

**IN THE MATTER OF**  
**ROBERT B. ALLEN, M.D.**  
**Respondent**

**\* BEFORE THE**  
**\* MARYLAND STATE**  
**\* BOARD OF PHYSICIANS**

**License Number: D29168**

**Case Number: 2220-0126A**

\* \* \* \* \*

**CONSENT ORDER**

On October 7, 2020, Disciplinary Panel A of the Maryland State Board of Physicians (the “Board”) charged **ROBERT B. ALLEN, M.D.**, (the “Respondent”), License Number D29168, under the Maryland Medical Practice Act (the “Act”), Md. Code Ann., Health Occ. §§ 14-101 *et seq.* (2014 Repl. Vol. & 2019 Supp.).

The pertinent provisions of the Act under Health Occ. § 14-404(a) provide as follows:

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

(a) 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 November 4, 2020, Panel A was convened as a Disciplinary Committee for Case Resolution (“DCCR”) in this matter. Based on negotiations occurring as a result of this

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

### **FINDINGS OF FACT**

Panel A finds the following:

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 March 11, 1983. His license is scheduled to expire on September 30, 2022.
2. The Respondent is board-certified in internal medicine. He is not board-certified in pain management.
3. The Respondent maintains an office for the practice of medicine in Salisbury, Maryland.
4. On or about October 3, 2019, the Board received a referral from the Office of Controlled Substance Administration (“OCSA”) from a pharmacist who was concerned about a prescription written by the Respondent for a large number of oxycodone 20 mg tablets (#180) and OxyContin 40 mg tablets (#120), both of which were to be taken by a patient every six (6) hours.
5. OCSA reviewed reports from two (2) pharmacies in Wicomico County, Maryland for all prescriptions written by the Respondent for the period from January 1, 2018 through August 12, 2019. OCSA notified the Board, *inter alia*, that the Respondent was prescribing large quantities and high dosages of opioids to over 15% of his

patients and prescribing a combination of opioids and benzodiazepines to some of the patients.

6. The Board initiated an investigation that included subpoenaing from the Respondent ten (10) patient records, referring the records for independent peer review by two (2) physicians who are board-certified in pain management (the “Peer Reviewers”), requesting the Respondent to provide summaries of care of the patients, and interviewing the Respondent under oath.

#### **The Respondent’s Interview**

7. When interviewed by Board staff regarding his knowledge of pain management, the Respondent stated that he had attended a conference in Salisbury about two years earlier but could not recall the length of the conference.
8. The Respondent further stated that some of his patients were already on regimens of a combination of short-acting and long-acting opioids when they initially presented to him, but that he did not have a specific protocol to wean their dosages.
9. The Respondent acknowledged that, “I am a little upset with myself on some of this. I think some of the patients got too hard.”

#### **Findings of the Peer Reviewers**

10. The ten (10) patient records transmitted to the Board by the Respondent were referred for peer review. The Peer Reviewers separately reviewed the ten (10) patient records and submitted their individual reports to the Board.

11. The peer reviewers concurred that the Respondent failed to meet the standard of quality care in all ten (10) of the ten (10) patient records they reviewed and failed to maintain adequate medical records in three (3) of the ten (10) patient records.
12. Specifically, the peer reviewers found that the Respondent failed to meet the standard of quality care for the following reasons. The Respondent:
  - a. Prescribed and maintained opioids in dosages that far exceeded 90 morphine milligram equivalents (“MME”<sup>1</sup>) for patients he was treating for non-cancerous pain (Patients 1, 4, 5, 7, and 9). For instance, the Respondent prescribed an opioid regimen that equaled 870 MME to Patient 1, 600 MME to Patient 5, and 540 MME to Patient 9;
  - b. Failed to see patients who complained of chronic pain and to whom he prescribed high dosages of opioids at appropriately frequent intervals. The Respondent saw most of the patients every five or six months;
  - c. Failed to monitor patients’ compliance with appropriate urine drug screens. For those patients for whom he ordered urine testing, the Respondent ordered opiate confirmation tests only. Neither methadone nor oxycodone can be detected on an opiate confirmation test. The Respondent failed to use urine screening that tests for all opiates and other commonly used substances such

---

<sup>1</sup> MME is a value assigned to each opioid to represent its relative potency by using morphine as the standard comparison. The *Centers for Disease Control Guideline for Prescribing Opioids for Chronic Pain* uses MME to establish recommended opioid dosing and currently recommends using caution when prescribing opioid doses greater than 50 MME per day and avoiding or carefully justifying a decision to increase opioid doses to greater than or equal 90 MME per day.

- as benzodiazepines and alcohol, in addition to any illicit substance (Patients 1, 4, 5, 6, and 7);
- d. For some patients to whom he prescribed high dosages of opioids, the Respondent failed to order any urine drug screening (Patients 2, 3, and 9);
  - e. Failed to use pill counting as a method monitor patients' compliance despite the large quantity of pills he prescribed monthly (Patients 1 – 10);
  - f. Ignored other specialists' recommendations to taper patients' opioid dosages (Patient 7);
  - g. Failed to provide naloxone to patients in the event of an accidental overdose despite prescribing high dosages of opioids (Patients 1 – 10);
  - h. Prescribed a combination of opioids and benzodiazepines (Patients 4 and 5);
  - i. Failed to refer patients to pain management specialists or to order conservative treatment modalities such as non-opioid medications, physical therapy or joint injections (Patients 4, 5, 6, and 10).
13. The Peer Reviewers concurred that overall, the Respondent's documentation was scant, making it difficult to ascertain a patient's progress from one visit to the next. The Respondent's documentation of his medical decision-making was extremely limited.
14. The Peer Reviewers concurred that the Respondent's documentation was inadequate in three records because he failed to describe his treatment adequately (Patients 2, 6, and 9).

## CONCLUSION OF LAW

Based on the Findings of Fact, Disciplinary Panel A of the Board concludes as a matter of law that the Respondent failed to meet the standard of care for the delivery of quality medical care, 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 an affirmative vote of a majority of a quorum of Disciplinary Panel A 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 Schedule II, III, and IV Controlled Dangerous Substances (CDS) and is **PERMANENTLY PROHIBITED** from certifying patients for Cannabis. The following terms apply:

- (a) In emergency cases, the Respondent may issue no more than one prescription for a CDS listed above of each patient per year, but the prescription may not exceed the lowest effective dose and quantity needed for a duration of three days. The prescription may not be refilled, nor may it be renewed. The Respondent shall notify the Board within three days of any prescription written under the authority of this paragraph;
- (b) 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 any of the prohibited schedule II, III, or IV CDS in the past year except as specified in paragraph (a) and has not certified patients for the medical use of cannabis in the past year; and it is further
- (c) This limitation on prescribing and dispensing goes into effect thirty (30) calendar days after the effective date of this Consent Order; 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 agrees that the CDS Registration issued by the Office of Controlled Substances Administration will be restricted to the same categories of CDS as limited by this Order; and it is further

**ORDERED** that the Respondent is placed on **PROBATION** for a minimum of **TWO YEARS**.<sup>2</sup> During probation, within **SIX MONTHS**, the Respondent is required to take and successfully complete three courses: in medical ethics, opioid prescribing and medical documentation. 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;
- (b) due to the COVID-19 pandemic, 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 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; 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 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

---

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

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); and it is further

***Signature on File***

12/02/2020  
Date

Christine A. Farrelly, Executive Director



## CONSENT

I, Robert B. Allen, 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.

11/30/20  
Date

***Signature on File***

\_\_\_\_\_  
Robert B. Allen, M.D.

**NOTARY**

STATE OF Maryland  
CITY/COUNTY OF Wicomico

I HEREBY CERTIFY that on this 30<sup>th</sup> day of November 2020, before me, a Notary Public of the foregoing State and City/County, personally appeared Robert B. Allen, M.D., and made 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.

Penny A. Gross

Notary Public



My Commission expires: 6-3-23