

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF PROFESSIONAL LICENSING  
BOARD OF MEDICINE  
DISCIPLINARY SUBCOMMITTEE

In the Matter of

SAMEER KARIM AJLUNI, M.D.  
License No. 43-01-072147,

File No. 43-20-000976

Respondent.

CONSENT ORDER AND STIPULATION

CONSENT ORDER

On January 27, 2021, the Department of Licensing and Regulatory Affairs executed an Administrative Complaint charging Respondent with violating the Public Health Code, MCL 333.1101 *et seq.*

The parties have stipulated that the Disciplinary Subcommittee of the Michigan Board of Medicine may enter this Consent Order. The Disciplinary Subcommittee of the Michigan Board of Medicine has reviewed this Consent Order and Stipulation and agrees that the public interest is best served by resolution of the outstanding Complaint.

Therefore, IT IS FOUND that the facts alleged in the Complaint are true and constitute violations of MCL 333.16221(a), (b)(i), (w), and MCL 333.7303a(4). Count III of the Complaint, alleging a violation of MCL 333.16221(c)(iv), is dismissed with prejudice.

Accordingly, IT IS ORDERED that for the cited violations of the Public Health Code:

Respondent is placed on PROBATION for a minimum period of one (1) year, not to exceed two (2) years, commencing on the effective date of this order. The probationary period is reduced only while Respondent is employed as a medical doctor in the State of Michigan. The terms of probation shall be as follows:

1. Meeting with Board-Approved Reviewer.

- a. Within 30 days of the effective date of this Order, Respondent shall submit to the Department written correspondence requesting approval of a proposed physician reviewer from a Board-accepted monitoring organization or a physician reviewer chosen by Respondent. Respondent shall provide a copy of this Order and the Administrative Complaint dated January 27, 2021, to the proposed physician reviewer before requesting approval of the proposed physician reviewer. Respondent shall not work in any capacity for which a physician license is required until Respondent receives written confirmation from the Department that a physician reviewer was approved.

When requesting approval of a proposed physician reviewer from the Department, the request shall include, at a minimum, the reviewer's name, address, telephone number, curriculum vitae, and monitoring organization affiliation, if the reviewer is associated with a monitoring organization. **Respondent shall ensure that the correspondence is submitted to the Department as provided below.**

- b. The physician reviewer shall review Respondent's professional practice from the date on which the Board approves the physician reviewer forward and provide a total of four (4) reports to the Department focusing on Respondent's professional practice and records and any deficiencies alleged in the Administrative Complaint.

The reviewer must make a determination in his or her reports to the Department whether Respondent is complying with the minimal standards of acceptable and prevailing practice.

- c. Respondent shall ensure that the correspondence is submitted to the Department of Licensing and Regulatory Affairs at **BPL-Monitoring@michigan.gov**.
- d. Respondent shall be responsible for scheduling the time and place of the meetings with the identified and approved reviewer. Respondent shall meet with the reviewer every three (3) months to review Respondent's professional practice from the date on which the Board approves the physician reviewer forward, as described in (b) and at each meeting, shall review with Respondent a minimum of fifteen (15) patient charts randomly selected by the reviewer or all patient charts, should the number of patients total fewer than fifteen (15). The initial meeting shall occur prior to the end of the third month of probation.

The reviewer shall submit reports to the Department as set forth below. In the event that Respondent, at any time,

- i. fails to comply with the minimal standards of acceptable and prevailing practice; or
- ii. appears unable to practice with reasonable skill and safety;

then the reviewer shall notify the Department immediately.

- 2. AUTHORIZATION TO CONTACT. Respondent authorizes the Department or any authorized representative periodically to contact the physician reviewer or his or her authorized representative.
- 3. RESIDENCY AND PRACTICE OUTSIDE MICHIGAN. Periods of residency and practice outside Michigan shall not reduce the probationary period of this Order. Respondent shall report any change of residency or practice outside Michigan no more than 15 days after the change occurs. Compliance with this provision does not satisfy the requirements of MCL 333.16192(1) and 333.16221(g), regarding Respondent's duty to report name or mailing address changes to the Department.
- 4. REPORT OF NON-EMPLOYMENT. If at any time during the period of probation Respondent is not employed in the licensed profession, Respondent shall file a report of non-employment with the Department within 15 days after becoming unemployed. Respondent shall file a report of non-employment on a quarterly basis until Respondent returns to employment in the licensed profession.

5. TIMELY FILING OF REPORTS. It is Respondent's responsibility to ensure timely filing of all reports and other documents required by this Order. Failure to file a report or other document within the time limitations provided is a violation of this Order.
6. COMPLIANCE WITH THE PUBLIC HEALTH CODE. Respondent shall comply with all applicable provisions of the Public Health Code and rules promulgated thereunder.

Respondent shall be solely responsible for payment of all costs incurred in complying with the terms of this Order.

Respondent shall be automatically discharged from probation upon receipt by the Department of satisfactory evidence of the successful completion of the probationary terms as set forth above, PROVIDED compliance occurs within two (2) years, Respondent has paid the fine as set forth below, has complied with the terms of this Order and has not violated the Public Health Code.

Respondent shall direct all communications, except fines, required by the terms of this Order to: **BPL-Monitoring@michigan.gov**.

If Respondent violates any provision of this Order or fails to complete the probationary period within two years, the DSC may take disciplinary action pursuant to Mich Admin Code, R 338.1632 and MCL 333.16221(h).

Respondent is FINED \$3,000.00, to be paid to the State of Michigan within 6 months of the effective date of this Order. Respondent shall **direct payment to the Department of Licensing and Regulatory Affairs, Enforcement Division, Compliance Section, P.O. Box 30189, Lansing, MI 48909**. The fine shall be paid by

check or money order, made payable to the State of Michigan, and shall clearly display  
**File Number 43-20-000976.**

This Order shall be effective 30 days from the date signed by the Board, as  
set forth below.

MICHIGAN BOARD OF MEDICINE

By:  For  
Chairperson, Disciplinary Subcommittee

Dated: March 16, 2022

## STIPULATION

1. Respondent does not contest the allegations of fact and law in the Complaint. Respondent understands that, by pleading no contest, he does not admit the truth of the allegations but agrees the Disciplinary Subcommittee of the Michigan Board of Medicine may treat the allegations as true for the resolution of the complaint and may enter an order treating the allegations as true. Therefore, the Disciplinary Subcommittee of the Michigan Board of Medicine finds that the facts alleged in the Complaint are true and constitute violations of MCL 333.16221(a), (b)(i), (w), and MCL 333.7303a(4). Count III of the Complaint, alleging a violation of MCL 333.16221(c)(iv), is dismissed with prejudice.

2. Respondent understands and intends that by signing this Stipulation, Respondent is waiving the right, pursuant to the Public Health Code, the rules promulgated thereunder, and the Administrative Procedures Act, MCL 24.201 *et seq.*, to require the Department to prove the charges set forth in the Complaint by presentation of evidence and legal authority, and Respondent is waiving the right to appear with an attorney and such witnesses as Respondent may desire to present a defense to the charges.

3. This matter is a public record required to be published and made available to the public pursuant to the Michigan Freedom of Information Act, MCL 15.231 *et seq.*, and this action will be reported to the National Practitioner Data Bank and any other entity as required by state or federal law.

4. Respondent approves the form and substance of this Order. This Order may be entered as the final order of the Disciplinary Subcommittee in this matter.

5. Donald Tynes, M.D., served as conferee and supports this resolution. After a compliance conference between the parties, Dr. Tynes and the Department took the following factors into consideration in the formulation of this Order:

- a. Respondent admitted that he has not kept himself up to date in the areas of controlled substance prescribing and MAPS review and usage.
- b. Respondent stated that he is now using an electronic medical records system, which has improved his documentation. Respondent submitted medical charts after using the electronic medical records, and Dr. Tynes noted improvement.
- c. Respondent stated that he is now checking MAPS reports on all controlled substances prescriptions. The Department's MAPS section has verified that Respondent has been compliant with MAPS usage.
- d. Respondent submitted proof of attendance of over 15 credit hours of continuing education in the areas of controlled substance prescribing and substance abuse.

5. A Department representative or Dr. Tynes may discuss this matter with the DSC and recommend acceptance of the resolution set forth in this Order.

6. This proposal is conditioned upon acceptance by the DSC. Respondent and the Department expressly reserve the right to further proceedings without prejudice

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should the Order be rejected.


AGREED TO BY:

 signing for

Forrest Pasanski, Director  
Enforcement Division  
Bureau of Professional Licensing


Dated: 2/14/2022

AGREED TO BY:

 MD  
Sameer K. Ajluni, M.D.  
Respondent

Dated: 2/13/22

AGREED TO BY:

  
Aaron J. Kemp (P55238),  
Attorney for Respondent

Dated: 2/14/2022

Pc/jp



STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
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ADMINISTRATIVE COMPLAINT

The Michigan Department of Licensing and Regulatory Affairs, by Forrest Pasanski, Enforcement Division Director, Bureau of Professional Licensing, complains against Respondent Sameer K. Ajluni, M.D. as follows:

1. The Michigan Board of Medicine is an administrative agency established by the Public Health Code, MCL 333.1101 *et seq.* Pursuant to MCL 333.16226, the Board's Disciplinary Subcommittee (DSC) is empowered to discipline licensees for violations of the Public Health Code.

2. Respondent holds a Michigan license to practice medicine. Respondent also holds an active controlled substance license.

3. Alprazolam (e.g. Xanax), a schedule 4 controlled substance, is a benzodiazepine used to treat anxiety disorders and panic disorder. Alprazolam is a commonly abused and diverted drug, particularly in its 1 mg and 2 mg dosages.

4. Amphetamine salts (e.g., Adderall) are schedule 2 controlled substances.

5. At all relevant times to this Complaint, Respondent was engaged in the practice of medicine in the greater Detroit, Michigan area.

6. The Department received an allegation that in March 2020, during the beginning of the COVID-19 pandemic shutdowns, Respondent refused to hold telemedicine appointments and instead requested money to fill a patient's controlled-substance prescriptions without any patient visit. The Department investigated the allegation.

#### **MICHIGAN AUTOMATED PRESCRIPTION SYSTEM DATA**

7. The Department reviewed data from the Michigan Automated Prescription System (MAPS), the State of Michigan's prescription monitoring program, which gathers data regarding controlled substances dispensed in Michigan.

8. Respondent's MAPS activity showed that he was a top prescriber in the state for alprazolam 2 mg from 2018 through the third quarter of 2020, as shown below:

<b>Drug</b>	2018 Qtr 1	2018 Qtr 2	2018 Qtr 3	2018 Qtr 4	2019 Qtr 1	2019 Qtr 2	2019 Qtr 3	2019 Qtr 4
Alprazolam 2 mg	38 <sup>th</sup>	39 <sup>th</sup>	35 <sup>th</sup>	34 <sup>th</sup>	28 <sup>th</sup>	34 <sup>th</sup>	29 <sup>th</sup>	25 <sup>th</sup>

Drug	2020	2020	2020
	Qtr 1	Qtr 2	Qtr 3
Alprazolam 2 mg	27 <sup>th</sup>	24 <sup>th</sup>	24 <sup>th</sup>

9. Between January 1, 2018 and April 15, 2020, MAPS data showed Respondent issued 8,779 controlled substance prescriptions for approximately 484 patients which were filled at 392 pharmacies. Of the 8,779 prescriptions, nearly 51% were for generic Adderall 20 mg (15.18%), generic Adderall 30 mg (12.38%), alprazolam 1 mg (9.47%), alprazolam 0.5 mg (8.2%), and alprazolam 2 mg (5.66%).

10. MAPS data showed that Respondent prescribed a potentially dangerous combination of stimulants and benzodiazepines to numerous patients.

11. MAPS data showed that Respondent prescribed some patients a potentially dangerous combination of a stimulant, a benzodiazepine and a hypnotic.

12. Pursuant to MCL 333.7303a(4), beginning on June 1, 2018, a prescriber who prescribes a controlled substance in a quantity that exceeds a three-day supply shall obtain and review a MAPS report. According to MAPS data, Respondent only obtained MAPS reports 34 times from June 1, 2018 through April 20, 2020, despite issuing numerous controlled substance prescriptions.

### **INTERVIEW WITH RESPONDENT**

13. On or about September 10, 2020, Respondent met with a Department investigator.

14. Respondent stated that he has practiced out of his own psychiatric practice in Royal Oak, Michigan since 2014 and has privileges at several local hospitals.

15. Respondent stated that he does not use electronic medical records and writes only paper prescriptions because that is easier for him to grab a chart and see what he prescribed last time.

16. Respondent stated that he does not have an office nurse, so he is limited on performing physical examinations. Respondent admitted that he does not always get a patient's weight or blood pressure.

17. Respondent admitted that he does not check MAPS reports before issuing prescriptions for controlled substances, as required by law.

18. Respondent admitted that he does not require patients to whom he prescribes controlled substances to submit urine drug screens.

19. Respondent admitted that he does not have patients sign informed consent forms but does try to complete verbal informed consent. Respondent admitted that he does not always document when he completes verbal informed consent.

### **EXPERT'S GENERAL OBSERVATIONS**

20. As part of an investigation into Respondent's practices, the Department requested the medical records for patients JD, CA, JS, MO, AH, JH, and TC.<sup>1</sup>

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<sup>1</sup> Initials used for patient privacy.

21. An expert reviewed the patients' medical records and any corresponding MAPS reports, as well as the Department's investigation report. The expert provided the following general observations:

- a. Respondent's records failed to meet the minimum standards of acceptable practice. Respondent's records are unchanging and appear to be exact photocopies from month to month and year to year.
- b. Respondent failed to document patient progress, changes in clinical conditions, or responses to treatment.
- c. Respondent failed to document patient evaluations or assessments and treatment plans.
- d. Respondent failed to document patient education on safe use, storage, and disposal of controlled substances.
- e. Respondent failed to document informed consent regarding controlled substance use, abuse, and dangers of use of patient.
- f. Respondent failed to obtain and review patient MAPS reports as required by law.
- g. Respondent failed to utilize urine drug screens or pill counts to confirm patient adherence to the prescriptions as written.
- h. Respondent failed to document assessments of clinical benefits or side effects to controlled substances.
- i. Respondent failed to attempt alternative treatments in place of prescribing controlled substances.
- j. Respondent prescribed high doses of controlled substances and failed to taper prescribed controlled substances in most cases.
- k. Respondent prescribed dangerous combinations of controlled substances such as prescribing stimulants and benzodiazepines concurrently and in high doses for long periods of time. This pattern of prescribing could lead to addiction, diversion, or overdose.

- I. Respondent failed to document justification for prescribing controlled substances. A psychiatric practice that was meeting minimum standards would reflect diagnosis and treatment without exclusively prescribing controlled substances.

#### COUNT I

Respondent's conduct constitutes a violation of a general duty, consisting of negligence or failure to exercise due care, including negligent delegation to or supervision of employees or other individuals, whether or not injury results, in violation of MCL 333.16221(a).

#### COUNT II

Respondent's conduct, as set forth above, demonstrates Respondent's "departure from, or failure to conform to, minimal standards of acceptable and prevailing practice for the health profession, whether or not actual injury to an individual occurs", and accordingly "incompetence", in violation of MCL 333.16221(b)(i).

#### COUNT III

Respondent's conduct constitutes obtaining, possessing, or attempting to obtain or possess a controlled substance or drug without lawful authority, and/or selling, prescribing, giving away, or administering drugs for other than lawful diagnostic or therapeutic purposes, in violation of MCL 333.16221(c)(iv).

#### COUNT IV


Respondent's conduct, as set forth above, constitutes a failure to obtain and review a MAPS report prior to issuing a controlled substance prescription for more than a 3-day supply, contrary to MCL 333.7303a(4) and in violation of MCL 333.16221(w).

RESPONDENT IS NOTIFIED that, pursuant to MCL 333.16231(8), Respondent has 30 days from the date of receipt of this Complaint to submit a written response to the allegations contained in it. Pursuant to section 16192(2) of the Code, Respondent is deemed to be in receipt of the complaint three (3) days after the date of mailing listed in the attached proof of service. The written response shall be submitted by email to the Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing to BPL-DMS@michigan.gov. If unable to submit a response by email, Respondent may submit by regular mail to the Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing, P.O. Box 30670, Lansing, MI 48909.

Respondent's failure to submit an answer within 30 days is an admission of all Complaint allegations. If Respondent fails to answer, the Department shall transmit this complaint directly to the Board's Disciplinary Subcommittee to impose a sanction pursuant to MCL 333.16231(9).

MICHIGAN DEPARTMENT OF  
LICENSING AND REGULATORY AFFAIRS

Dated: 01/27/2021

 signing for  
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By: Forrest Pasanski, Director  
Enforcement Division  
Bureau of Professional Licensing

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