

Name/Professional Title(s): Michael Pringle, Director of Specialty Services
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1. Please indicate the number of years of experience in care coordination/case management. 7 years 4 months
2. Please provide the approximate number cases with morphine milligram equivalent above 100 (MME > 100) that you have assisted with in past three years. 7
3. Please indicate the best geographic area where you have greatest experience. South Shore, Boston
4. Please explain your background/experience with addiction or pain management. My clinical background is in emergency and intensive care nursing. I've been working with chronic pain patients for the past four years. I've successfully facilitated improved outcomes for several of these patients that are now taking less or no narcotics for their chronic pain and they have improved functionality.
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.

(a): A 52-Year-Old Corrections Officer with a lumbar spine injury with radicular symptoms that was injured during a physical altercation. At the time of my involvement in the work injury file, the claimant was taking Fentanyl and Oxycodone 255 MED. I coordinated alternate pain management treatment plan with a new pain management provider which included physical rehabilitative treatment and interventional pain therapy in addition to personal coaching and support. The current opioid dose is 0 mg as of January 2017. Pain level controlled via non-opioid medications and self-directed exercise program 3/10. Radicular symptoms resolved with gabapentin.

(b): A 62-Year-Old Housekeeper – Lumbar injury with radicular symptoms injured lifting 50-pound bucket of cleaning liquid. At the time of my

involvement in the work injury file, the claimant was taking Oxycodone and Fentanyl, 240 MED. I coordinated alternate pain management treatment which included scrambler therapy and interventional pain therapy, in addition to coaching and support. As of January, of 2017, the claimant has been weaned from Fentanyl and Oxycodone which has been successfully replaced by buprenorphine 5 mcg/hr transdermal patch. Pain was controlled 4/10, functional status had significantly improved. Lower extremity symptoms completely resolved.

(c): A 57-Year-Old Laborer – Lumbar injury with radicular symptoms after lifting a heavy object. At the time of my involvement in the work injury file the claimant was taking OxyContin, Dilaudid, Valium and later Fentanyl, 244 MED. The current opioid dose is Dilaudid 4 mg as of January 2017. Current Morphine equivalent is 64 MED. Functional status maintained at baseline – limited tolerance for activity. Improved acceptance of pain.

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. Dr. Cristin McMurray, Dr. Eugenio Martinez
7. Do you have a vehicle and are willing to travel to meetings and medical appointments? Yes.
8. Please indicate, if applicable, any language skills other than English.
None