IN THE MATTER OF	*	BEFORE THE MARYLAND
Jesus A. Gamez, M.D.,	*	STATE BOARD OF
Respondent	*	PHYSICIANS
License No. D28840	*	Case No. 2008-0726

* *

FINAL DECISION AND ORDER

INTRODUCTION AND BACKGROUND

On September 27, 2010, the Board charged Jesus A. Gamez, M.D. ("Dr. Gamez") with unprofessional conduct in the practice of medicine, failure to meet the standard of quality care, and with selling, prescribing, giving away or administering drugs for illegal or illegitimate medical purposes, in violation of §§ 14-404(a) (3) (ii), (22) and (27) of the Medical Practice Act, Md. Health Occ. Code Ann. §§ 14-404(a)(3)(ii), (22) and (27).

A hearing was scheduled before an Administrative Law Judge ("ALJ") of the Office of Administrative Hearings. The first step of the proceedings was the required participation of the parties at the pre-hearing conference before the ALJ at the Office of Administrative Hearings. Dr. Gamez and his counsel received notice of the pre-hearing conference scheduled for August 4, 2011, but Dr. Gamez did not appear, nor offer any excuse for not appearing.[1] The notice advised Dr. Gamez that a failure to appear for the pre-hearing conference might result in a default decision against him. When neither Dr. Gamez nor his counsel appeared, the Administrative Prosecutor filed a motion

[1] Dr. Gamez's counsel wrote the ALJ that he, counsel, could no longer participate in this matter. The letter seemed to indicate that Dr. Gamez had no intention of participating either.

requesting that the ALJ issue a proposed order of default. Dr. Gamez did not respond to that motion. The ALJ thereafter proposed that the Board adopt as facts all of the 218 allegations in the charging document, that it conclude that Dr. Gamez violated each of the three sections of the Medical Practice Act set out above, and that his license to practice medicine in Maryland be revoked.

The ALJ advised the parties of their right to file exceptions with the Board if either were dissatisfied with the ALJ's proposed decision. Neither Dr. Gamez, nor his counsel, nor the Administrative Prosecutor filed with the Board any exceptions to the ALJ's decision. The case thus came before the Board for final decision on November 16, 2010. *See* COMAR 10.32.02.03F (4).

FINDINGS OF FACT

The Board adopts the ALJ's proposed findings of fact. The Board thus adopts as facts the 218 factual allegations in the charging document. The charging document itself, titled "Charges Under the Medical Practice Act," is incorporated into this decision and is attached as Attachment A.

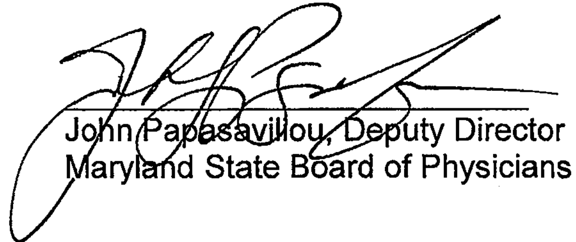
CONCLUSIONS OF LAW

The Board adopts the ALJ's proposed conclusions of law. Dr. Gamez violated §§14-404(a) (3) (ii), (22) and (27) of the Medical Practice Act, Md. Health Occ. Code Ann. §§ 14-404(a)(3)(ii), (22) and (27) by committing unprofessional conduct in the practice of medicine, failing to meet the standard of quality care, and by selling, prescribing, giving away or administering drugs for illegal or illegitimate medical purposes.

ORDER

The Board adopts the sanction proposed by the ALJ. The license to practice medicine in Maryland of Jesus A. Gamez, M.D., license number D 28840, shall be, and hereby is, **REVOKED**.

11/21/2011
Date



John Papasavillou, Deputy Director
Maryland State Board of Physicians

NOTICE OF RIGHT TO APPEAL

Pursuant to section 14-408(b) of the Health Occupations Article, Dr. Gamez has the right to seek judicial review of this decision. Any petition for judicial review must be filed within 30 days from the date this Final Decision and Order is mailed. The petition for judicial review shall be made as provided for in the Maryland Administrative Procedure Act, Md. Code Ann., State Gov't § 10-222, and the Maryland Rules at 7-201 *et seq.*

If Dr. Gamez files an appeal, the Board should be notified at the following address:

Maryland State Board of Physicians
c/o Thomas W. Keech
Assistant Attorney General
Department of Health and Mental Hygiene
300 West Preston Street, Suite 302
Baltimore, Maryland 21201.

IN THE MATTER OF	*	**BEFORE THE**
JESUS A. GAMEZ, M.D.	*	**MARYLAND STATE BOARD**
Respondent	*	**OF PHYSICIANS**
License Number: D28840	*	**Case Number: 2008-0726**

* * * * * * * * * * * *

CHARGES UNDER THE MARYLAND MEDICAL PRACTICE ACT

The Maryland State Board of Physicians (the "Board") charges Jesus A. Gamez, M.D. (the "Respondent") (D.O.B. August 13, 1940), License Number D28840, under the Maryland Medical Practice Act (the "Act"), Md. Health Occ. Code Ann. ("Health Occ.") § 14-404(a) (2009 Repl. Vol.).

The pertinent provisions of the Act provide the following:

(a) Subject to the hearing provisions of § 14-405 of this subtitle, the Board, on the affirmative vote of a majority of the quorum, may reprimand any licensee, place any licensee on probation, or suspend or revoke a license if the licensee:

(3) Is guilty of:

...

(ii) Unprofessional conduct in the practice of medicine;

(22) Fails to meet appropriate standards as determined by appropriate peer review for the delivery of quality medical and surgical care performed in an outpatient surgical facility, office, hospital, or any other location in this State; and

(27) Sells, prescribes, gives away, or administers drugs for illegal or illegitimate medical purposes[.]

ATTACHMENT A

ALLEGATIONS OF FACT[1]

The Board bases its charges on the following facts that the Board has cause to believe are true:

I. BACKGROUND

1. At all times relevant hereto, the Respondent was and is licensed to practice medicine in the State of Maryland. The Respondent was originally licensed to practice medicine in Maryland on December 13, 1982.
2. The Respondent was trained as a pathologist, but at the time of the incidents described herein, the Respondent maintained an office with his wife, a licensed physician, for the practice of family medicine at 11141 Georgia Avenue, Suite #508, Wheaton, Maryland, 20902.
3. On or about April 29, 2008, the Board opened an investigation of the Respondent based on information received from the Montgomery County Police Department alleging drug diversion of controlled dangerous substances ("CDS") prescribed by the Respondent.
4. On or about May 5, 2008, the Montgomery County Police-Narcotics Unit executed a search and seizure warrant of the Respondent's medical office. Two representatives from the Board's Compliance Staff were present, as well as diversion investigators from the Drug Enforcement Administration ("DEA").

[1] The allegations set forth in this document are intended to provide the Respondent with notice of the alleged charges. They are not intended as, and do not necessarily represent, a complete description of the evidence, either documentary or testimonial, to be offered against the Respondent in connection with these charges.

5. The Respondent was criminally charged with 3 felony counts relating to Controlled Dangerous Substances ("CDS") distribution; on December 15, 2008, the State agreed to *nolle pros* the charges.

6. On or about May 5, 2008, the Board notified the Respondent of its investigation and provided him with an opportunity to respond to the allegations.

7. By letter dated May 14, 2008, the Respondent denied allegations that he prescribed CDS for illegal or illegitimate purposes and further stated that because patient files and his office computer had been seized by law enforcement, he was unable to provide a full and complete response to the allegations.

8. The Board subpoenaed from the Respondent's office, randomly selected patient records and conducted interviews of 7 of the patients. The Board transmitted 12 patient records and other documents to Permedion to conduct a peer review of the Respondent's medical practice. Permedion assigned the peer review to 2 physicians board-certified in family medicine. Both reviewers concurred the Respondent failed to meet the standard of quality medical care with regard to all 12 patients reviewed.

9. As a result of the Board's investigation relating to the Respondent's actions, on November 7, 2008, the Board voted to summarily suspend his license to practice medicine, under Md. State Gov't Code Ann. § 10-226(c)(2)(i) (2004 Repl. vol. & 2008 Supp.), concluding that the public health, safety or welfare imperatively required emergency action. The

Respondent did not request a post-deprivation show-cause hearing on the summary suspension, nor did he appeal the Order of Summary Suspension.

II. PATIENT RELATED ALLEGATIONS

UNDERCOVER OPERATIVE

10. On or about March 5, 2008, an undercover operative from the Montgomery County Police Department (hereinafter, "operative") posing as a patient arrived at the Respondent's medical office for a scheduled appointment and received prescriptions for 3 CDS: 30 tablets of Oxycontin 80 mg., 60 tablets of Percocet 10 mg. and 15 tablets of Xanax. According to the operative, he did not provide a legitimate medical purpose for the CDS.[2]

11. On or about April 14, 2008, the operative returned to the Respondent for a second visit and, after a short conversation without any physical examination, the Respondent again prescribed 30 tablets of Oxycontin, 60 tablets of Percocet and 15 tablets of Xanax.

12. On or about May 5, 2008, the Montgomery County Police received and executed a search and seizure warrant for documents relating to multiple patients pertaining to the Respondent's distribution of CDS.

13. On May 5, 2008, during the execution of the search and seizure warrant, the Respondent voluntarily surrendered his controlled substance

[2] According to the Search and Seizure warrant, the operative told the Respondent's wife that he had been in an accident in Florida and had back pain. According to the operative, at no point did the Respondent's wife or the Respondent examine the operative's back, nor did the operative provide the Respondent with any medical records substantiating his injury.

prescribing privileges by providing the DEA agent with his registration card and by signing DEA Form #104 wherein he agreed:

> In view of my alleged failure to comply with the Federal requirements pertaining to controlled substances, and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part; I hereby voluntarily surrender my DEA Certificate of Registration, unused order forms, and all of my controlled substances listed in schedules 2-5 as evidence of my agreement to relinquish my privileges to handle controlled substances listed in schedules 2-5...

14. The Respondent's actions and inactions as outlined in pertinent part above constitute unprofessional conduct in the practice of medicine in violation of Health Occ. Code Ann. § 14-404(a) (3)(ii) and/or the prescribing of CDS for an illegal or illegitimate purpose in violation of § 14-404(a) (27).

PEER REVIEW

Patient A

15. Patient A was a 28 year-old female when she began seeing the Respondent for chronic back pain, on or about August 28, 2007. She had a history of a motor vehicle accident ("MVA").[3] She reported that a prior physician had prescribed Percocet (oxycodone and acetaminophen) for her back pain.

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[3] The dates are inconsistently documented; Patient A documented on her patient history form that the MVA had occurred in 2003, but testified during an interview with the Board's staff in June 2008, that it had occurred in 2004. The Respondent documented the accident had occurred in 2002.

16. On her initial visit on August 28, the Respondent diagnosed her as being opioid-dependent and prescribed 90 tablets of Oxycontin[4] 80 mg., 3 times daily. Patient A's urine toxicology screen was positive for amphetamines.

17. On September 25, 2007, the Respondent prescribed 90 tablets of Oxycontin 80 mg, 3 times daily and 60 tablets of Roxicodone[5] 30 mg., 2 times daily, for breakthrough pain. He also prescribed medications for sinus problems and 30 tablets of Ambien[6] for insomnia.

18. On October 24, 2007, the Respondent continued the prescriptions for Oxycontin, Roxicodone and Ambien.

19. On or about November 20, 2007, Patient A provided the Respondent for the first time with a 2005 MRI showing disc herniations and signed an informed consent for narcotic medications. Patient A's urine toxicology screen during this visit tested positive for Cocaine and amphetamines (in addition to the opioids). The Respondent, however, prescribed the following CDS to Patient A on this date: 2 prescriptions for Oxycontin (1 for 120 tablets and 1 for 90 tablets[7]) and 60 tablets of Roxicodone.

20. On December 20, 2007, the Respondent prescribed 120 tablets of Oxycontin 80 mg. and 60 tablets of Roxicodone 30 mg. He failed to examine Patient A.

21. On January 10, 2008, the Respondent prescribed the following CDS to Patient A: 2 prescriptions for Roxicodone 30 mg. (120 tablets total), 2

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[4] Schedule II CDS.
[5] Schedule II CDS.
[6] Schedule IV CDS.
[7] The second prescription was noted in the progress note, but not copied in the chart.

prescriptions for Oxycontin 80 mg. (240 tablets total) and he also prescribed 60 tablets of Klonopin[8] for "anxiety." He failed to examine Patient A.

22. On or about February 1, 2008, Patient A's urine toxicology screen from the Respondent's office tested negative for opioids. The Respondent's office sent her urine on the same date to an outside laboratory that confirmed Patient A tested negative for opiates. The Respondent however, prescribed 60 tablets of Klonopin, 60 tablets of Roxicodone and 120 tablets of Oxycontin to her.

23. On February 27, 2008, Patient A's urine toxicology screen again tested negative for all CDS including opioids. The Respondent again sent her urine to an outside laboratory to be tested, and the results were positive for opioids and Methadone. The Respondent prescribed Klonopin, Roxicodone and Oxycontin to her in the same dosages as the preceding visit.

24. On March 24, 2008, the Respondent documented 2 separate computer-generated notes for Patient A: 1 note was at 3:54 p.m. and the second note was documented at 4:10 p.m. The 4:10 p.m. note included the addition of 2 prescriptions each for Klonopin (total of 120 tablets), Roxicodone (total of 120 tablets) and Oxycontin (total of 240 tablets). The Respondent documented that Patient A had taken Methadone from a girlfriend to alleviate a severe migraine attack as her explanation for the "inconsistency" in her urine.

[8] Schedule IV Benzodiazapine.

25. On April 22, 2008, the Respondent prescribed 120 tablets of Oxycontin, 60 tablets of Roxicodone and 30 tablets of Ambien. He failed to examine Patient A.

26. The Respondent failed to initiate any work-up for Patient A's complaints of back pain. Instead, the Respondent relied merely on Patient A's verbal history of disc herniation for several months. When Patient A provided him with the 2005 copy of her MRI, he failed to order any additional tests or refer her for any specialty consultation for her pain management or alternative treatment options.

27. The Respondent failed to conduct an adequate evaluation or develop an adequate treatment plan of Patient A's complaints of chronic back pain.

28. Despite Patient A's urine toxicology screens testing positive for CDS that the Respondent was not prescribing, he continued to prescribe opioids for her in large amounts.

29. The Respondent failed to offer Patient A any alternatives to CDS management of her chronic back pain.

30. On or about June 5, 2008, the Board's Compliance Staff interviewed Patient A and she testified that the Respondent made sexually suggestive comments to her and kissed her on the cheek, beside her lip, after office visits.

31. During the search and seizure of the Respondent's office on May 5, 2008, in the Respondent's desk, a law enforcement official located a photograph of Patient A with her shirt raised, exposing her brassiere.

32. The Respondent's actions and inactions with regard to Patient A as outlined in pertinent part above constitute violations of Health Occ. Code Ann. § 14-404(a) (3)(ii) and/or (22) and/or (27).

Patient B

33. Patient B was a 26 year-old female when she began seeing the Respondent for medical care on or about July 8, 2005 complaining of migraine headaches and right hand pain.

34. From July through November 2005 and again from March 2007 through March 2008, the Respondent prescribed large amounts of CDS to Patient B as follows:

DATE	PRESCRIPTION
July 8, 2005	2 prescriptions for Percocet (1 for 30 tablets and 1 for 60 tablets),[9] 200 mg. Celebrex
July 21, 2005	3 prescriptions for Percocet (2 for 30 tablets and 1 for 60 tablets),[10] 30 tablets of Celebrex
July 28, 2005	4 prescriptions for Percocet (2 for 30 tablets and 2 for 60 tablets)
August 3, 2005	5 prescriptions for Percocet (3 for 60 tablets and 2 for 30 tablets)
September 16, 2005	6 prescriptions for Percocet (4 for 60 tablets and 2 for 30 tablets), 15 tablets of Ambien at bedtime
October 12, 2005	7 prescriptions for Percocet (5 prescriptions for 60 tablets, 2 prescriptions for 30 tablets), 15 tablets of Ambien at bedtime
November 10, 2005	8 prescriptions for Percocet (5 prescriptions for 60 tablets and 3 for 30 tablets)
November 14, 2005	15 tablets of Ambien
March 28, 2007	15 tablets of Oxycontin 40 mg. 2 times daily

[9] Copy of prescription in chart only reflects 1 prescription for 60 tablets, but progress note reflects 2 prescriptions issued.
[10] Copy of prescription in chart reflects only 1 prescription issued for 30 tablets.

April 6, 2007	120 tablets of Oxycontin 40 mg.
April 26, 2007	60 tablets of Oxycontin 80 mg., 120 tablets of Oxycontin 40 mg., 30 Xanax
May 18, 2007	80 tablets of Oxycontin 80 mg.
June 6, 2007	160 tablets of Oxycontin 80 mg., 30 tablets of Xanax
July 16, 2007	80 tablets of Oxycontin 80 mg., 30 tablets of Xanax
August 10, 2007	80 tablets of Oxycontin 80 mg., 30 tablets of Xanax
September 12, 2007	90 tablets of Opana 40 mg. (Oxymorphone) and 60 tablets of Xanax
October 19, 2007	80 tablets of Oxycontin 80 mg., 60 tablets of Xanax
November 15, 2007	80 tablets of Oxycontin 80 mg, 60 tablets of Xanax
December 13, 2007	60 tablets of Xanax, 90 tablets of Oxycontin 80 mg.
January 11, 2008	60 or 90 tablets of Oxycontin 80 mg.,[11] 30 tablets of Xanax
February 5, 2008	90 tablets of Oxycontin 80 mg., 30 tablets of Xanax
March 3, 2008	180 tablets of Oxycontin 80 mg., 180 Xanax
March 31, 2008	90 tablets of Oxycontin 80 mg., 60 tablets of Oxycontin 40 mg., 60 tablets of Opana 40 mg.

35. On July 21, 2005, the Respondent documented that Patient B "does show signs of addiction."

36. On November 10, 2005, the Respondent documented that he ordered a CAT scan of the brain with contrast for Tuesday, November 15, 2005.

37. On November 14, 2005, Patient B returned for a visit and stated she had no headaches. The Respondent documented that her radiology appointment had been cancelled and prescribed Ambien for her for "insomnia unspecified."

[11] The Respondent documented 3 separate progress notes on this date; 1 note fails to mention an Oxycontin prescription, the second note states 60 tablets were prescribed and the third note states that 90 tablets were prescribed.

38. On July 2, 2007, the Respondent documented that he had referred Patient B to another physician when she called for additional Oxycontin. He documented "no further narcotics."

39. Within 2 weeks however, on July 16, 2007, the Respondent prescribed 80 tablets of Oxycontin 80 mg. and resumed regularly prescribing narcotics to Patient B, as demonstrated in ¶ 34 above.

40. On October 19, 2007, the Respondent added Relpax, a non-narcotic migraine medication, to Patient B's CDS medications.

41. On November 15, 2007, Patient B signed an Informed Consent Agreement for narcotics indicating she would be willing to "actively seek" a program in which she would reduce or eliminate the use of controlled substances.

42. On December 13, 2007, Patient B's urine toxicology screen tested negative for opioids, but tested positive for what appears to be benzodiazepines (documented as bzd), amphetamines (documented as amp) and bupenorphine (Suboxone)[12] (documented as bup). The Respondent continued to prescribe Oxycontin. He also prescribed Seroquel for her, a medication used in the management of bipolar disorders. He documented "Patient is very sad because of domestic verbal abuse."

43. For the first time on January 11, 2008, the Respondent documented that Patient B had been experiencing lower back pain since the birth of her

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[12] Suboxone is an opioid used in the treatment of opioid dependence.

baby six years before. He advised that she have an MRI of her lower spine.

44. There are 3 computer generated notes in Patient B's medical record dated January 11, 2008, electronically signed by the Respondent. Each note varies:

    a. At 10:48 a.m., the Respondent documented that Patient B called for a refill of her prescriptions and a complaint of migraine headaches. He documented that they discussed detoxification and she was reluctant to attempt. He documented a physical examination including vital signs and prescribed Xanax and Oxycontin;[13]
    b. At 11:11 am., the note remained the same as the previous note except for the vital signs, which were deleted; and
    c. At 11:48 a.m., the Respondent documented that Patient B had lower back pain and a history relating to this. Her physical exam findings and vital signs differed from the 10:48 a.m. note and he ordered an MRI.

45. On January 11, 2008, Patient B declined to submit to a urine toxicology screen.

46. On February 5, 2008, Patient B's urine toxicology screen tested negative for all drugs including opioids and benzodiazepines. The Respondent documented "patient states she has been taking her medications." The Respondent failed to perform a physical examination, but continued to prescribe Oxycontin and Xanax.

47. On March 3, 2008, the Respondent documented "MRI report is available now." The report, dated February 22, 2008, showed degenerative disc disease and a very small central disc herniation L5-S1 and other findings.

[13] According to the Patient Encounter document, Patient B telephoned for a refill.

He provided Patient B with 4 separate prescriptions for Xanax (180 tablets) and 2 prescriptions for Oxycontin (180 tablets).

48. On March 7, 2008, Patient B "was called upon to visit the office because her urine tested positive for methadone." Her urine that had been collected on March 3 had tested positive for Methadone and her speech was slurred. Patient B "does not know how Methadone got in her system. Suspect somebody poison her food of [*sic*] beverages." The Respondent recommended she schedule an appointment for "21 March 2008" to retest her urine.

49. On March 31, 2008, Patient B's urine toxicology screen tested positive for benzodiazepines and "oxy." The Respondent prescribed Oxycontin and Opana[14] for her.

50. The Respondent continued to prescribe CDS to Patient B through March 31, 2008 despite signs of substance abuse and possible diversion.

51. A letter dated April 8, 2008 in Patient B's file from the Respondent to a Montgomery County Government contact indicated that the Respondent planned to refer Patient B to a Drug Rehabilitation Program. There is no further documentation in her record.

52. The Respondent failed to conduct an appropriate evaluation for Patient B's complaints of migraine headaches. The Respondent failed to adequately treat Patient B's migraine headaches.

53. The Respondent failed to appropriately evaluate and/or treat Patient B's complaints of lower back pain.

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[14] A Schedule II opioid containing oxymorphone.

54. The Respondent failed to offer Patient B any alternatives to CDS management of her chronic back pain.

55. The Respondent failed to refer Patient B to any specialty consultations for pain management or alternative treatment options.

56. The Respondent's actions and inactions with regard to Patient B as outlined in pertinent part above constitute violations of Health Occ. Code Ann. § 14-404(a) (3)(ii) and/or (22) and/or (27).

Patient C

57. Patient C was a 20 year-old female when she scheduled a medical visit with the Respondent on April 22, 2008.

58. When Patient C arrived for the visit, the staff in the Respondent's office asked her to pay $440 for the medical visit.

59. According to Patient C, she initially saw the Respondent's wife who took her vital signs and performed a brief physical examination. Patient C told the Respondent's wife that she had back pain from a car accident.

60. Patient C completed a patient history and documented under current medications "none as of now." She denied any substance use. Additionally, she documented that she had no medical history.

61. The Respondent documented however, that Patient C's back pain post MVA was currently under control with Oxycontin and Roxycodone. His assessment was "limited range of motion to flexion."

62. According to Patient C, the Respondent took a photograph of her and told her she was pretty.

63. The Respondent's office conducted a urine toxicology screen and Patient C tested positive for Cocaine, Marijuana and Oxycodone.[15]

64. According to Patient C, the Respondent provided Patient C with 4 prescriptions: 2 prescriptions for 80 mg. of Oxycontin to be taken 4 times daily (total of 120 tablets)[16] and 2 prescriptions for 30 mg. of Roxicodone (total of 120 tablets). Two prescriptions were dated April 22, 2008, and 2 were dated 15 days later, on or about May 6, 2008.

65. During an interview with the Board's Compliance staff on June 6, 2008, Patient C testified that she did not have any back pain when she went to see the Respondent. She stated that one of her friends, who was "cool with Dr. Gamez" urged her to visit him. According to Patient C, the friend needed people to visit the doctor to receive pain medications.

66. Patient C testified during her interview that the Respondent "urged" her not to have the prescriptions filled at Kensington Pharmacy because "younger kids were coming in, you know, paying cash, large amounts of cash, and he didn't want me going to that pharmacy."[17]

67. According to Patient C, her "friend" noted in ¶ 65 above, paid for the office visit. Additionally, she testified that the "friend" paid her for the cost of 2 of the prescriptions that she had filled ($820) and that she gave most of the

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[15] The urine was sent to Ameritox for further testing and she tested negative for the Cocaine.

[16] The Respondent documented in Patient C's progress note that he provided her with 3 prescriptions for 80 mg. of Oxycontin (180 tablets total) and 3 prescriptions for 30 mg. Roxicodone (180 tablets).

[17] A letter dated April 17, 2008 from the owner of Kensington Pharmacy to the Respondent stated that "Effective immediately, we, at Kensington Pharmacy, decided to be much more selective in filling Controlled Narcotic Prescriptions, particularly Oxycontin. In light of a recent warning we received from legal authorities, we made a decision to stop filling larger quantity <u>Oxycontin prescriptions for younger patients particularly with no prescription insurance</u>..." [emphasis in original]

tablets to her "friend" but kept a few for herself.[18] She further testified that the "friend" was selling the tablets.

68. Despite Patient C's positive urine toxicology screen for illicit drug use, the Respondent prescribed large amounts of opioids for her.

69. The Respondent failed to appropriately evaluate and/or treat Patient C's complaints of lower back pain.

70. The Respondent provided Patient C with prescriptions for large amounts of opioids without confirmation of her medical history.

71. The Respondent failed to consider non-narcotic alternatives for treatment of Patient C.

72. The Respondent's actions and inactions with regard to Patient C as outlined in pertinent part above constitute violations of Health Occ. Code Ann. § 14-404(a) (3)(ii) and/or (22) and/or (27).

Patient D

73. Patient D was an 18 year-old female when she initially made an appointment to see the Respondent on March 13, 2008.

74. The Board's Compliance staff interviewed Patient D on June 9, 2008 and she testified that an acquaintance (hereinafter, "R") told her that he would pay her $250 if she would make an appointment with the Respondent to obtain a prescription and she agreed. R told her he wanted prescriptions for Oxycontin, Roxicodone and Xanax to sell. R told Patient D what to say

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[18] Patient C said that the Police Detectives took the other 2 prescriptions the day of the search and seizure of the Respondent's office.

to the Respondent, including that she had fallen off of a roof and was hospitalized at Suburban Hospital.

75. When Patient D arrived for her March 13, 2008, appointment, she was asked to pay $440 for the office visit.

76. On March 13, Patient D was initially seen by the Respondent's wife. Patient D told the Respondent's wife she had hurt her back. According to Patient D, the Respondent's wife performed a physical examination including a breast examination and "touched" her lower back.

77. According to Patient D, following an examination by the Respondent's wife, Patient D was escorted into the Respondent's office. The Respondent told her that he had to write everything down because he was "under surveillance" because he does "opioid therapy." Although a physical examination was documented in Patient D's medical record, she denied that the Respondent examined her.

78. Patient D submitted to a urine toxicology screen[19] that the Respondent's office staff sent to Ameritox; she tested positive for opiates, Oxycodone and Marijuana.

79. The Respondent provided Patient D with prescriptions for Oxycontin 80 mg. (90 tablets), Roxicodone 30 mg. (90 tablets) and Xanax 2 mg. (30 tablets).

80. On or about April 10, 2008, Patient D returned for a second visit and was charged $275.

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[19] The initial office screen tested negative for Marijuana.

81. On April 10, Patient D's urine toxicology screen again tested positive for Marijuana.

82. The Respondent again provided Patient D with 3 prescriptions: Oxycontin 80 mg. (90 tablets), Roxicodone 30 mg. (90 tablets) and Xanax 2 mg. (30 tablets).

83. Patient D testified during her interview with the Board's staff that the Respondent told Patient D she was pretty and said "you are so beautiful."

84. Patient D testified during her interview with the Board's staff that R provided Patient D with money for both office visits and also paid her a fee for the visits.

85. Patient D testified during her interview with the Board's staff that on or about May 5, 2008 she arrived at the Respondent's office for a third visit, but the Montgomery County Police were present.

86. The Respondent relied on Patient D's verbal history, did not obtain medical records substantiating her history, and failed to pursue a work-up for her complaints of back pain or to refer her to a specialist.

87. The Respondent failed to consider non-narcotic alternative therapies for Patient D.

88. Despite Patient D's positive toxicology screens for Marijuana, the Respondent prescribed CDS.

89. The Respondent failed to appropriately evaluate and/or treat Patient D's complaints of lower back pain.

90. The Respondent's actions and inactions with regard to Patient D as outlined in pertinent part above constitute violations of Health Occ. Code Ann. § 14-404(a) (3)(ii) and/or (22) and/or (27).

Patient E

91. Patient E was a 19 year-old female when she initially saw the Respondent for medical care on April 10, 2008.

92. The Board's Compliance staff interviewed Patient E on June 12, 2008 and she testified that she made an appointment to see the Respondent because one of her friends ("R") "got me started on doing Oc's,[20] and he told me...like he knew like this crooked doctor. He said he would, like, [R] would pay for the visit for everything for free Oc's..."

93. According to Patient E, R told her what to say when she called the Respondent's office to schedule the appointment. Patient E told the office staff when calling for the appointment that she had a herniated disc.

94. The Respondent charged Patient E $440 for the initial office visit.

95. Patient E testified that when the Respondent asked her the reason for her visit on April 10, she "froze up" and could only say "my back." The Respondent then said "you ruptured it, the herniated disk." The Respondent also said "you were in a car accident." The Respondent told Patient E to bring in her paperwork "the next time."

96. According to Patient E's interview by the Compliance staff, she testified that she had misrepresented that she had a car accident and had been hospitalized at Johns Hopkins.

[20] Oxycontin.

97. The Respondent took a picture of Patient E and told her she was really beautiful.

98. During Patient E's interview with the Board's staff, she testified that the Respondent asked Patient E if she knew how to perform a breast examination of herself and then "taught" her how to do it. Patient E testified that the Respondent examined only 1 of her breasts.

99. The Respondent documented that Patient E had "chronic pain due to trauma: MVA. Lumbar." He documented "Obtain records."

100. Patient E's urine toxicology screen was positive for Oxycodone, Oxycontin and Marijuana.

101. The Respondent provided Patient E with 2 prescriptions, Oxycontin 80 mg. (120 tablets) and Roxicodone 30 mg. (120 tablets).

102. Patient E had the prescriptions filled at Kensington Pharmacy. Patient E testified during her interview with the Board's staff that R paid for the prescriptions. The Oxycontin cost approximately $1200-$1500. She testified that she received half of the pills (60 of each) and that she "sniffed them."

103. The Respondent relied on Patient E's questionable verbal history, did not obtain medical records substantiating her history and failed to pursue a work-up for her complaints of back pain or to refer her to a specialist.

104. The Respondent failed to consider non-narcotic alternative therapies for Patient E.

105. Despite Patient E's positive toxicology screen for Marijuana, the Respondent prescribed CDS.

106. The Respondent failed to appropriately evaluate and/or treat Patient E's complaints of lower back pain.

107. The Respondent's actions and inactions with regard to Patient E as outlined in pertinent part above constitute violations of Health Occ. Code Ann. § 14-404(a) (3)(ii) and/or (22) and/or (27).

Patient F

108. Patient F was an 18 year-old male when he made an appointment to see the Respondent on April 2, 2008.

109. The Board's Compliance staff interviewed Patient F on June 12, 2008. He testified that he went to see the Respondent to "get Oxycontin from him." He admitted that he had been addicted to Oxycontin for 4 or 5 months at the time. His friend "R" made the appointment for him.

110. Patient F's medical record reflects that he was charged $440 for the initial visit. Patient F testified that R paid for the visit.

111. Patient F documented on his history form that he had fallen off a ladder and had a herniated disc. Patient F documented that he used Oxycontin 80 mg., Roxycodone 30 mg. and Xanax 2 mg.

112. Patient F testified during his interview with the Board's staff that a woman conducted the physical examination and the Respondent asked him questions about where it hurts, what he could do.

113. Patient F submitted to a urine toxicology screen that was positive for Cannabis and Oxycodone.

114. The Respondent documented on April 2, 2008, "obtain medical records." Patient F did not provide him with any records or radiology reports. The Respondent documented however, that Patient F had a prior MRI that demonstrated disk herniations in the lumbar region.

115. The Respondent did not recommend any radiology studies.

116. Patient F testified during his interview with the Board's staff that the Respondent asked Patient F what medications he was receiving from his prior doctor and Patient F responded: 120 Oxycontin 80 mg., 120 Roxicodone 30 mg. and 30 Xanax 2 mg., monthly, and the Respondent issued him those prescriptions.[21]

117. Patient F testified that the Respondent provided Patient F with a card for Kensington Pharmacy and that he should go there. He told Patient F "...this is a good pharmacy. They know me. They know us."

118. Before leaving the office, the Respondent made an appointment for a second visit approximately 1 month later.

119. Patient F did not have the prescriptions filled at Kensington Pharmacy because it was too expensive. He had them filled at a pharmacy near Suburban Hospital. The Oxycontin cost between $1300-$1500. Patient F's friend R paid cash for the prescriptions.

[21] The Respondent documented in Patient F's medical record that he had been receiving Oxycontin, Vicodin and Percocet.

120. Patient F testified he kept approximately 10 tablets of the Oxycontin, 15 tablets of the Roxicodone and 25 tablets of the Xanax and gave the rest to his friend R. R also paid Patient F $200 for the office visit.

121. Patient F returned to see the Respondent on May 2, 2008. He did not provide medical records substantiating his diagnosis.

122. On May 2, 2008, the Respondent prescribed Patient F with a 30-day supply of Oxycontin 80 mg. (120 tablets), Roxicodone 30 mg. (120 tablets) and Xanax 2 mg. (30 tablets).

123. According to Patient F, when he tried to have the Oxycontin prescription filled at a CVS Pharmacy in Frederick, Maryland, the pharmacy contacted the Respondent's office and he refused to authorize the prescription. Patient F was able to have the Roxicodone and Xanax prescriptions filled at other pharmacies.

124. The Respondent relied on Patient F's questionable verbal history, did not wait to obtain medical records substantiating his history until he prescribed large amounts of CDS to Patient F, and failed to pursue a work-up including radiology studies for his complaints of back pain or to refer him to a specialist.

125. The Respondent failed to consider non-narcotic alternative therapies for Patient F.

126. Despite Patient F's positive urine toxicology screen for Marijuana, he prescribed large amounts of opioids to him.

127. The Respondent failed to appropriately evaluate and/or treat Patient F's complaints of lower back pain.

128. The Respondent's actions and inactions with regard to Patient F as outlined in pertinent part above constitute violations of Health Occ. Code Ann. § 14-404(a) (3)(ii) and/or (22) and/or (27).

Patient G

129. Patient G was a 26 year-old male patient when he first scheduled an appointment with the Respondent on or about February 5, 2008. He had a significant medical history including a kidney transplant in or around 2007, previous cardiac surgery and ankle surgery.

130. The Board's Compliance staff conducted an interview of Patient G on July 25, 2008. He was incarcerated at the time, having been charged with selling CDS he obtained from the Respondent through prescriptions.

131. Patient G testified that he saw the Respondent in order to obtain Oxycontin 80 mg. tablets for pain.

132. Patient G testified that he had referred some of his friends to the Respondent to obtain prescriptions for Oxycontin.

133. During Patient G's initial visit on February 5, 2008 he told the Respondent that he had had a car accident. The Respondent documented that Patient G had a motor vehicle accident in 2004, and that he had been hospitalized at Shock Trauma, diagnosed with chronic pain due to trauma. The Respondent requested that Patient G bring in his medical records. During

this visit, the Respondent prescribed the following medications: Percocet 2 times daily (80 tablets) and Oxycontin 80 mg. 4 times daily (90 tablets).

134. Patient G, during his July 2008 interview, told the Compliance staff that he had "made up" the car accident.

135. Patient G was charged $440 for the initial visit.

136. Patient G saw the Respondent for a second visit on February 21, 2008. Patient G did not bring in his medical records.

137. On February 21, 2008, Patient G's urine toxicology screen was positive for Marijuana and Cocaine.

138. On February 21, the Respondent prescribed 60 tablets of Percocet and 120 tablets of Oxycontin 80 mg., despite Patient G's positive toxicology screen for illicit drugs.

139. Six days later, on February 27, 2008, Patient G returned for another visit with the Respondent. The Respondent failed to document any physical examination. Patient G's urine toxicology screen was negative for opioids.

140. On February 27 the Respondent again prescribed 120 tablets of Oxycontin 80 mg. and 60 tablets of Percocet.

141. Patient G saw the Respondent for a fourth visit on March 24, 2008 and the Respondent documented that Patient G had Cocaine and Marijuana dependency. The Respondent prescribed 120 tablets of Oxycontin 80 mg. and 3 prescriptions for Percocet (270 tablets). Patient G did not bring in his medical records.

142. On April 22, 2008, the Respondent saw Patient G for a fifth visit. His urine toxicology screen again tested positive for Cocaine and Marijuana. The Respondent again prescribed 90 tablets of Percocet and 120 tablets of Oxycontin 80 mg. Patient G again failed to bring in his medical records, and the Respondent documented that the patient and his mother were "looking" for his prior medical records. He ordered x-rays of Patient G's ankles and his "lumbosacral bac" [*sic*].

143. The Respondent provided Patient G with prescriptions for large amounts of CDS without substantiating his prior medical history.

144. The Respondent provided Patient G with prescriptions for large amounts of CDS despite his positive urine screens for illicit drugs.

145. The Respondent failed to order any non-narcotic treatment alternatives for Patient G's complaints of back pain.

146. The Respondent failed to appropriately evaluate and/or treat Patient G's complaints of lower back pain.

147. The Respondent's actions and inactions with regard to Patient G as outlined in pertinent part above constitute violations of Health Occ. Code Ann. § 14-404(a) (3)(ii) and/or (22) and/or (27).

Patient H

148. Patient H was a 20 year-old male on January 23, 2008 when he initially saw the Respondent for medical care. Patient H documented on a treatment screening form that he had been on Oxycontin for 2 years. He had a mental health history that included previous electroshock therapy.

149. On January 23, the Respondent diagnosed Patient H with osteoathroses. The Respondent documented that Patient H would "produce documents to justify the above diagnosis."

150. Patient H's urine toxicology screen was positive for Cocaine.

151. The Respondent prescribed the following: 90 tablets each of Percocet 30 mg. and Oxycontin 80 mg.

152. On February 20, 2008 Patient H saw the Respondent for a second visit and submitted to a urine toxicology screen. The urine tested positive for Cocaine, Benzodiazepines, Buprenorphine (Suboxone) and opioids.

153. On February 20, 2008 the Respondent failed to document a physical examination, but prescribed 90 tablets each of Percocet 30 mg. and Oxycontin 80 mg. Additionally, he prescribed 30 tablets of Xanax 2 mg.

154. On March 14, 2008, Patient H again visited the Respondent and submitted to a urine toxicology screen that tested positive for Cocaine. The Respondent prescribed 120 tablets each of Roxicodone 30 mg. and Oxycontin 80 mg. and renewed his prescription for Xanax.

155. Patient H returned to see the Respondent on April 8, 2008; he had yet to produce any medical records as requested by the Respondent. His urine toxicology screen on this date (sent to Ameritox) tested positive for Cocaine and Marijuana. The Respondent prescribed 90 tablets of Percocet, 120 tablets of Roxicodone 30 mg., 120 tablets of Oxycontin 80 mg. and 30 tablets of Xanax.

156. On April 30, 2008, Patient H's urine toxicology screen again tested positive for Cocaine and Marijuana and the Respondent prescribed 120 tablets each of Roxicodone and Oxycontin and 30 tablets of Xanax. The Respondent failed to document any physical examination. Patient H did not provide his medical records.

157. The Respondent prescribed large amounts of CDS to Patient H despite multiple positive urine toxicology screens for illicit drugs.

158. The Respondent prescribed large amounts of CDS without receipt of prior medical records, confirming his medical history.

159. The Respondent failed to order radiology studies for Patient H.

160. The Respondent failed to order any non-narcotic treatment alternatives for Patient H's complaints of back pain.

161. The Respondent failed to refer Patient H for any specialty consultation regarding his complaints of pain or alternative treatment options.

162. The Respondent failed to appropriately evaluate and/or treat Patient H's complaints of lower back pain.

163. The Respondent's actions and inactions with regard to Patient H as outlined in pertinent part above constitute violations of Health Occ. Code Ann. § 14-404(a) (3)(ii) and/or (22) and/or (27).

Patient I

164. Patient I was a 24 year-old female when she initially saw the Respondent for a medical visit on or about April 15, 2008. She was a mother of 2 children, ages 5 and 7.

165. The Respondent documented that Patient I had sustained a lower back injury in a car accident in 2003. He documented that Patient I had previously been prescribed Oxycontin and Roxicodone.

166. There are partially illegible medical records from an unknown practitioner included in Patient I's medical record reflecting that she had been prescribed monthly Oxycontin, Roxycodone and Valium from November 2007 through January 2008 for chronic pain syndrome/low back pain.

167. Patient I submitted to a urine toxicology screen that was positive for Methadone (as well as opiates and Oxycodone).

168. The Respondent documented that Patient I's physical examination was unremarkable. The Respondent diagnosed her with chronic pain due to trauma and provided her with prescriptions for 90 tablets each of Roxicodone 30 mg. and Oxycontin 80 mg.

169. Patient I returned to see the Respondent on May 5, 2008 complaining of "back pain." The Respondent prescribed 90 tablets of Roxicodone and 90 tablets of Oxycontin.

170. The Respondent failed to order any diagnostic tests or studies or to refer Patient I for any specialty consultation.

171. The Respondent provided Patient I with prescriptions for large amounts of opioids despite her positive urine screen for Methadone.

172. The Respondent failed to order any non-narcotic treatment alternatives for Patient I's complaints of back pain.

173. The Respondent failed to appropriately evaluate and/or treat Patient I's complaints of lower back pain.

174. The Respondent's actions and inactions with regard to Patient I as outlined in pertinent part above constitute violations of Health Occ. Code Ann. § 14-404(a) (22).

Patient J

175. Patient J was a 21 year-old male when he initially saw the Respondent for a scheduled medical appointment on January 14, 2008.[22]

176. Patient J presented with lower back pain reportedly sustained after a 2007 fall from a roof with resultant disc herniation. He reported to the Respondent that he had been followed by a pain specialist in North Carolina, and had been prescribed Oxycontin, Percocet and Xanax. The Respondent documented, "sister will bring records."

177. The Respondent's physical examination of Patient J was unremarkable. Patient J submitted to a urine toxicology screen that tested positive for Cocaine and was negative for opioids.

178. The Respondent prescribed 120 tablets of Percocet, 90 tablets of Oxycontin 80 mg. and 30 Xanax 2 mg.

179. Patient J returned to see the Respondent on February 14, 2008, and the Respondent again prescribed Percocet, Oxycontin and Xanax in the same

[22] There are 2 prescriptions written by the Respondent in the chart that pre-date this initial visit: Oxycontin 80 mg. (90 tablets) and Percocet 325/10 mg. (120 tablets) are both dated January 10, 2008.

dosages as the previous month. The Respondent failed to document a physical examination.

180. Patient J did not provide his medical records substantiating his diagnosis.

181. Patient J returned for a third visit on March 10, 2008 and his urine toxicology screen was positive for Cocaine and cannabinoids.

182. On March 10, the Respondent prescribed 30 tablets of Xanax 2 mg. for Patient J.

183. The Respondent documented in a handwritten note dated March 10 that "counseling given to patient to start on Suboxone." He then documented "rxs as directed see copies 3/10/08." The only prescription copy in Patient J's record dated March 10, 2008 was for 30 tablets of Xanax 2 mg.

184. Patient J returned on April 16, 2008, and the Respondent provided him with 2 prescriptions for 90 tablets of Oxycontin 80 mg. (180 tablets total), 90 tablets of Roxicodone 30 mg., 120 Percocet and 30 Xanax 2 mg. There is no mention of Patient J starting on Suboxone or of him providing the Respondent with his medical records.

185. The Respondent prescribed large amounts of CDS to Patient J despite his positive urine toxicology screens for illicit drugs.

186. The Respondent prescribed large amounts of CDS to Patient J without receipt of prior medical records.

187. The Respondent failed to order radiology studies for Patient J.

188. The Respondent failed to order any non-narcotic treatment alternatives for Patient J's complaints of back pain.

189. The Respondent failed to refer Patient J for any specialty referrals.

190. The Respondent failed to appropriately evaluate and/or treat Patient J's complaints of lower back pain.

191. The Respondent's actions and inactions with regard to Patient J as outlined in pertinent part above constitute violations of Health Occ. Code Ann. § 14-404(a) (3)(ii) and/or (22) and/or (27).

Patient K

192. Patient K was a 22 year-old male when he initially saw the Respondent on March 3, 2008 for a scheduled medical appointment.

193. Patient K reported that he had been in a motor vehicle accident 2 years prior, and had experienced back pain since the accident. He stated on his health history questionnaire that he had a herniated disc.

194. The Respondent's physical examination of Patient K was unremarkable. He diagnosed Patient K with chronic pain due to trauma and prescribed the following: 90 tablets of Roxicodone 30 mg. and 120 tablets of Oxycontin 80 mg.

195. Patient K returned for a second visit on April 2, 2008 with complaints of continuing pain and received prescriptions for the same amounts of Roxicodone and Oxycontin as he received the prior month. Patient K did not bring in his medical records. The Respondent documented that Patient K would like to start on Suboxone in 2 months.

196. On April 29, 2008, Patient K provided the Respondent with medical records from a February 26, 2006 visit to the Emergency Department at

Shady Grove Hospital and MRI results that showed a lumbosacral spine injury. The Respondent prescribed Roxicodone and Oxycontin in dosages as previously prescribed.

197. The Respondent failed to order any additional testing including radiology studies for the Patient K.

198. The Respondent failed to order any non-narcotic treatment alternatives for Patient K's complaints of back pain.

199. The Respondent failed to refer Patient K for any specialty referrals for pain management or alternative treatment options.

200. The Respondent failed to appropriately evaluate and/or treat Patient K's complaints of lower back pain.

201. The Respondent's actions and inactions with regard to Patient K as outlined in pertinent part above constitute violations of Health Occ. Code Ann. § 14-404(a) (22).

Patient L

202. Patient L was an 18 year-old male who initially saw the Respondent for a scheduled medical appointment on February 1, 2008.

203. Patient L presented with lower back pain allegedly sustained from a motor-cross dirt bike accident in 2006. Patient L's urine toxicology screen on February 1 was positive for Cocaine and Bupenorphine (Suboxone).

204. The Respondent documented that Patient L was opioid dependent and prescribed 90 tablets of Oxycontin 80 mg. and 120 tablets of Percocet.

205. Patient L's medical record contains a police report from the Montgomery County Police Department dated February 13, 2008 alleging a kidnapping of Patient L and another victim, in which the perpetrators allegedly stole Patient L's Oxycontin.

206. On February 19, 2008, Patient L returned to the Respondent. His urine toxicology screen tested positive for Cocaine and amphetamines. The Respondent prescribed 40 tablets of Percocet and 30 tablets of Oxycontin 80 mg.

207. On February 27, 2008, the Respondent documented "pain on lower back." He failed to document a physical examination. Patient L's Ameritox drug screen was positive for Cocaine and cannabinoids. The Respondent prescribed 120 Percocet tablets and 90 Oxycontin tablets 80 mg.[23]

208. On February 28, 2008, the Respondent "transcribed" the February 1, 2008 medical visit for Patient L. He documented "obtain medical records."

209. On February 29, 2008, the Respondent issued the following prescriptions: 120 tablets of Percocet and 90 tablets of Oxycontin. He failed to document a physical examination.

210. On March 26, 2008, Patient L returned for another visit and again complained of back pain. He again did not provide the Respondent with his medical records. The Respondent documented that Patient L was dependent on Cocaine and Cannabis, but continued to prescribe the

[23] It is unclear if the Oxycontin prescription was issued or authorized because documented at the bottom of the Oxycontin prescription is the word "cancel."

following CDS to Patient L: 90 tablets of Oxycontin 80 mg. and 90 tablets of Roxicodone 30 mg.

211. One month later, on April 24, 2008, Patient L returned to see the Respondent, again without his prior medical records. The Respondent documented "Patient needs to bring old records related to his disease. No further prescriptions (today 2 week supply)." He prescribed 45 tablets of Roxicodone 30 mg. and 45 tablets of Oxycontin 80 mg.

212. The Respondent prescribed large amounts of CDS to Patient L without receipt of previous medical records.

213. The Respondent prescribed large amounts of CDS to Patient L despite positive urine toxicology screens for illicit drugs.

214. The Respondent failed to order any additional testing or studies for Patient L.

215. The Respondent failed to order any non-narcotic treatment alternatives for Patient L's complaints of back pain.

216. The Respondent failed to refer Patient L for any specialty referrals for pain management or treatment alternatives.

217. The Respondent failed to appropriately evaluate and/or treat Patient L's complaints of lower back pain.

218. The Respondent's actions and inactions with regard to Patient L as outlined in pertinent part above constitute violations of Health Occ. Code Ann. § 14-404(a) (3)(ii) and/or (22) and/or (27).

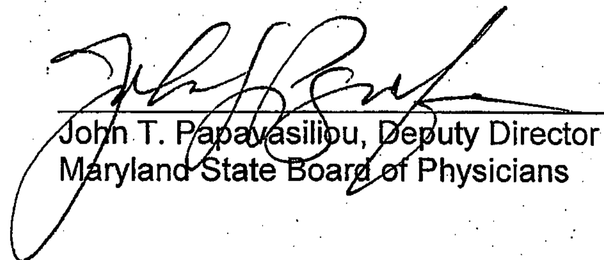
NOTICE OF POSSIBLE SANCTIONS

If, after a hearing, the Board finds that there are grounds for action under Health Occ. § 14-404(a)(3)(ii) and/or (22) and/or (27), the Board may impose disciplinary sanctions against Respondent's license, including revocation, suspension, reprimand and/or probation and may impose a fine.

NOTICE OF CASE RESOLUTION CONFERENCE

A Case Resolution Conference in this matter is scheduled for **Wednesday, March 2, 2011, at 10:00 a.m.** the Board's office, 4201 Patterson Avenue, Baltimore, Maryland 21215. The nature and purpose of the case resolution conference is described in the attached letter to the Respondent. If this matter is not resolved on terms accepted by the Board, an evidentiary hearing will be scheduled.

9/27/10
Date



John T. Papavasiliou, Deputy Director
Maryland State Board of Physicians