

Carol Dennehy RN, CRRN, CLCP
Director of Case Management
Occupational Resource Network
305 North Main Street
Andover, MA 01810
Direct Dial: 781-829-4974
cdennehy@ornetwork.biz

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

I became a Registered Nurse in 1991 when I began working at Braintree Rehabilitation Hospital. I became a Case Manager in 1996 and was the Interim Director of Case Management in 2000. In 2001, I became a Nurse Consultant for Occupational Resource Network coordinating the care for injured workers and was promoted to the Director of Case Management in 2015. Here my caseload has been largely focused on catastrophic injuries.

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 on about 20 cases where the patient was receiving a dose of opioid medication at a MME > 100.

3. Please indicate the best geographic area where you have greatest experience.

Occupational Resource Network provides service throughout New England. My territory covers all of Massachusetts and Southern New Hampshire.

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

I have had multiple patients over my long history as a case manager. Dealing with catastrophic injury, chronic and neuropathic pain are prevalent, and I have worked with treatment providers to identify alternative pain management strategies to assist the patients in decreasing dependence on opioid medication. I have also worked with patients with pre-existing substance abuse issues and collaborated with providers to access inpatient and outpatient treatment programs such as detox or Suboxone.

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: 80 mg. Oxycodone (20 mg. qid)

Treatment Plan: This patient had pre-existing history of substance abuse for which he was in recovery at the time of accident and was fearful of long term narcotic use. Worked with treatment provider who began Baclofen to address patient's spasms (cause of much of his pain) and Xanax to address anxiety. The Oxycodone was slowly tapered while the dosage of

Baclofen and Xanax were gradually increased. During this weaning process, referral was made to a physician specializing in Suboxone treatment.

End Results: At the time of file closure (patient was at MMI), patient was taking 10 mg Oxycodone (5 mg bid) and was awaiting the appointment with the physician for Suboxone.

Case 2

Starting MME: 45 mg Methadone and 120 mg Morphine daily

Treatment Plan: I worked with the plastic surgeon to decrease the level of opioids used for pain management after traumatic arm amputation. The taper was done slowly over several weeks due to a pre-existing substance abuse issue. The taper involved first decreasing the Morphine 30 mg every 2 weeks. Once successfully off the Morphine for 2 weeks, the Methadone was decreased by 15 mg every 2 weeks.

End Results: Patient successfully off all narcotics.

Case 3

Starting MME: MS Contin 60mg BID and Oxycodone 10mg TID

Treatment Plan: Worked with PCP and pain management to decrease dependence on narcotic pain medication. Treatment included steroid injections to decrease inflammation surrounding gunshot area (bullet remained lodged as it was inoperable causing chronic pain). With the use of anti-inflammatories, Lidoderm patches and Neurontin, the opioids were successfully weaned over several months.

End Results: Patient successfully tapered off opioids.

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 current job responsibilities require me to travel to meetings and medical appointments on a frequent basis.

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

Although I am not proficient in any other languages, I frequently work with patients who do not speak English. I utilize phone interpreters and medical interpreters and continue to have successful outcomes with my patients.