

Name/Professional Title(s): Sandra Thorpe, BSN, RN, COHN-S, CCM
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1. Please indicate the number of years of experience in care coordination/case management. 11 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.

0 cases after hospitalization.

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

Central Massachusetts.

4. Please explain your background/experience with addiction or pain management. I do not have experience with treating addiction. I do work with injured workers that develop chronic pain, following standard medical treatment, for which their treating medical providers will not write for opioid medication. These individuals are normally referred to a pain management specialist. In almost, all cases, the pain management specialists that I have worked with do not provide opioid medication.
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. One case involved a gentleman with a skull fracture and fractured ribs with a history of narcotic abuse and had been on Suboxone prior to his work accident. He was prescribed Percocet for pain management, but when he was still requesting pain medication 8 weeks after his injury, the medical provider reduced his prescription dose and weaned him off the medication over a period of 6 weeks. The injured worker then entered a Suboxone treatment program. I am still following this case and ensure

that every treating medical provider is aware that the injured worker is in a Suboxone treatment program.

- b. I worked with a gentleman with multiple fractures who developed a dependence on opioid medication. His treating provider referred him to pain management. The pain management specialist, performed two urine drug screens and confirmed that the injured worker was taking medication (Percocet) that had not been prescribed for him, and had been using marijuana. This provider discharged him from care. Once this occurred the injured worker stopped working with me on the advice of his attorney.
 - c. I have had a couple of cases in which I was requested by the insurer to address medication use with a treating provider. In both cases I was given medical records and a list of prescribed opioid medication that each patient was taking. The goal was to get the treating provider to reduce the dose or to agree to weaning the patient off these medications. In one case, the provider agreed to work toward reducing opioid use. In the other case, the provider would not commit to making changes.
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?
7. I frequently work with physicians, most of them orthopedists, that have strict guidelines and time frames, following surgery, for prescribing opioid medication. I have worked with many of them who have referred patients to pain management specialists if their pain cannot be managed with non-opioid medication. However, I do not know providers that assist patients with reducing daily opioid intake, other than orthopedists that are managing their patient's expectations and medication use from the beginning treatment.
8. Do you have a vehicle and are willing to travel to meetings and medical appointments? Yes
9. Please indicate, if applicable, any language skills other than English.

I only speak English.

