

IN THE MATTER OF	*	BEFORE THE
KAMAKSHI NEELKANTAN, M.D.	*	MARYLAND STATE
Respondent	*	BOARD OF PHYSICIANS
License Number: D24744	*	Case Number: 2220-0163A
* * * * *	*	* * * * *

**CONSENT ORDER**

On May 14, 2021, Disciplinary Panel A (“Panel A”) of the Maryland State Board of Physicians (the “Board”) charged Kamakshi Neelkantan, M.D. (the “Respondent”), License Number D24744, with violating the Maryland Medical Practice Act (the “Act”), Md. Code Ann., Health Occ. § 14-101 *et seq.* (2014 Repl. Vol. & 2020 Supp.). Panel A charged the Respondent with violating the following provisions of the Act:

**Health Occ. § 14-404. Denials, reprimands, probations, suspensions, and revocations -- Grounds.**

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

....

(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;

....

(40) Fails to keep adequate medical records as determined by appropriate peer review[.]

On August 11, 2021, Panel A was convened as a Disciplinary Committee for Case Resolution (“DCCR”) in this matter. Based on negotiations occurring as a result of the

DCCR, the Respondent agreed to enter this Consent Order, consisting of the following Findings of Fact, Conclusions of Law, Order, and Consent.

### **FINDINGS OF FACT**

Panel A finds:

#### **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 February 11, 1980, under License Number D24744. The Respondent's license is currently active and scheduled to expire on September 30, 2021.

2. The Respondent is board-certified in pediatrics.

3. At all times relevant hereto, the Respondent was employed at a medication assisted treatment center (the "Practice").

#### **II. PRIOR DISCIPLINE**

##### ***A. 1987 Consent Order***

4. On January 21, 1987, the Board executed a Consent Order Findings of Fact, Conclusions of Law and Order which found that the Respondent admitted to willingly altering, at the request of her employer, medical records that were going to be turned over to the Grand Jury of Baltimore City, which was investigating the Respondent's employer for possible Medicaid fraud.

5. The Consent Order concluded as a matter of law that the Respondent willfully made a false record in the practice of medicine in violation of Health Occ. § 14-504(12).<sup>1</sup>

6. Pursuant to the Consent Order, the Respondent's license was reprimanded.

***B. 2019 Default Order***

7. On August 8, 2019, the Board executed an Order of Default which found that the Respondent was disciplined by the Delaware Board of Medical Licensure and Discipline (the "Delaware Board") for writing multiple prescriptions to three family members for Controlled Dangerous Substances, from on or about September 2014 to on or about February 2017. The Delaware Board further found that the Respondent did not maintain any patient records for these three family members and did not document any personal assessments or evaluations of the family members prior to writing the prescriptions.

8. The Maryland Board concluded as a matter of law that the Respondent was disciplined by the Delaware Board for an act that would be grounds for disciplinary action under the Board's statutes in violation of Health Occ. § 14-404(a)(21). The Board determined that the acts for which the Respondent was disciplined in Delaware were grounds for discipline under Health Occ. § 14-404(a)(27) ("Sells, prescribes, gives away, or administers drugs for illegal or illegitimate medical purposes") and (a)(40)("Fails to keep adequate medical records as determined by appropriate peer review").

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<sup>1</sup> This section is now codified in Health Occ. § 14-404(a)(11).

9. Pursuant to the Order of Default the Respondent was reprimanded and ordered to comply with the terms and conditions of the Delaware Board's disciplinary order.

### **III. CURRENT CASE**

10. On or about November 4, 2019, the Office of Controlled Substance Administration ("OCSA") referred the Respondent to the Board for "possible inappropriate prescribing and/or dispensing of controlled dangerous substance[s]" (the "Complaint").

11. Based on the Complaint, the Board initiated an investigation under case number 2220-0163A.

12. As part of its investigation, the Board obtained a series of patient records, interviewed the Respondent, and obtained a peer review of the Respondent's practice.

#### ***A. Patient Records***

13. By letter dated February 28, 2020, the Board notified the Respondent that it had opened an investigation of the matter and provided the Respondent with a copy of the Complaint. The Board directed the Respondent to provide a response to the allegations raised in the Complaint.

14. On February 28, 2020, the Board also issued the Respondent a Subpoena Duces Tecum that directed the Respondent to transmit to the Board "a complete copy of any and all medical records" for ten specific patients ("Patients 1-10") that "are in [the Respondent's] possession or [the Respondent's] constructive possession and control, whether generated by [the Respondent] or any other health care entity."

15. The Respondent transmitted to the Board medical records, a summary of patient care, and a signed certificate of medical records for each of the ten patients. The Certification of Medical Records the Respondent signed for all ten patients certified that she provided the Board with “the complete medical records which include all records pertaining to the care and treatment” of all ten patients.

***B. Interview of the Respondent***

16. On September 24, 2020, Board staff interviewed the Respondent under oath, during which the Respondent disclosed that she has never taken any formal coursework or training in addiction medicine. She further explained that she became interested in addiction through her treatment of ADHD in adolescent patients.

***C. Peer Review***

17. In furtherance of its investigation, the Board submitted the records of Patients 1-10 and related materials to a peer review entity to determine if the Respondent complied with appropriate standards for the delivery of quality medical care and kept adequate medical records. Two peer reviewers, each board-certified in addiction medicine, independently reviewed the materials and submitted their reports to the Board.

18. In their reports the two physician peer reviewers concurred that the Respondent failed to meet appropriate standards for the delivery of quality medical care, in violation of Health Occ. § 14-404(a)(22), for all ten patients. The peer reviewers further concurred that the Respondent failed to keep adequate medical records, in violation of Health Occ. § 14-404(a)(40), for eight out of ten patients (identified on the peer review reports as Patients 2, 3, 4, 5, 6, 7, 8 and 10).

19. Specifically, the peer reviewers found that for all ten patients, the Respondent failed to meet the standard of quality medical care for reasons including but not limited to the following five main areas of concern:

- i. Ignored or failed to address urine drug screen results that indicated that patients used illicit drugs or non-prescribed drugs while the Respondent continued to prescribe buprenorphine, Suboxone, Subutex, or Zubsolv, and/or controlled dangerous substances (“CDS”) to address ADHD (Patient 1, 2, 3, 5, 6, 8, 9, and 10);
- ii. Misinterpreted urine drug screen results or failed to address discrepancies (Patient 1, 2, 4, 8, 9 and 10);
- iii. Failed to address urine drug screen results with patients that indicated the patients were not taking their CDS as prescribed (Patient 1, 2, 3, 4, 5, 6, 7, 10);
- iv. Altered the medication type or dosage prescribed without adequate rationale and/or justification (Patient 2, 4, 6, 7, 8, and 9);
- v. Initiated prescribing ADHD medication without adequate rationale or screening for the diagnosis, including symptoms (Patient 2, 5, 7, and 10).

20. The peer reviewers also found that for eight of the patients, the Respondent failed to maintain adequate medical records for reasons including but not limited to the following four main areas of concern:

- i. Failed to contemporaneously or accurately update the notes for each visit resulting in multiple errors or omissions (Patient 3, 5, 6, 7, 8, 10);

- ii. Inaccurately or inconsistently documented the medication or dosage prescribed (Patient 2, 6, and 7);
- iii. Failed to document in the patient's medical records the information mentioned in the written summary of care the Respondent provided to the Board (Patient 2, 3, 4, 5, 7, 8);
- iv. Failed to document a detailed medical history, evaluation, or justification when prescribing CDS (Patient 2, 3, 4, 5, 6, 7, 8 and 10).

***D. The Respondent's Response***

21. The Board provided the Respondent with the peer reviewers' findings. By letter dated February 10, 2021, the Respondent submitted her response. As part of her written response, the Respondent provided the following:

- i. "I concede that not all of my interactions and findings were documented as I intended."
- ii. "I acknowledge that my documentation should have been more thorough."
- iii. "The Peer Reviewers critique my documentation as lacking sufficient detail, which I am improving."
- iv. "I have also read about the current record keeping standards in Maryland and understand that I must see fewer patients to allow sufficient time to adequately document my findings, both negative and positive."
- v. "I am receptive to reevaluating my discharge protocol for patients who use illicit substances such as cocaine or fail to test positive for an amphetamine such as Vyvanse during treatment for opiate addiction."

## CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, Panel A concludes as a matter of law that the Respondent: failed to meet the appropriate standards as determined by appropriate peer review for the delivery of quality medical care in this State, in violation of Health Occ. § 14-404(a)(22); and failed to keep adequate medical records as determined by appropriate peer review, in violation of Health Occ. § 14-404(a)(40).

## ORDER

It is thus by Disciplinary Panel A of the Board, hereby:

**ORDERED** that the Respondent is **REPRIMANDED**; and it is further

**ORDERED** that the Respondent is placed on **PROBATION** for a **minimum of TWO (2) YEARS**.<sup>2</sup> During probation, the Respondent shall comply with the following terms and conditions of probation:

- (1) Within **SIX (6) MONTHS**, the Respondent is required to take and successfully complete courses in (1) medication-assisted treatment and (2) recordkeeping. The following terms apply:
  - (a) it is the Respondent's responsibility to locate, enroll in and obtain the disciplinary panel's approval of each course before the course begins;
  - (b) the disciplinary panel will accept a course taken in person or over the internet;
  - (c) the Respondent must provide documentation to the disciplinary panel that the Respondent has successfully completed the courses;
  - (d) the courses may not be used to fulfill the continuing medical education credits required for license renewal;
  - (e) the Respondent is responsible for the cost of the courses.

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<sup>2</sup> If the Respondent's license expires during the period of probation, the probation and any conditions will be tolled.

- (2) After successful completion of the courses, the Respondent shall be subject to supervision until the Board receives four satisfactory quarterly reports<sup>3</sup> from a disciplinary panel-approved supervisor who is board-certified in addiction medicine as follows:
- (a) within **30 CALENDAR DAYS** of the effective date of this Consent Order, the Respondent shall provide the disciplinary panel with the name, pertinent professional background information of the supervisor whom the Respondent is offering for approval, and written notice to the disciplinary panel from the supervisor confirming his or her acceptance of the supervisory role of the Respondent and that there is no personal or professional relationship with the supervisor;
  - (b) the Respondent's proposed supervisor, to the best of the Respondent's knowledge, should not be an individual who is currently under investigation, and has not been disciplined by the Board within the past five years;
  - (c) if the Respondent fails to provide a proposed supervisor's name within 30 calendar days from the effective date of the order, the Respondent's license shall be automatically suspended from the 31<sup>st</sup> day until the Respondent provides the name and background of a supervisor;
  - (d) the disciplinary panel, in its discretion, may accept the proposed supervisor or request that the Respondent submit a name and professional background, and written notice of confirmation from a different supervisor;
  - (e) the supervision begins after the disciplinary panel approves the proposed supervisor;
  - (f) the disciplinary panel will provide the supervisor with a copy of this Consent Order and any other documents the disciplinary panel deems relevant;
  - (g) the Respondent shall grant the supervisor access to patient records selected by the supervisor, which shall, to the extent practicable, focus on the type of treatment at issue in the Respondent's charges;
  - (h) if the supervisor for any reason ceases to provide supervision, the Respondent shall immediately notify the Board and shall not practice medicine beyond the 30<sup>th</sup> day after the supervisor has ceased to provide supervision and until the Respondent has submitted the name and professional background, and written notice of confirmation, from a proposed replacement supervisor to the disciplinary panel;

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<sup>3</sup> If the Respondent is not practicing medicine, the supervision shall begin when the Respondent resumes the practice of medicine and the disciplinary panel has approved the proposed supervisor. The Respondent shall submit the name of a proposed supervisor within 30 days of resuming the practice of medicine and shall be subject to supervision by a disciplinary panel approved supervisor upon the return to the practice of medicine.

- (i) it shall be the Respondent's responsibility to ensure that the supervisor:
    - (1) reviews the records of ten (10) patients each month, such patient records to be chosen by the supervisor and not the Respondent;
    - (2) meets in-person with the Respondent at least once each month and discuss in-person with the Respondent the care the Respondent has provided for these specific patients, however, if, due to the pandemic, the Respondent and the supervisor are not able to meet in-person, they shall meet by video-conference;
    - (3) be available to the Respondent for consultations on any patient;
    - (4) maintains the confidentiality of all medical records and patient information;
    - (5) provides the Board with quarterly (every three months) reports which detail the quality of the Respondent's practice, any deficiencies, concerns, or needed improvements, as well as any measures that have been taken to improve patient care; and
    - (6) immediately reports to the Board any indication that the Respondent may pose a substantial risk to patients;
  - (j) the Respondent shall follow any recommendations of the supervisor;
  - (k) if the disciplinary panel, upon consideration of the supervisory reports and the Respondent's response, if any, has a reasonable basis to believe that the Respondent is not meeting the standard of quality care or failing to keep adequate medical records in his or her practice, the disciplinary panel may find a violation of probation after a hearing.
- (3) The disciplinary panel may issue administrative subpoenas to the Maryland Prescription Drug Monitoring Program on a quarterly basis for the Respondent's Controlled Dangerous Substances ("CDS") prescriptions. The administrative subpoenas will request the Respondent's CDS prescriptions from the beginning of each quarter.
- (4) Within **TWO (2) YEARS**, the Respondent shall pay a civil fine of **TWO THOUSAND FIVE HUNDRED DOLLARS (\$2,500)**. The Payment shall be by money order or bank certified check made payable to the Maryland Board of Physicians and mailed to P.O. Box 37217, Baltimore, Maryland 21297. The Board will not renew or reinstate the Respondent's license if the Respondent fails to timely pay the fine to the Board.

**ORDERED** that the Respondent shall not apply for early termination of probation;

and it is further

**ORDERED** that a violation of probation constitutes a violation of this Consent Order; and it is further

**ORDERED** that, after the Respondent has complied with all terms and conditions of probation and the minimum period of probation imposed by the Consent Order has passed, the Respondent may submit to the Board a written petition for termination of probation. After consideration of the petition, the probation may be terminated through an order of the disciplinary panel. The Respondent may be required to appear before the disciplinary panel to discuss his or her petition for termination. The disciplinary panel may grant the petition to terminate the probation, through an order of the disciplinary panel, if the Respondent has complied with all probationary terms and conditions and there are no pending complaints relating to the charges; and it is further

**ORDERED** that the effective date of the Consent Order is the date the Consent Order is signed by the Executive Director of the Board or her designee. The Executive Director or her designee signs the Consent Order on behalf of the disciplinary panel which has imposed the terms and conditions of this Consent Order; and it is further

**ORDERED** that the Respondent is responsible for all costs incurred in fulfilling the terms and conditions of this Consent Order; and it is further

**ORDERED** that, if the Respondent allegedly fails to comply with any term or condition imposed by this Consent Order, the Respondent shall be given notice and an opportunity for a hearing. If the disciplinary panel determines there is a genuine dispute as to a material fact, the hearing shall be before an Administrative Law Judge of the Office of Administrative Hearings followed by an exceptions process before a disciplinary panel;

and if the disciplinary panel determines there is no genuine dispute as to a material fact, the Respondent shall be given a show cause hearing before a disciplinary panel; and it is further

**ORDERED** that, after the appropriate hearing, if the disciplinary panel determines that the Respondent has failed to comply with any term or condition imposed by this Consent Order, the disciplinary panel may reprimand the Respondent, place the Respondent on probation with appropriate terms and conditions, or suspend with appropriate terms and conditions, or revoke the Respondent's license to practice medicine in Maryland. The disciplinary panel may, in addition to one or more of the sanctions set forth above, impose a civil monetary fine on the Respondent; and it is further

**ORDERED** that this Consent Order is a public document. *See* Health Occ. §§ 1-607, 14-411.1(b)(2) and Gen. Prov. § 4-333(b)(6).

09/14/2021  
Date

***Signature on File***

Christine A. Farrelly, Executive Director  
Maryland State Board of Physicians

**CONSENT**

I, Kamakshi Neelkantan, M.D., acknowledge that I have consulted with counsel before signing this document.

By this Consent, I agree to be bound by this Consent Order and all its terms and conditions and understand that the disciplinary panel will not entertain any request for amendments or modifications to any condition.

I assert that I am aware of my right to a formal evidentiary hearing, pursuant to Md. Code Ann., Health Occ. § 14-405 and Md. Code Ann., State Gov't §§ 10-201 *et seq.* concerning the pending charges. I waive this right and have elected to sign this Consent Order instead.

I acknowledge the validity and enforceability of this Consent Order as if entered after the conclusion of a formal evidentiary hearing in which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my behalf, and to all other substantive and procedural protections as provided by law. I waive those procedural and substantive protections. I acknowledge the legal authority and the jurisdiction of the disciplinary panel to initiate these proceedings and to issue and enforce this Consent Order.

I voluntarily enter into and agree to comply with the terms and conditions set forth in the Consent Order as a resolution of the charges. I waive any right to contest the Findings of Fact and Conclusions of Law and Order set out in the Consent Order. I waive all rights to appeal this Consent Order.

I sign this Consent Order, without reservation, and fully understand the language and meaning of its terms.

8/28/2021  
Date  
8/28/2021

***Signature on File***

Kamakshi Neelkantan, M.D.

**NOTARY**

STATE OF Delaware

CITY/COUNTY OF New Castle

I HEREBY CERTIFY that on this 28<sup>th</sup> day of August, 2021, before me, a Notary Public of the State and County aforesaid, personally appeared Kamakshi Neelkantan, M.D., and gave oath in due form of law that the foregoing Consent Order was her voluntary act and deed.

AS WITNESS, my hand and Notary Seal.

*Elizabeth Ann Baker*  
Notary Public

My Commission Expires: December 28, 2024

