patients through the weaning process I was able to assist and coordinated a timely office visit. The medical treatment plan was developed and managed with the claimant being actively involved. The process began and the claimant was able to start the weaning successfully. I was able to work with both the claimant and the Pain

Specialist to obtain assistance for alternatively approved community support. The end result was he was weaned off all meds.

- 2) Starting MME was 45mg/day. Claimant needed a 2nd surgery and MD would not do it unless he stopped using Opioids that were being prescribed by his PCP. Claimant was referred to a pain specialist who successfully weaned the claimant over the course of 6 week period with the use of acupuncture, muscle relaxant – Flexeril, a stretching program to include yoga and aquatic therapy. Claimant had 2nd surgery and was prescribed Vicodin instead of Percocet for 2 weeks post and then transitioned into a proactive therapy program with use of ice and inflammatory patches. The claimant was able to successful transition into therapy narcotic
- 3) Starting MME was 90 mg/day. Claimant was no longer employed and had been using opioids for 5 plus years. Case was assigned and I facilitated a drug contact. Both claimant and MD agreed and claimant began to be seen monthly not only to renew his pain medication but also to do monthly urine testing to ascertain that he was using his medication and not using any other medications. I sought out the assistance of claimant's PCP and the clinic he was seen at and attempted to get him involved in activities and support groups outside the home in order to get him out of the house and get him more physically active. Pain medication was reduced to 45 mg/day at the time of file closure.

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 a variety of network providers with specialize in weaning and supporting claimants during the process.

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

Yes I have a dependable vehicle and am willing to travel to meetings and medical appointments.

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

NA

