

# **EXHIBIT 10**

# COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF CORRECTION

## MEDICAL/MENTAL INMATE GRIEVANCE FORM FORWARD TO THE HEALTH SERVICE ADMINISTRATOR

Name SCLAFANI JOSEPH R Grievance# 105735 Institution MCI CEDAR JUNCTION

Commit No. W113214 Housing BLOCK 5 Date Of Incident 20190921 Date Of Grievance 20190921

Informal filed Yes

Complaint "Was see 9/20/19 Dr. Humeded put me on Backlafin for my back problem only for 5 day's it helped a lot so I ask her to extend it please she say's no I really don't know what to do I am in pain and getting no help I am being treated in human buy her please help me not asking for any serious drug's and do not what to see her anymore she make's no sense and brings religous it to my medical issues and that is a violation."

Remedy Requested "Please put me back on the backlafin but adjust it to 20mg x2day please and my other meds I have put another grievance in 3 day ago but this needs to stop I have contacted legal service's and the ACHU office not being treated fairly."

Staff Recipient Struzzieri Dawn M Health Services Administrator

Staff Involved \_\_\_\_\_

Signature Dawn Struzzieri RN HSA

### RECEIPT BY THE HEALTH SERVICE ADMINISTRATOR

Date Received 20190924 Decision Date 20191022

Signature Struzzieri Dawn M Health Services Administrator

Final Decision DENIED

Decision Mr. Sclafani,  
I apologize for the delay in a response to your grievance. I have reviewed your grievance and your chart and at this time I will not be approving your grievance. Dr. Hameed explained to you that the Baclofen is used only on a short term basis. She had suggested muscle rub, range of motion exercises and to follow up if that does not help. She also mentioned the possibility of a physical therapy consult if you did not receive relief with the above. Regarding your subutex order, we are only providing subutex here for up to 90 days. If you are sentenced longer than that then we would consider starting you in the Medication Assisted Treatment program in the 90 days prior to your release where you would meet with the re-entry team to determine the best course of treatment for you after release. I urge you to continue to utilize the sick call process to work with your provider to develop a treatment plan that works for you. Thank you.

Signature Dawn Struzzieri RN HSA Date 10/22/19

An appeal must be filed out within 10 working days from receipt of the decision by the HSA or designee. An inmate/patient may file an appeal directly with the Medical Grievance and Appeal Coordinator, by sending it to:

**COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF CORRECTION**

Name SCLAFANI JOSEPH R Institution MCI CEDAR JUNCTION  
Commit No. W113214 Housing BLOCK 5 Date Of Incident 20190921 Date Of Grievance 20190921  
MCI CEDAR JUNCTION

**INMATE RECEIPT**

Name SCLAFANI JOSEPH R Institution \_\_\_\_\_  
Commit No. W113214 Grievance# 105735 Date Received 20190924  
Signature. Struzzieri Dawn M Health Services Administrator