IN THE MATTER OF	*	**BEFORE THE**
LAWRENCE VIDAVER, M.D.	*	**MARYLAND STATE**
Respondent	*	**BOARD OF PHYSICIANS**
License Number: D25559	*	**Case Number: 2221-0044B**

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

CONSENT ORDER

On October 20, 2021, Disciplinary Panel B ("Panel B") of the Maryland State Board of Physicians (the "Board") charged **LAWRENCE VIDAVER, M.D.** (the "Respondent"), License Number D25559, under the Maryland Medical Practice Act (the "Act"), Md. Code Ann., Health Occ. ("Health Occ.") §§ 14-101 *et seq.* (2014 Repl. Vol. and 2020 Supp.).

The pertinent provisions of the Act provide:

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

On February 23, 2022, Panel B 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 into this Consent Order, consisting of Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

Panel B finds:

Background

1. At all times relevant, the Respondent was and is licensed to practice medicine in the State of Maryland. The Respondent was initially licensed to practice medicine in Maryland on August 4, 1980, under License Number D25559. The Respondent's license is active through September 30, 2023.

2. The Respondent is not board-certified in any medical specialty.

3. At all times relevant, the Respondent maintained a medical office at 1414 North Crain Highway, Suite 6A, Glen Burnie, Maryland 21061.

Prior Board disciplinary history

1990 Stet Agreement

4. In or around 1990, the Board initiated an investigation of the Respondent with respect to his treatment of chronic pain and drug-dependent patients. In 1993, the Respondent entered into a written agreement (the "1993 Agreement") with the Board, to remain in effect for a minimum of nine months, in which the Board stetted further action

on the matter pending the Respondent's compliance with certain conditions during the term of the 1993 Agreement, including but not limited to prohibiting him from prescribing any narcotic or other habituating or addicting medications to patients seeking treatment for chronic pain conditions and documenting appropriate information in patient records. The 1993 Agreement was not considered disciplinary action.

1998 Corrective Action Agreement

5. In or around 1997, the Board conducted a pharmacy survey that "revealed issues in regard to . . . [the Respondent's] . . . prescribing practices to certain chronic pain patients." The Respondent resolved the matter by entering into a Corrective Action Agreement with the Board, dated August 19, 1998 (the "1998 Agreement"), in which he agreed to abide by certain conditions including but not limited to his completion of a course that concentrated on the treatment of chronic pain patients. The 1998 Agreement was not considered disciplinary action.

2016 Consent Order

6. In or around 2015, the Board initiated an investigation of the Respondent under Case Number 2014-0981B after reviewing a report from a physician who practiced in the vicinity of the Respondent's office who alleged that the Respondent was "prescribing excessive amounts of narcotics to patients without any clear indication of what's causing their pain." The Board ordered a peer review that found significant

deficiencies in the Respondent's prescribing of opioids and other controlled dangerous substances ("CDS").

7. Based on these findings, Panel B issued disciplinary charges against the Respondent, dated November 15, 2015. The Respondent resolved these charges by entering into a Consent Order with Panel B, dated March 16, 2016 (the "2016 Consent Order"), in which Panel B found as a matter of law that the Respondent violated the following provisions of the Act under Health Occ. § 14-404(a): (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 (40) Fails to keep adequate medical records as determined by appropriate peer review.

8. Pursuant to the 2016 Consent Order, Panel B reprimanded the Respondent and permanently prohibited him from practicing pain management and from prescribing opioids to chronic pain patients.[1] Panel B also placed the Respondent on probation for a minimum of 18 months, subject to terms and conditions including successful completion of a course in medical recordkeeping and mandatory use of the Prescription Drug Monitoring Program.

9. On October 25, 2017, Panel B issued an Order terminating the Respondent's probation.

[1] The 2016 Consent Order allowed the Respondent to prescribe CDS and opioids in emergency situations for acute pain, not to exceed a period of seven (7) days.

Referral from the Maryland Office of Controlled Substances Administration

10. The Board initiated an investigation of the Respondent under Case Number 2221-0044B after receiving a referral, dated September 11, 2020, from the Maryland Office of Controlled Substances Administration ("OCSA"). The OCSA stated that based on its professional judgment, it was referring the Respondent for "possible inappropriate prescribing of controlled dangerous substances prescriptions, specifically combinations of buprenorphine, benzodiazepines, amphetamines and/or carisoprodol to the same patients. These cocktails are highly abused and diverted and increase the risk of overdose."

Respondent's written response

11. By letter dated October 15, 2020, the Board notified the Respondent that it had opened an investigation of him after receiving the OCSA's referral. The Board requested that the Respondent address the matter in a written response.

12. By letter to the Board dated November 5, 2020, the Respondent addressed the concerns the OCSA raised in its referral. The Respondent denied that he inappropriately prescribed CDS. The Respondent acknowledged that while treating patients for opioid use disorder with buprenorphine, he concomitantly prescribed other CDS such as benzodiazepines, muscle relaxants and stimulant medications.

Respondent's Board interview

13. On January 7, 2021, Board staff conducted an under-oath interview of the Respondent. The Respondent acknowledged that he was not certified by either the American Board of Addiction Medicine or the American Society of Addiction Medicine. The Respondent stated for over the past decade, he has been providing Suboxone[2] treatment to patients. The Respondent stated that he has a waiver to treat 275 patients but is "maxed out at 130 patients." The Respondent stated that most of his Suboxone patients have other underlying conditions, such as bipolar disorder, attention deficit disorder and depression, and that he also provides medication management for those conditions.

Peer review

14. As part of its investigation, the Board issued a *subpoena duces tecum* to the Respondent, dated October 15, 2020, for ten patient records, summaries of the care he provided to those patients, and records certification forms. On or about November 5, 2020, the Respondent provided the responsive information.

15. The Board then ordered a practice review that was performed by two physicians who are board-certified in addiction medicine. The patients whose cases were reviewed were adult male and female patients who had known opioid dependence histories whom the Respondent also diagnosed with other conditions such as attention

[2] Suboxone is a trade name for a medication that contains buprenorphine and naloxone. Suboxone is used in the treatment of opioid use disorder. Subutex is a trade name for a medication that contains buprenorphine without naloxone. Subutex is also used in the treatment of opioid use disorder.

deficit hyperactivity disorder ("ADHD"), anxiety and depression. The Respondent treated these patients with buprenorphine and with other CDS, including benzodiazepines (including other sedative-hypnotics), stimulants and/or muscle relaxants.

16. The reviewers independently concluded that in all ten cases reviewed (referred to *infra* as "Patients 1 through 10"),[3] the Respondent failed to meet appropriate standards for the delivery of quality medical care and failed to keep adequate medical records. The Respondent inappropriately provided Opioid Use Disorder treatment to patients. The Respondent concurrently prescribed opioids and benzodiazepines to these patients which increased the risk of dependence and unintentional overdose. The Respondent prescribed several CDS concurrently (*i.e.*, buprenorphine, benzodiazepines, stimulants) without documenting an appropriate rationale for the treatment regimen. Examples of deficiencies include but are not limited to the following:[4]

Treatment of Opioid Use Disorder

17. At intake, the Respondent failed to adequately document or perform an admission mental health history and failed to obtain or verify past and current prescribed or illicit opioid use history. The Respondent failed to adequately document or perform a general physical examination that was appropriate for the condition(s) he was managing. The Respondent failed to have patients execute treatment agreements [Patients 4, 5, 7, 9]

[3] For confidentiality reasons, the names of patients have not been disclosed in this document. The Respondent may obtain the identity of any patient referenced herein by contacting the Board.

[4] The deficiencies pertain to Patients 1 through 10 unless specifically indicated.

or failed to have a patient execute a timely treatment agreement [Patient 3].[5] The Respondent failed to adequately document or establish a rationale for starting and maintaining patients on buprenorphine. The Respondent failed to adequately document or advise patients of the risk of side effects of the medications he was prescribing. The Respondent failed to adequately document or establish a level of compliance to determine frequency of further office visits. The Respondent failed to document or utilize SOWS/COWS[6] at follow-up office visits to determine the effectiveness of medication dosing, the appropriateness of continued refills of buprenorphine and the efficacy of the treatment plan. The Respondent performed urine drug screening at insufficient intervals [Patients 1, 2, 3, 9, 10]. The Respondent failed to adequately document or undertake measures to decrease the risk of medication abuse, diversion or unintentional overdose, such as pill/strip counts at return visits. The Respondent inappropriately prescribed buprenorphine in conjunction with other CDS, including alprazolam and stimulants, despite a drug utilization review program warning on two occasions that cautioned him about his prescribing practices and recommended tapering of medications [Patient 1]. The Respondent failed to refer appropriate patients for mental health counseling or verify that the patients were receiving counseling. The Respondent failed to adequately

[5] In the case of Patient 3, the Respondent did not have the patient execute a treatment agreement until about two years after treatment initiation.

[6] SOWS is an acronym for Subjective Opiate Withdrawal Scale. The SOWS is a self-administered scale for grading opiate withdrawal symptoms. COWS is an acronym for Clinical Opiate Withdrawal Scale. The COWS is used by clinicians to stage the severity of withdrawal and level of dependence on opiates.

document, address with the patient or modify the treatment plan after positive toxicology screenings for illicit CDS indicated non-compliance (*e.g.*, cocaine, fentanyl, methadone, gabapentin) or when there were inconsistent toxicology findings [Patients 3, 4, 5, 6, 7, 8, 9]. The Respondent failed to adequately document or undertake an assessment or physical examination prior to prescribing gabapentin, or when increasing the dosage of this medication [Patient 6]. The Respondent failed to adequately document or establish a rationale when discontinuing gabapentin [Patient 3]. The Respondent failed to adequately document the circumstances surrounding the justification of his termination of a patient for misrepresentations [Patient 6]. The Respondent inappropriately prescribed phentermine, a Schedule IV CDS, in conjunction with a benzodiazepine [Patient 2]. The Respondent failed to switch a pregnant patient from Suboxone to Subutex [Patient 8].

Treatment of ADHD

18. The Respondent failed to adequately document or perform an admission assessment to determine the diagnosis of ADHD, particularly in those patients who had prior substance abuse/polypharmacy histories, and for whom the Respondent was prescribing maximum dosages of stimulants. The Respondent failed to document confirmation of the diagnosis on follow-up visits. The Respondent failed to adequately document or record collateral information and prior history of attention deficit issues during childhood and prior testing to confirm his diagnosis. The Respondent inappropriately prescribed stimulant medications for ADHD treatment in conjunction

with other CDS, such as opioids, benzodiazepines and/or muscle relaxants. The Respondent inappropriately prescribed a stimulant medication (Adderall) to a patient with a low body mass index [Patient 8]. The Respondent increased the dosage of stimulants to a patient without adequate documentation or determination of a rationale [Patient 9]. The Respondent increased a patient's stimulant medication for ADHD while also concomitantly increasing the patient's benzodiazepine prescription [Patient 8]. The Respondent failed to adequately document or address inconsistent toxicology results or note discussions with patients about the inconsistencies. The Respondent failed to adequately document or provide warnings for inconsistent toxicology results or a corrective action plan after inconsistent toxicology findings [Patients 3, 4, 5, 6, 7, 8, 9]. The Respondent failed to adequately document his rationale for switching a patient's stimulant medication [Patient 7].[7] The Respondent failed to adequately document or address a patient's request for a new stimulant prescription after the patient claimed that the current medication was lost [Patient 7]. The Respondent failed to document his rationale for not adjusting his prescribing of stimulants and sedatives after receiving a written warning from the Maryland Department of Health and Mental Hygiene [Patient 4].

[7] Patient 7 also claimed losing a prescription for a benzodiazepine.

Treatment of anxiety/depression

19. The Respondent inappropriately prescribed benzodiazepines on a long-term basis as a first-line treatment for anxiety rather than other medications, such as anti-depressants. The Respondent inappropriately prescribed benzodiazepines concurrently with buprenorphine and other CDS. The Respondent failed to adequately document or establish an appropriate rationale for starting and/or maintaining ongoing benzodiazepine prescribing. The Respondent failed to adequately document or assess the level of anxiety when treating this condition. The Respondent at times increased or modified the dosage of benzodiazepines but failed to adequately document or establish an appropriate rationale for the increase/modification. The Respondent inappropriately continued to prescribe benzodiazepines and/or other anxiolytics to a patient who was under psychiatric treatment with another physician [Patient 4]. The Respondent inappropriately continued to prescribe benzodiazepines and stimulants to a patient who had a neurologic and cardiac history [Patient 7]. The Respondent did not adequately document or address a patient's purported loss of medications (benzodiazepines) or institute a corrective plan or changes to the treatment plan [Patient 7]. The Respondent did not adequately document attempts to taper patient from a higher dosage of benzodiazepines [Patients 1, 7]. The Respondent failed to adequately document or establish why he considered an attempt to taper a patient from a higher dose of

benzodiazepine to be unsuccessful [Patient 9]. The Respondent failed to adequately document his rationale for decreasing a patient's dosage of a benzodiazepine [Patient 10].

Use of psychiatric medications

20. The Respondent failed to adequately document or establish an appropriate rationale when concurrently prescribing two atypical antipsychotic medications (*i.e.,* Abilify, Seroquel) [Patient 8]. The Respondent failed to undertake periodic metabolic monitoring in conjunction with prescribing two atypical antipsychotics [Patient 8]. The Respondent modified the dosage of an anti-depressant without adequate documentation or reason [Patient 10]. The Respondent added an antidepressant, escitalopram, without adequate documentation of a history of present illness or an assessment [Patient 5].

Treatment of alcohol use disorder

21. The Respondent failed to adequately document or engage in a discussion with a patient with alcohol use disorder about the possible risks of side effects of the patient's current medications [Patient 1].

Medical recordkeeping

22. The Respondent failed to keep adequate medical records. The Respondent's treatment records fail to contain all of the components of a treatment note, including an interval history and examination. At times, the Respondent failed to document the patients' current level of symptoms, a review of medications, an inquiry of any new medical problems, an appropriate examination, a reassessment or confirmation

of the diagnosis, and his rationale for continuing to prescribe medications and his treatment plan.

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, Panel B concludes as a matter of law that the Respondent failed 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, 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 B of the Board, hereby:

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

ORDERED that the Respondent is permanently prohibited from prescribing and dispensing all Controlled Dangerous Substances (CDS); and it is further

ORDERED that the Respondent agrees to surrender the Respondent's CDS Registration to the Office of Controlled Substances Administration; and it further

ORDERED the prohibition on prescribing and dispensing goes into effect 6 months after the effective date of this Consent Order to give the Respondent sufficient time to transfer patients to other providers; and it is further

ORDERED that the Respondent shall provide documentation to the Board to demonstrate that he is transferring his patients being prescribed CDS to other providers; and it is further

ORDERED that on every January 31st thereafter if the Respondent holds a Maryland medical license, the Respondent shall provide the Board with an affidavit verifying that the Respondent has not prescribed or dispensed any CDS in the past year; and it is further

ORDERED that if the Respondent fails to provide the required annual verification of compliance with this condition:

(1) there is a presumption that the Respondent has violated the permanent condition; and

(2) the alleged violation will be adjudicated pursuant to the procedures of a Show Cause Hearing; and it is further

ORDERED that the Respondent is placed on **PROBATION** for a minimum of **ONE (1) YEAR.**[8] During probation, the Respondent shall comply with the following terms and conditions of probation:

Within **SIX (6) MONTHS**, the Respondent is required to take and successfully complete a course in Medical Record Keeping. The following terms apply:

(a) it is the Respondent's responsibility to locate, enroll in and obtain the disciplinary panel's approval of the course before the course is begun;

[8] If the Respondent's license expires during the period of probation, the probation and any conditions will be tolled.

(b) the disciplinary panel will not accept a course taken over the internet;

(c) the Respondent must provide documentation to the disciplinary panel that the Respondent has successfully completed the course;

(d) the course 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 course; and it is further

ORDERED that the Respondent shall not apply for early termination of probation; 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 a violation of probation constitutes a violation of the 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 the Respondent is responsible for all costs incurred in fulfilling the terms and conditions of this Consent Order; 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 this Consent Order is a public document. *See* Md. Code Ann., Health Occ. §§ 1-607, 14-411.1(b)(2) and Gen. Prov. § 4-333(b)(6).

Signature On File

03/24/2022
Date

Christine A. Farrelly
Executive Director
Maryland State Board of Physicians

CONSENT

I, Lawrence Vidaver, 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.

Signature On File

3-22-22
Date

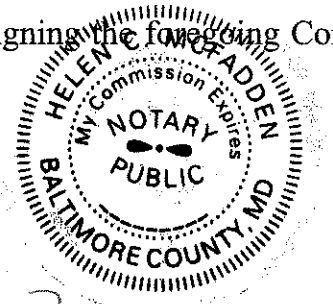
Lawrence Vidaver, M.D.
Respondent

NOTARY

STATE OF Maryland
CITY/COUNTY OF Baltimore

I HEREBY CERTIFY that on this 22nd day of March 2022, before me, a Notary Public of the foregoing State and City/County, personally appeared Lawrence Vidaver, M.D., and made an oath in due form of law that signing the foregoing Consent Order was his voluntary act and deed.

AS WITNESSETH my hand and notarial seal.



Helen C McFadden
Notary Public

My Commission expires: 4-16-24