

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH**

IN THE MATTER OF:

JOHN MIRCZAK, M.D.

Respondent

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NOTICE OF SUMMARY ACTION TO SUSPEND LICENSE

To: John Mirczak, M.D.
1805 Crystal Drive #513
Arlington, VA 22202

In accordance with the provisions of the District of Columbia Administrative Procedure Act, D.C. Official Code § 2-509(a) (2001), and the District of Columbia Health Occupations Revision Act of 1985, D.C. Official Code § 3-1205.15(b) (2001), the Health Regulation and Licensing Administration (“HRLA”) hereby gives you notice of the summary suspension of your license to practice medicine in the District of Columbia, License No. MD15984, pursuant to D.C. Official Code § 3-1205.15(a) (2001).

Your license is hereby **summarily suspended** effective **immediately** upon receipt of this notice. If you wish to appeal this summary suspension of your license, you must file a written request for a hearing within seventy-two (72) hours after service of this notice. Should you request a hearing, one will be held within seventy-two (72) hours of receipt of a timely request. The request for a hearing must be submitted to Brian Kim, Assistant Attorney General, Department of Health, Board of Medicine, 899 North Capitol Street, N.E., 2nd floor, Washington, D.C. 20002.

The District of Columbia is represented by the Office of the Attorney General for the District of Columbia in these proceedings. A copy of your hearing request and any pleading or other written communication addressed to the Department of Health should also be delivered to Christine L. Gephardt, Assistant Attorney General, Office of the Attorney General for the District of Columbia, Civil Enforcement Section, 441 4th Street, N.W., Suite 630 South, Washington, D.C. 20001. This attorney can be reached at (202) 727-2429.

You may appear personally at such a hearing and you may be represented by legal counsel. You have the right to produce witnesses and evidence on your behalf, to cross-examine witnesses against you, to examine evidence produced, and to have subpoenas issued on your behalf to require the production of witnesses and evidence.

All hearings are conducted before the Office of Administrative Hearings in the English language. If you or any witnesses to be called are deaf, have a hearing impediment or cannot readily understand or communicate the spoken English language, an application may be made to the Office of Administrative Hearings for the appointment of a qualified interpreter.

The charges upon which the summary suspension is based are set forth below.

Charge I:

You failed to conform to standards of acceptable conduct and prevailing practice within the practice of medicine for which the Board can take the proposed action pursuant to D.C. Official Code § 3-1205.14(a)(26)(2001). This conduct presents an imminent danger to the health and safety of the residents of the District of Columbia and is therefore grounds for summary suspension pursuant to D.C. Official Code §3-1205.15(a) (2001).

Although you have primarily practiced as a psychiatrist, you acknowledged that you have been seeing patients for pain management. You attested to have attended a few continuing education courses on pain management in the past couple of years, but you have been unable to produce any certificates to substantiate your assertion.

On December 3, 2012, Investigators from the Department of Health visited your office and interviewed you about your practice. Investigators reviewed the records of thirteen of your pain management patients and found that with new patients, you failed to conduct an adequate work-up to determine the validity of the presenting complaints before prescribing increasing doses of Schedule II controlled substances, opiates, for pain. Furthermore, you failed to perform any blood work or drug tests as part of your pain management treatment. Schedule II drugs have a "high potential for abuse" that "may lead to severe psychological or physical dependence." 21 U.S.C.A. § 812. Those drugs can be diverted and are highly regulated.

The patient files revealed a lack of documentation, including the absence of MRI records or reports, laboratory test results, detailed patient histories, treatment plans, adequate notes for follow-up visits, whether further diagnostic evaluations or further treatments are planned or pain management agreements. There is no documentation that you discussed other treatment modalities for pain management such as physical therapy, surgery, etc. with these patients.

You relied on the "honor system" in treating patients and therefore, you did not require them to enter into a pain management agreement. You also instructed your patients to only use one pharmacy to fill all of their prescriptions.

Charge II:

You failed to keep adequate medical records for which the Board can take the proposed action pursuant to D.C. Official Code § 3-

1205.14(a)(37)(2001). This conduct presents an imminent danger to the health and safety of the residents of the District of Columbia and is therefore grounds for summary suspension pursuant to D.C. Official Code §3-1205.15(a) (2001).

During several visits to your office by Investigators in December 2012, Investigators observed that patient records (i.e. notes and prescriptions) were not properly jacketed or housed in a secure cabinet. A majority of active patient's records were on your desk in a random, disorganized fashion. The names of other patients, medications, and appointment dates were all visible, as those records were in plain view. With respect to couples you have treated, you combined the spouse's consultation notes and prescriptions.

When Investigators requested you to produce a patient's records, you were unable to locate the complete patient's chart, and it wasn't until days later that you were able to retrieve the complete file.

Charge III:

You failed to conform to standards of acceptable conduct and prevailing practice within the practice of medicine for which the Board can take the proposed action pursuant to D.C. Official Code § 3-1205.14(a)(26)(2001). This conduct presents an imminent danger to the health and safety of the residents of the District of Columbia and is therefore grounds for summary suspension pursuant to D.C. Official Code §3-1205.15(a) (2001).

The facts in support of Charge I are incorporated herein by reference and made a part hereof.

Your records reflect that on or about August 1, 2012, S.B. came to see you for the first time presenting with shoulder and back pain. You failed to perform any clinical work-up or substantiate prior clinical history or medication use although the patient had a history of a motor vehicle accident and was currently on medication. You failed to pursue conservative treatment efforts such as physical therapy. You immediately prescribed the Schedule II drugs of Oxycodone, Methadone, and Adderall. No thought processing was documented, nor was there any discussion of a treatment plan. Your notes did not indicate any history of or description of medication use or allergies. You issued two identical large quantity Oxycodone prescriptions to be dispensed simultaneously without specific written clinical justification. Your notes failed to document a pain management agreement.

Charge IV :

You failed to conform to standards of acceptable conduct and prevailing practice within the practice of medicine for which the

Board can take the proposed action pursuant to D.C. Official Code § 3-1205.14(a)(26)(2001). This conduct presents an imminent danger to the health and safety of the residents of the District of Columbia and is therefore grounds for summary suspension pursuant to D.C. Official Code §3-1205.15(a) (2001).

The Board of Medicine received several complaints about your practice of medicine and specifically with regard to your prescription of controlled substances. In one complaint received on September 7, 2012, a Giant pharmacist notified the Board that he and another pharmacist from CVS had received suspicious prescriptions issued by you for your patients for the dispensing of Oxycodone 30 mg.

On or about August 29, 2012, S.B. presented to a CVS pharmacy in Oakton, Virginia with a prescription written by you for one hundred and twenty (120) Oxycodone 30 mg tablets. The prescription was dated August 29, 2012.

On September 4, 2012, S.B. presented to a Giant pharmacy with a prescription written by you for same quantity of Oxycodone 30 mg. The prescription was also dated August 29, 2012. S.B. presented to the Giant pharmacy again on September 24, 2012, with a prescription for ninety (90) Oxycodone 30 mg tablets.

At the time he filled his prescription on September 24, 2012, S.B. was accompanied by three other males who appeared to know Patient #1 and who also filled prescriptions for large quantities of Oxycodone. The pharmacist stated that all of the patients, including S.B., were in transit to Kentucky and they had all paid cash for their prescriptions.

The CVS pharmacist also stated that there had been a recent influx of patients from Kentucky attempting to fill prescriptions for large quantities of Oxycodone prescribed by you.

Charge V:

You violated D.C. Code § 3-1205.14(a)(24) by violating 17 DCMR § 4614.1 which requires that you prescribe controlled substances for pain only for a legitimate medical purpose based on accepted scientific knowledge of the treatment of pain or based on sound clinical grounds and that the prescribing be based on clear documentation of unrelieved pain. This conduct presents an imminent danger to the health and safety of the residents of the District of Columbia and is therefore grounds for summary suspension pursuant to D.C. Official Code §3-1205.15(a) (2001).

The factual allegations in support of Charge III are incorporated herein by reference and made a part hereof.

Charge VI:

You failed to conform to standards of acceptable conduct and prevailing practice within the practice of medicine for which the Board can take the proposed action pursuant to D.C. Official Code § 3-1205.14(a)(26)(2001). This conduct presents an imminent danger to the health and safety of the residents of the District of Columbia and is therefore grounds for summary suspension pursuant to D.C. Official Code §3-1205.15(a) (2001).

The facts in support of Charge I are incorporated herein by reference and made a part hereof.

Your records reflect that on or about June 9, 2012, S.H. came to see you for the first time presenting with chronic back pain. You failed to document an appropriate patient medical assessment including a social and substance abuse history and physical exam. Your records revealed that S.B. informed you that he has had five back surgeries, yet you failed to document a physical exam. Your notes indicated that S.B. “has been taking Methadone and Oxycodone for back pain,” but there were no doses provided and no other medication history was provided.

You failed to adequately document current and past treatments for pain. Your medical notes for follow-up visits were non-specific and did not address the care administered. Follow-up notes were routinely one sentence in length and did not have anything to do with the patient’s pain. You failed to document a written treatment plan and a pain management agreement. Additionally, you failed to document any relevant diagnostic, therapeutic, or laboratory results. You began prescribing high doses of the Schedule II drugs of Oxycodone and Methadone.

Charge VII:

You failed to keep adequate medical records for which the Board can take the proposed action pursuant to D.C. Official Code § 3-1205.14(a)(37)(2001). This conduct presents an imminent danger to the health and safety of the residents of the District of Columbia and is therefore grounds for summary suspension pursuant to D.C. Official Code §3-1205.15(a) (2001).

The facts in support of Charge VI are incorporated herein by reference and made a part hereof.

Charge VIII:

You violated D.C. Code § 3-1205.14(a)(24) by violating 17 DCMR § 4614.1 which requires that you prescribe controlled substances

for pain only for a legitimate medical purpose based on accepted scientific knowledge of the treatment of pain or based on sound clinical grounds and that the prescribing be based on clear documentation of unrelieved pain. This conduct presents an imminent danger to the health and safety of the residents of the District of Columbia and is therefore grounds for summary suspension pursuant to D.C. Official Code §3-1205.15(a) (2001).

The factual allegations in support of Charge VI are incorporated herein by reference and made a part hereof.

Charge IX:

You failed to conform to standards of acceptable conduct and prevailing practice within the practice of medicine for which the Board can take the proposed action pursuant to D.C. Official Code § 3-1205.14(a)(26)(2001). This conduct presents an imminent danger to the health and safety of the residents of the District of Columbia and is therefore grounds for summary suspension pursuant to D.C. Official Code §3-1205.15(a) (2001).

The facts in support of Charge I are incorporated herein by reference and made a part hereof.

Your records reflect that on or about May 29, 2012, J.B. came to see you for the first time and presented with a complaint of pain related to optic neuritis and fibromyalgia. You made no further attempt to verify these diagnoses or to conduct a physical examination. Your notes failed to document any medical thought processing or planning of care. There was no documentation to support that you considered or discussed other avenues of medical care. You began prescribing high doses of Schedule II opioid drugs, including Oxycodone, Xanax, Fentanyl, and the Schedule II drug, Methadone. There was no documentation for follow-up visits on at least five different occasions when J.B. was provided with prescriptions for high doses of controlled substances.

Charge X:

You failed to keep adequate medical records for which the Board can take the proposed action pursuant to D.C. Official Code § 3-1205.14(a)(37)(2001). This conduct presents an imminent danger to the health and safety of the residents of the District of Columbia and is therefore grounds for summary suspension pursuant to D.C. Official Code §3-1205.15(a) (2001).

The factual allegations in support of Charge IX are incorporated herein by reference and made a part hereof.

Charge XI:

You violated D.C. Code § 3-1205.14(a)(24) by violating 17 DCMR § 4614.1 which requires that you prescribe controlled substances for pain only for a legitimate medical purpose based on accepted scientific knowledge of the treatment of pain or based on sound clinical grounds and that the prescribing be based on clear documentation of unrelieved pain. This conduct presents an imminent danger to the health and safety of the residents of the District of Columbia and is therefore grounds for summary suspension pursuant to D.C. Official Code §3-1205.15(a) (2001).

The factual allegations in support of Charge IX are incorporated herein by reference and made a part hereof.

Charge XII:

You failed to conform to standards of acceptable conduct and prevailing practice within the practice of medicine for which the Board can take the proposed action pursuant to D.C. Official Code § 3-1205.14(a)(26)(2001). This conduct presents an imminent danger to the health and safety of the residents of the District of Columbia and is therefore grounds for summary suspension pursuant to D.C. Official Code §3-1205.15(a) (2001).

The facts in support of Charge I are incorporated herein by reference and made a part hereof.

Your records reflect that on or about May 31, 2012, D.M. came to see you for the first time presenting with major depression and chronic pain secondary to fractures. D.M. told you that he had jumped off a deck and fractured both of his feet, injured his knee, and fractured two lumbar bones, however in your notes there was no date of injury and no further details regarding trauma or injuries. There was no documentation of a physical examination or further work-up of D.M.'s claim. Furthermore, you made unsubstantiated diagnoses included "Attention Deficit Disorder" and "Major Depressive Disorder." You failed to do further work-up of these disorders. You began prescribing very high doses of narcotics including providing the patient with two or three different opioid medications simultaneously. Specifically, you prescribed Oxycodone, 30 mg tablets q.d., Cymbalta 60 mg, Adderall 20 mg 2 tablets b.i.d., Methadone 40 mg q.h.s. and the Fentanyl patch and instructed him to take it when there is more pain than usual. No medication history was documented.

In D.M.'s chart, follow-up appointments were documented with one sentence as to patient's progress. Specifically, on August 24, 2012, the chart notes reads, "working 10-12 hours a day." On September 19, 2012, the record entry read, "Injured back at work- off work past

two days.” Some of the patient’s follow-up appointments were not documented at all. There was no documentation to support that you ever considered or discussed other avenues of medical care or evaluation.

Charge XIII:

You failed to keep adequate medical records for which the Board can take the proposed action pursuant to D.C. Official Code § 3-1205.14(a)(37)(2001). This conduct presents an imminent danger to the health and safety of the residents of the District of Columbia and is therefore grounds for summary suspension pursuant to D.C. Official Code §3-1205.15(a) (2001).

The factual allegations in support of Charge XII are incorporated herein by reference and made a part hereof.

Charge XIV:

You violated D.C. Code § 3-1205.14(a)(24) by violating 17 DCMR § 4614.1 which requires that you prescribe controlled substances for pain only for a legitimate medical purpose based on accepted scientific knowledge of the treatment of pain or based on sound clinical grounds and that the prescribing be based on clear documentation of unrelieved pain. This conduct presents an imminent danger to the health and safety of the residents of the District of Columbia and is therefore grounds for summary suspension pursuant to D.C. Official Code §3-1205.15(a) (2001).

The factual allegations in support of Charge XII are incorporated herein by reference and made a part hereof.

Charge XV:

You failed to conform to standards of acceptable conduct and prevailing practice within the practice of medicine for which the Board can take the proposed action pursuant to D.C. Official Code § 3-1205.14(a)(26)(2001). This conduct presents an imminent danger to the health and safety of the residents of the District of Columbia and is therefore grounds for summary suspension pursuant to D.C. Official Code §3-1205.15(a) (2001).

The facts in support of Charge I are incorporated herein by reference and made a part hereof.

Your records reflect that on or about June 5, 2012, C.C. came to see you for the first time and presented with a complaint of chronic back pain secondary to injury. No detailed pain history or medical history was documented. Your notes failed to document a physical exam. With no further evaluation, you prescribed a Schedule II controlled substance, Oxycodone, 510 mg a day and Methadone, 80 mg a day.

You prescribed the same quantity again on July 2, 2012, August 2, 2012, August 29, 2012, September 28, 2012, and November 1, 2012. For the visits on August 2, 2012, August 29, 2012, and September 28, 2012, there were no notes documented in patient's chart. Of the two dates for which there were notes, the note on July 2, 2012 stated that patient is "Doing fine—Analgesics allow her to be relatively mobile." The note on November 1, 2012, stated patient is "Doing fine-does not like cold weather." There were no other notes reflected in the chart as to patient's progress. Your notes failed to document a plan of care beyond a list of drugs to prescribe. There was no documentation to support that you ever considered or discussed other avenues of medical care or evaluation. Conservative treatment approaches for the patient's pain condition were not discussed or documented.

Charge XVI:

You failed to keep adequate medical records for which the Board can take the proposed action pursuant to D.C. Official Code § 3-1205.14(a)(37)(2001). This conduct presents an imminent danger to the health and safety of the residents of the District of Columbia and is therefore grounds for summary suspension pursuant to D.C. Official Code §3-1205.15(a) (2001).

The facts in support of Charge XV are incorporated herein by reference and made a part hereof.

Charge XVII:

You violated D.C. Code § 3-1205.14(a)(24) by violating 17 DCMR § 4614.1 which requires that you prescribe controlled substances for pain only for a legitimate medical purpose based on accepted scientific knowledge of the treatment of pain or based on sound clinical grounds and that the prescribing be based on clear documentation of unrelieved pain. This conduct presents an imminent danger to the health and safety of the residents of the District of Columbia and is therefore grounds for summary suspension pursuant to D.C. Official Code §3-1205.15(a) (2001).

The factual allegations in support of Charge XV are incorporated herein by reference and made a part hereof.

Charge XVIII:

You failed to conform to standards of acceptable conduct and prevailing practice within the practice of medicine for which the Board can take the proposed action pursuant to D.C. Official Code § 3-1205.14(a)(26)(2001). This conduct presents an imminent danger to the health and safety of the residents of the District of Columbia and is therefore grounds for summary suspension pursuant to D.C. Official Code §3-1205.15(a) (2001).

The facts in support of Charge I are incorporated herein by reference and made a part hereof.

Your records reflect that on or about June 4, 2012, Ro.Ch. came to see you for the first time and presented with a complaint of chronic back pain secondary to accident. With no further evaluation, you prescribed a Schedule II controlled substance, Oxycodone, 390 mg a day and Methadone, 80 mg a day. You prescribed the same quantity again on July 2, 2012, August 2, 2012, August 29, 2012, and September 28, 2012. For the visit on July 2, 2012, your notes contain one sentence, "Doing well-able to engage in reasonable physical activity with analgesics." For the last three visits, there are no notes in the patient's chart. On another visit on November 1, 2012, your notes reflect that Ro.Ch. is "Doing OK- pain worse in winter." There are no other notes reflected in the chart as to the patient's progress. You failed to document current and past treatments for pain, the nature of the pain and its intensity, a substance abuse history, a treatment plan, evidence of a physical exam, a pain management agreement, and any diagnostic, therapeutic laboratory results.

Charge XIX:

You failed to keep adequate medical records for which the Board can take the proposed action pursuant to D.C. Official Code § 3-1205.14(a)(37)(2001). This conduct presents an imminent danger to the health and safety of the residents of the District of Columbia and is therefore grounds for summary suspension pursuant to D.C. Official Code §3-1205.15(a) (2001).

The facts in support of Charge XVIII are incorporated herein by reference and made a part hereof.

Charge XX:

You violated D.C. Code § 3-1205.14(a)(24) by violating 17 DCMR § 4614.1 which requires that you prescribe controlled substances for pain only for a legitimate medical purpose based on accepted scientific knowledge of the treatment of pain or based on sound clinical grounds and that the prescribing be based on clear documentation of unrelieved pain. This conduct presents an imminent danger to the health and safety of the residents of the District of Columbia and is therefore grounds for summary suspension pursuant to D.C. Official Code §3-1205.15(a) (2001).

The factual allegations in support of Charge XVIII are incorporated herein by reference and made a part hereof.

Charge XXI:

You failed to conform to standards of acceptable conduct and prevailing practice within the practice of medicine for which the

Board can take the proposed action pursuant to D.C. Official Code § 3-1205.14(a)(26)(2001). This conduct presents an imminent danger to the health and safety of the residents of the District of Columbia and is therefore grounds for summary suspension pursuant to D.C. Official Code §3-1205.15(a) (2001).

The facts in support of Charge I are incorporated herein by reference and made a part hereof.

Your records reflect that on or about August 16, 2012, Ro.Co. came to see you for the first time and presented with a complaint of chronic back pain. In the patient's record, there was no social or family history. You failed to adequately document current and past treatments for pain. You failed to document the nature and intensity of pain and the history of substance abuse. The plan said to "continue Oxycodone and Methadone." No other documentation of thought processing or plan of care was documented beyond a list of drugs to prescribe. The record contained no further notes of Ro.Co.'s follow-up visits. You continued to prescribe Schedule II drugs including Oxycodone and Methadone.

Charge XXII:

You violated D.C. Code § 3-1205.14(a)(24) by violating 17 DCMR § 4614.1 which requires that you prescribe controlled substances for pain only for a legitimate medical purpose based on accepted scientific knowledge of the treatment of pain or based on sound clinical grounds and that the prescribing be based on clear documentation of unrelieved pain. This conduct presents an imminent danger to the health and safety of the residents of the District of Columbia and is therefore grounds for summary suspension pursuant to D.C. Official Code §3-1205.15(a) (2001).

The factual allegations in support of Charge XXI are incorporated herein by reference and made a part hereof.

Charge XXIII:

You failed to conform to standards of acceptable conduct and prevailing practice within the practice of medicine for which the Board can take the proposed action pursuant to D.C. Official Code § 3-1205.14(a)(26)(2001). This conduct presents an imminent danger to the health and safety of the residents of the District of Columbia and is therefore grounds for summary suspension pursuant to D.C. Official Code §3-1205.15(a) (2001).

The facts in support of Charge I are incorporated herein by reference and made a part hereof.

Your records reflect that on or about May 1, 2012, G.D. came to see you for the first time and was "seen for the initial consult." There are no other notes regarding this visit. Notes from follow-up visits consist of statements such as "with flu- doing well." Some visits are not documented at all. There is no written treatment plan which states the objectives used to determine treatment success, such as pain relief and improved physical and psychosocial function. Your notes failed to document any medical thought processing or planning of care. There is no documented history, and all of the documented encounter notes contain no evidence of a physical exam. There was no pain management agreement and no diagnostic or laboratory results documented. There was no evidence that you ever considered or discussed other avenues of medical care or evaluation.

Charge XXIV:

You failed to keep adequate medical records for which the Board can take the proposed action pursuant to D.C. Official Code § 3-1205.14(a)(37)(2001). This conduct presents an imminent danger to the health and safety of the residents of the District of Columbia and is therefore grounds for summary suspension pursuant to D.C. Official Code §3-1205.15(a) (2001).

The facts in support of Charge XXIII are incorporated herein by reference and made a part hereof.

Charge XXV:

You violated D.C. Code § 3-1205.14(a)(24) by violating 17 DCMR § 4614.1 which requires that you prescribe controlled substances for pain only for a legitimate medical purpose based on accepted scientific knowledge of the treatment of pain or based on sound clinical grounds and that the prescribing be based on clear documentation of unrelieved pain. This conduct presents an imminent danger to the health and safety of the residents of the District of Columbia and is therefore grounds for summary suspension pursuant to D.C. Official Code §3-1205.15(a) (2001).

The factual allegations in support of Charge XXIII are incorporated herein by reference and made a part hereof.

Charge XXVI:

You failed to conform to standards of acceptable conduct and prevailing practice within the practice of medicine for which the Board can take the proposed action pursuant to D.C. Official Code § 3-1205.14(a)(26)(2001). This conduct presents an imminent danger to the health and safety of the residents of the District of Columbia and is therefore grounds for summary suspension pursuant to D.C. Official Code §3-1205.15(a) (2001).

The facts in support of Charge I are incorporated herein by reference and made a part hereof.

Your records reflect that on or about June 30, 2012, H.H. came to see you for the first time complaining of pain in the joints for the past four years. No pain history or physical exam was documented. The plan for this patient indicated "resume Oxycodone TID and Methadone 6 tablets qhs." No other thought processing or plan was indicated.

You wrote triplicate prescriptions on July 30, 2012 for Oxycodone 30 mg, 225 tablets each on two of the prescriptions and 450 tablets on the third prescription. You also wrote a prescription for Methadone 10 mg, 180 tablets. On August 28, 2012, the same duplicate Oxycodone prescriptions were written plus Methadone 180 tablets and Xanax 1 mg 90 tablets. There was no documented note on that date. On September 27, 2012, the Oxycodone duplicate prescriptions were repeated in addition to the Methadone. There was no documented note on that date. All prescriptions were again repeated on October 26, 2012.

There was no documentation to support that you ever considered or discussed other avenues of care and conservative treatment approaches for the patient's pain condition were not discussed or documented. There were never any documentation for follow-up visits.

Charge XXVII:

You failed to keep adequate medical records for which the Board can take the proposed action pursuant to D.C. Official Code § 3-1205.14(a)(37)(2001). This conduct presents an imminent danger to the health and safety of the residents of the District of Columbia and is therefore grounds for summary suspension pursuant to D.C. Official Code §3-1205.15(a) (2001).

The facts in support of Charge XXVI are incorporated herein by reference and made a part hereof.

Charge XXVIII:

You violated D.C. Code § 3-1205.14(a)(24) by violating 17 DCMR § 4614.1 which requires that you prescribe controlled substances for pain only for a legitimate medical purpose based on accepted scientific knowledge of the treatment of pain or based on sound clinical grounds and that the prescribing be based on clear documentation of unrelieved pain. This conduct presents an imminent danger to the health and safety of the residents of the

District of Columbia and is therefore grounds for summary suspension pursuant to D.C. Official Code §3-1205.15(a) (2001).

The factual allegations in support of Charge XXVI are incorporated herein by reference and made a part hereof.

Charge XXIX:

You failed to conform to standards of acceptable conduct and prevailing practice within the practice of medicine for which the Board can take the proposed action pursuant to D.C. Official Code § 3-1205.14(a)(26)(2001). This conduct presents an imminent danger to the health and safety of the residents of the District of Columbia and is therefore grounds for summary suspension pursuant to D.C. Official Code §3-1205.15(a) (2001).

The facts in support of Charge I are incorporated herein by reference and made a part hereof.

Your records reflect that on or about May 24, 2012, J.M. came to see you for the first time complaining of chronic pain. Your impression stated "chronic back pain due to general medical condition." Plan was to "continue Adderall 10 mg bid, Oxycodone 30 mg 14 pills/day, Xanax 1 mg bid, Soma 350 mg 2 tablets qhs, Marinol 10 mg bid and Methadone 50 mg hs." No medication history was documented. No physical exam was documented. No pain history was documented.

Your notes failed to document even a cursory plan of care beyond a list of drugs to prescribe. You failed to document any medical thought processing or planning of care. You failed to document any pain management agreement. You failed to document any diagnostic, therapeutic, and laboratory results. All of the follow-up visit notes were one sentence in length.

Charge XXX:

You violated D.C. Code § 3-1205.14(a)(24) by violating 17 DCMR § 4614.1 which requires that you prescribe controlled substances for pain only for a legitimate medical purpose based on accepted scientific knowledge of the treatment of pain or based on sound clinical grounds and that the prescribing be based on clear documentation of unrelieved pain. This conduct presents an imminent danger to the health and safety of the residents of the District of Columbia and is therefore grounds for summary suspension pursuant to D.C. Official Code §3-1205.15(a) (2001).

The factual allegations in support of Charge XXIX are incorporated herein by reference and made a part hereof.

Charge XXXI:

You failed to conform to standards of acceptable conduct and prevailing practice within the practice of medicine for which the Board can take the proposed action pursuant to D.C. Official Code § 3-1205.14(a)(26)(2001). This conduct presents an imminent danger to the health and safety of the residents of the District of Columbia and is therefore grounds for summary suspension pursuant to D.C. Official Code §3-1205.15(a) (2001).

The facts in support of Charge I are incorporated herein by reference and made a part hereof.

Your records reflect that on or about June 26, 2012, D.Mc. came to see you for the first time complaining of chronic pain secondary to injury. The plan was to “continue Oxycodone, Methadone, Marinol, and Adderall.” No other treatment plan was documented. No physical exam or any laboratory work was documented. No other thought processing or plan was indicated other than a list of medications to prescribe. There were no follow-up notes in the patient’s file. There was no pain management agreement. You provided no justification for providing the patient with high doses of opioids and amphetamines.

Charge XXXII:

You violated D.C. Code § 3-1205.14(a)(24) by violating 17 DCMR § 4614.1 which requires that you prescribe controlled substances for pain only for a legitimate medical purpose based on accepted scientific knowledge of the treatment of pain or based on sound clinical grounds and that the prescribing be based on clear documentation of unrelieved pain. This conduct presents an imminent danger to the health and safety of the residents of the District of Columbia and is therefore grounds for summary suspension pursuant to D.C. Official Code §3-1205.15(a) (2001).

The factual allegations in support of Charge XXXI are incorporated herein by reference and made a part hereof.

Charge XXXIII:

You failed to conform to standards of acceptable conduct and prevailing practice within the practice of medicine for which the Board can take the proposed action pursuant to D.C. Official Code § 3-1205.14(a)(26)(2001). This conduct presents an imminent danger to the health and safety of the residents of the District of Columbia and is therefore grounds for summary suspension pursuant to D.C. Official Code §3-1205.15(a) (2001).

The facts in support of Charge I are incorporated herein by reference and made a part hereof.

Your records reflect that on or about July 18, 2012, K.M. came to see you for the first time complaining of chronic pain in various anatomical locations secondary to injury. The plan stated, "Oxycodone 5 tablet tid, Methadone 5 tablets in the morning and four at bedtime, Ritalin 20 mg four times a day, and Soma 350 mg bid." No other treatment plan was documented. There was no documentation of thought processing. Follow-up notes were one sentence in length. You failed to adequately document the nature and intensity of pain, the patient's history of substance abuse, a written treatment plan which states the objectives used to determine treatment success, whether further diagnostic evaluations or further treatments are planned. You failed to document a pain management agreement, diagnostic, therapeutic and laboratory results, and whether conservative treatment approaches for the patient's pain condition were considered. A physical exam was never documented.

Charge XXXIV:

You violated D.C. Code § 3-1205.14(a)(24) by violating 17 DCMR § 4614.1 which requires that you prescribe controlled substances for pain only for a legitimate medical purpose based on accepted scientific knowledge of the treatment of pain or based on sound clinical grounds and that the prescribing be based on clear documentation of unrelieved pain. This conduct presents an imminent danger to the health and safety of the residents of the District of Columbia and is therefore grounds for summary suspension pursuant to D.C. Official Code §3-1205.15(a) (2001).

The factual allegations in support of Charge XXXIII are incorporated herein by reference and made a part hereof.

Charge XXXV:

You failed to conform to standards of acceptable conduct and prevailing practice within the practice of medicine for which the Board can take the proposed action pursuant to D.C. Official Code § 3-1205.14(a)(26)(2001). This conduct presents an imminent danger to the health and safety of the residents of the District of Columbia and is therefore grounds for summary suspension pursuant to D.C. Official Code §3-1205.15(a) (2001).

The facts in support of Charge I are incorporated herein by reference and made a part hereof.

Your records reflect that on or about September 12, 2012, Patient S.J. came to see you for the first time complaining of chronic back pain secondary to injuries. The plan stated, "Oxycodone, Methadone and Xanax." No other treatment plan was documented other than a list of drugs to prescribe. There was no documentation of thought processing. No physical exam was documented. There was no pain

management agreement and no documentation to support that you ever considered or discussed other avenues of medical care or evaluation. You did not discuss or document conservative treatment approaches for the patient's pain.

Charge XXXVI:

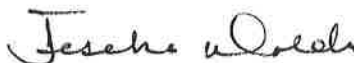
You violated D.C. Code § 3-1205.14(a)(24) by violating 17 DCMR § 4614.1 which requires that you prescribe controlled substances for pain only for a legitimate medical purpose based on accepted scientific knowledge of the treatment of pain or based on sound clinical grounds and that the prescribing be based on clear documentation of unrelieved pain. This conduct presents an imminent danger to the health and safety of the residents of the District of Columbia and is therefore grounds for summary suspension pursuant to D.C. Official Code §3-1205.15(a) (2001).

The factual allegations in support of Charge XXXV are incorporated herein by reference and made a part hereof.

A request for a hearing will not stay this summary suspension.

4/17/13

Date



Feseha Woldu, Ph.D.

Administrator

Health Regulation and Licensing Administration