

<b>IN THE MATTER OF</b>	*	<b>BEFORE THE</b>
<b>EDMUND P. TKACZUK, M.D.</b>	*	<b>MARYLAND STATE</b>
<b>Respondent</b>	*	<b>BOARD OF PHYSICIANS</b>
<b>License Number: D34951</b>	*	<b>Case Number: 2221-0037 B</b>
* * * * *	*	* * * * *

**CONSENT ORDER**

On June 14, 2021, Disciplinary Panel B (“Panel B”) of the Maryland State Board of Physicians (the “Board”) charged **Edmund P. Tkaczuk, M.D.** (the “Respondent”), License Number D34951, with violating the Maryland Medical Practice Act (the “Act”), Md. Code Ann., Health Occ. §§ 14-101 *et seq.* (2014 Repl. Vol. & 2020 Supp.).

Specifically, Panel B charged the Respondent with violating the following provision of the Act under Health Occ. § 14-404:

- (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[.]

On October 20, 2021, Panel B was convened as a Disciplinary Committee for Case Resolution (“DCCR”) in this matter. Based on the 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 B finds the following:

### **Background**

1. At all relevant times, the Respondent was and is licensed to practice medicine in the State of Maryland. The Respondent originally was licensed to practice medicine in Maryland on April 6, 1987, under License Number D34951. The Respondent's medical license is license is active through September 30, 2023.

2. The Respondent is board-certified in internal medicine.

3. At all relevant times, the Respondent practiced at a medical office in Baltimore County, Maryland. The Respondent has privileges at a local Hospital.

### **Referral from the Maryland Office of Controlled Substances Administration**

4. The Board initiated an investigation of the Respondent after receiving a referral, dated September 11, 2020, from the Maryland Office of Controlled Substances Administration ("OCSA"). In its referral, OCSA stated that in its professional judgment, the Respondent was prescribing "high doses of opioids (much higher than maximum recommended doses per CDC) and concurrently prescribed opioids with benzodiazepines and/or carisoprodol (increasing the risk of overdose death)."

### **Respondent's Written Response**

5. By letter dated October 2, 2020, the Board informed 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.

6. By letter to the Board received on November 2, 2020, the Respondent addressed the concerns the OCSA raised in its referral. The Respondent stated over his “thirty-three years of treating patients,” he has “accumulated a small population of chronic pain patients,” some from “retiring physicians.” These patients “were prescribed opioids for pain and some are taking benzodiazepines to treat muscle spasms.” The Respondent stated most of these patients “have been taking the same dosage of medication and have had their pain controlled for many years.” As such, these patients “are reluctant to alter their current therapy,” and the Respondent “is not sure if doing so is beneficial since it adds stress in addition to pain.” The Respondent stated he “tried to secure the help of pain management whenever possible,” and patients “are cautioned about not taking opioids and benzodiazepines together, not to drink alcohol while taking them, and if possible take them only on an as needed basis.” The Respondent stated he encourages patients “to decrease the dosage with the goal of eventual discontinuation of the medication.”

#### **Respondent’s Board Interview**

7. On December 2, 2020, Board staff conducted an under-oath interview of the Respondent. The Respondent stated that he provides chronic pain treatment for approximately 32 patients. The Respondent stated for patients with acute pain, he tries to treat them without prescribing “controlled substances,” and will refer them to pain management and physical therapy if symptoms last longer than several weeks. For new patients “who come in with pain medications already,” the Respondent stated he tries

“not to make any adjustments” because he does not “want them to go into withdrawal” and “would make a referral for them to go to pain management.”

8. In terms of follow-up appointments, the Respondent stated that “it’s usually three to four months,” but “the people that are on pain medications, they can come in sooner, a month.” The Respondent stated his patients on pain medications are “supposed to fill out” a controlled substance contract, and “from time to time” have urine drug screens. The Respondent states his medical assistant is supposed to query PDMP (“Prescription Drug Monitoring Program”) or CRISP (“Chesapeake Regional Information System for our Patients”) every time a prescription is refilled. The Respondent stated he encourages his patients to decrease their dosage “if possible...by five milligrams, what have you, trying to get them off their medication. But most of the time it doesn’t work. Okay.” The Respondent admitted prescribing one patient three hundred and sixty (360), ten (10) milligrams methadone tablets. The Respondent conceded this was a “very high dose.”

#### **Peer Review**

9. As part of its investigation, the Board issued a subpoena to the Respondent for eleven patient records and supporting materials and ordered a practice review (referred to *infra* as “Patients 1 through 11”).<sup>1</sup> The review was performed by two physicians who are board-certified in anesthesiology and pain medicine. The patients whose cases were reviewed were adult male and female patients who presented with chronic pain complaints. The Respondent maintained these patients, sometimes for

---

<sup>1</sup> For confidentiality reasons, the names of patients have not been disclosed in this Order.

multiple years, on combinations of high-dose opioids (*i.e.*, 30 to 1800 MME)<sup>2</sup>, often in conjunction with other scheduled medications such as benzodiazepines and/or carisoprodol. The reviewers independently concluded that in all eleven cases reviewed, the Respondent failed to meet appropriate standards for the delivery of quality medical care.

10. Specifically, the reviewers found the Respondent failed to meet appropriate standards for the delivery of quality medical care in that the Respondent:

- (a) failed to document or utilize controlled substance contracts when placing patients on chronic opioid therapy (Patients 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11);
- (b) failed to document or order/perform urine toxicology screening at required intervals while maintaining patients on chronic opioid therapy (Patients 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11);
- (c) failed to prescribe naloxone while maintaining patients on chronic opioid therapy (Patients 1, 2, 6, 8, 9, 10, 11);
- (d) prescribed excessive dosages of opioids (Patients 2, 3, 4, 6, 7, 8, 9, 11);
- (e) inappropriately prescribed benzodiazepines in conjunction with prescribing opioids (Patients 1, 2, 4, 8, 9, 10);
- (f) failed to document or perform CRISP/PDMP searches (Patients 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11);

---

<sup>2</sup>MME stands for morphine milligram equivalents.

- (g) failed to evaluate patients being prescribed opioids every 30 days or less (Patients 1, 2, 3, 5, 6, 7, 8, 9, 10, 11)
- (h) failed to document and perform appropriate work-up, diagnostic imaging and testing, treatments and referrals to appropriate specialists to justify the prescribing of opioids and other potent medications (Patients 1, 2, 3, 4, 5, 6, 7, 8, 10, 11);
- (i) failed to address inconsistent toxicology screening results (Patients 3, 10); and
- (j) inappropriately prescribed opioids to patients with known opiate addiction (Patients 7, 8).

### **CONCLUSIONS OF LAW**

Based on the Findings of Fact, Disciplinary B of the Board concludes as a matter of law that the Respondent failed to meet the appropriate standards for the delivery of quality medical care, in violation of Health Occ. § 14-404(a)(22).

### **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 opioids with the exception for tramadol in long term care settings; 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 Opioids as limited by this Order; and it is further

**ORDERED** that any Delegation Agreement to which the Respondent is subject shall be modified to prohibit the Respondent from supervising Physician Assistants in their prescribing of opioids as limited by this Order; and it is further

**ORDERED** that the prohibition on prescribing and dispensing goes into effect **SIXTY** calendar days after the effective date of this Consent Order; and it is further

**ORDERED** that on every January 31<sup>st</sup> 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 opioids 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 permanently prohibited from certifying patients for the medical use of cannabis; and it is further

**ORDERED** that on every January 31<sup>st</sup> thereafter if the Respondent holds a Maryland medical license, the Respondent shall provide the Board with an affidavit verifying that the Respondent has not certified patients for the medical use of cannabis 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 **TWO (2) YEARS**.<sup>3</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 appropriate prescribing practices for controlled dangerous substances. The following terms apply:
  - (a) it is the Respondent's responsibility to locate, enroll in and obtain the disciplinary panel's approval of the courses before the course is begun;
  - (b) the Respondent must provide documentation to the disciplinary panel that the Respondent has successfully completed the courses;
  - (d) the course may not be used to fulfill the continuing medical education credits required for license renewal; and
  - (e) the Respondent is responsible for the cost of the courses.
  
2. Within **SIX (6) MONTHS**, the Respondent is required to take and successfully complete courses in medical recordkeeping. The following terms apply:
  - (a) it is the Respondent's responsibility to locate, enroll in and obtain the disciplinary panel's approval of the courses before the course is begun;
  - (b) the Respondent must provide documentation to the disciplinary panel that the Respondent has successfully completed the courses;
  - (d) the course may not be used to fulfill the continuing medical education credits required for license renewal; and
  - (e) the Respondent is responsible for the cost of the courses.
  
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")

---

<sup>3</sup> If the Respondent's license expires during the period of probation, the probation and any conditions will be tolled.

prescriptions. The administrative subpoenas will request the Respondent's CDS prescriptions from the beginning of each quarter; 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 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 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).

11/19/2021

Date

*Signature on File*

---

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

**CONSENT**

I, Edmund P. Tkaczuk, 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***

11-821  
Date

Edmund P. Tkaczuk, M.D.  
Respondent

NOTARY

STATE OF MARYLAND

CITY/COUNTY OF BALTIMORE

I HEREBY CERTIFY that on this 8TH day of NOVEMBER, 2021, before me, a Notary Public of the foregoing State and City/County, did personally appear Edmund P. Tkaczuk, M.D., and made oath in due form of law that signing the foregoing Consent Order was his voluntary act and deed.

AS WITNESSTH my hand and seal.

AMANDA LUPARELLO  
Notary Public-Maryland  
Baltimore County  
My Commission Expires  
August 15, 2024

  
\_\_\_\_\_  
Notary Public

My commission expires: 8/15/24