

Name/Professional Title(s): Sharon Garneau RN COHN-S/CM

Business address:

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1. Please indicate the number of years of experience in care coordination/case management. 25 + 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.
15 cases
3. Please indicate the best geographic area where you have greatest experience.
My experience geographically has been Boston, South Shore and the Cape
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 had a failed back syndrome and was taking an opiate medication. FCM assisted with referral to a Pain Management Specialist who had a successful track record in weaning and supporting patients through the weaning process. The medical treatment plan was developed and managed with the claimant's involvement. 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 claimant successfully

weaned from 45mg /day to the use of over the counter anti-inflammatories and a series of epidural steroid injections by time of closure.

- 2) I assisted with a claimant who was not improving on large quantities of opiates for pain control. My involvement was post an IME which recommended a weaning program. I facilitated communication with treating MD and claimant about IME recommendations. A drug contract was implemented with monthly urine screens and random pill counts. I sought out a facility with a multi-disciplinary approach for the claimant to include a physical therapy program to include aquatics and a support groups outside the home in order to assist him outside of his house and continue more physically active. Pain medication was reduced from 90mg/day to 30 mg/day at the time of file closure.
- 3) Claimant needed a surgery and MD would not do it unless he stopped using Opioids that were being prescribed by his PCP for a non work related issue. We set up a visit with pain management and had multiple facet injections and weaned off the Vicodin over the course of 4 month. Claimant progressed with surgery and was prescribed Percocet and no refills were allowed. The implementation aggressive ice therapy system post-surgery provided relief with use of Percocet. The claimant began therapy prior to postop week 2 using 800mg of ibuprofen for pain and the ice therapy.

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

