

IN THE MATTER OF  
KUCHAK K. JALALI, M.D.

Respondent

LICENSE NUMBER: D42334

\* BEFORE THE  
\* MARYLAND STATE BOARD  
\* OF PHYSICIANS  
\* CASE NUMBER: 2219-0016 A

\* \* \* \* \*

### **ORDER OF SUMMARY SUSPENSION**

Disciplinary Panel A ("Panel A") of the Maryland State Board of Physicians (the "Board") hereby **SUMMARILY SUSPENDS Kuchak K. Jalali, M.D.'s** (the "Respondent") license to practice medicine in the State of Maryland, License Number D42334.

Panel A takes such action pursuant to its authority under Md. Code Ann., State Gov't ("State Gov't") § 10-226(c)(2) (2014 Repl. Vol. and 2018 Supp.), concluding that the public health, safety or welfare imperatively requires emergency action. Panel A bases its conclusion on the following investigative findings.

### **INVESTIGATIVE FINDINGS**<sup>1</sup>

Panel A has obtained investigatory information that Respondent's continued practice of medicine poses a substantial likelihood or risk of serious harm to public health safety and welfare as evidenced by:

1. His responses, behavior, and conduct during an interview by Board staff on January 7, 2019;

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<sup>1</sup> The statements regarding Respondent's conduct are intended to provide Respondent with notice of the basis of the suspension. They are not intended as, and do not necessarily represent a complete description of the evidence, either documentary or testimonial, to be offered against Respondent regarding this matter.

2. His responses, behavior, and conduct, four days later, on January 11, 2019, when Board staff conducted a site visit at his medical office;
3. His initial consultation at the Maryland Professional Rehabilitation Program (“MPRP”) on February 4, 2019, which revealed evidence of professional, physical or mental incompetence; and
4. His failure to submit to an appropriate examination as directed by the Board, pursuant Health Occ. § 14-402.

The Board opened this case based on a complaint about Respondent’s prescribing of opioids for a patient who subsequently overdosed and required several days of hospitalization. The initial focus of the investigation was on possible inappropriate prescribing of opioids and other controlled dangerous substances (“CDS”). However, after Board staff interviewed Respondent in January 2019, the focus of the investigation became Respondent’s competence and potential danger to the public.

Based on the investigatory information obtained by Panel A as summarized above, and the specific instances described below, Panel A has reason to believe that the following facts are true and that there is a substantial likelihood of a risk of serious harm to the public health, safety, or welfare by Respondent.

**I. Background of License**

1. At all times relevant hereto, Respondent was, and is, licensed to practice medicine in Maryland. Respondent was originally licensed to practice medicine in Maryland on September 17, 1991. On or about September 16, 2018, Respondent last renewed his license, which will expire on September 30, 2020.

2. Respondent was granted a license to practice medicine in Pennsylvania in 1978, which expired in or about 2015. Respondent also holds inactive licenses to practice medicine in New Jersey (granted 1970), Massachusetts (granted 1990), and Connecticut (granted 1992).

3. Respondent graduated from medical school in 1959. He received post-graduate training in anesthesiology, surgery, preventive medicine, occupational medicine, and psychiatry. At present, Respondent's self-designated specialty is pain management. Respondent is not, and has never been, board-certified in any practice areas. Respondent does not hold any hospital privileges.

4. The Respondent practices medicine part-time, approximately 20 hours a week, as a solo practitioner in Ashton, Maryland, a residential neighborhood in a rural area of Montgomery County. Respondent's practice is called "Pain Management Family Practice."

5. Respondent had approximately 30 patients in his practice and saw patients two and a half days a week. Most of his patients were chronic pain patients. Since approximately the past year, Respondent no longer accepted any health insurance, and required patients to pay in cash. Respondent did not employ any staff, other than an office manager (the "Office Manager").<sup>2</sup>

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<sup>2</sup> Employee, patient, facility and family names are confidential and are not disclosed in this Order. Respondent has been provided a Confidential Identification List, disclosing each of the proper names.

## **II. Disciplinary History**

6. On August 22, 2012, Respondent was reprimanded, and he was placed on probation for a minimum of two years with terms and conditions. The Board found that Respondent failed to meet standards of quality medical care in regard to nine of thirteen patients reviewed because of deficiencies in his pain management practice, including his prescribing of opioids, and he failed to keep adequate medical records because they were illegible.

7. On May 30, 2013, Respondent was reprimanded by the Pennsylvania State Board of Medicine and was placed on probation for two years, based on the action taken by the Maryland Board. His Pennsylvania license expired while Respondent was on probation.

8. On June 18, 2015, the Maryland Board terminated the probation based on Respondent having successfully complied with the terms and conditions. The Reprimand remains in effect.

## **III. Complaint**

9. On July 17, 2018, the Board received a complaint about Respondent's prescribing practices from a physician who is licensed to practice medicine in another state (the "Complainant"). The complainant stated that his brother, who was a patient of Respondent ("Patient 1") had been admitted to a hospital in Maryland ("Hospital A") on July 10, 2018, for an opioid overdose and was on a ventilator for five days. The Complainant reported that when he asked Patient 1's friends where Patient 1 obtained

“his pills” they stated, “From Dr. Jalali. bring him an MRI and for \$250 cash he will write you a script for 90 oxys (oxycodone).”

#### **IV. Initial Investigation**

10. On July 18, 2018, pursuant to a subpoena, the Board received a computer print-out from the Prescription Drug Monitoring Program (“PDMP”) of all CDS written by Respondent from July 1, 2017 to August 8, 2018.

11. On September 18, 2018, pursuant to subpoena, Respondent submitted copies of the medical records of ten of Respondent’s patients, including Patient 1, whose names were selected from the PDMP. Respondent also provided a summary of his care of each patient.

#### **V. Subsequent Investigation of Respondent**

12. On Monday, January 7, 2019, Respondent was interviewed, under oath by Board staff. Respondent’s responses, behavior, and conduct raised significant concerns.<sup>3</sup>

13. On Friday, January 11, 2019, based on the interview, Board staff conducted a site visit. Board staff observed Respondent’s responses, behavior, and conduct which raised significant concerns.<sup>4</sup>

#### **VI. Examination of Respondent**

14. On January 28, 2019, Board staff sent correspondence to Respondent informing him that he was directed to appear on Friday February 1, 2019 at the Maryland Professional Rehabilitation Program (“MPRP”) for an intake evaluation and for the

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<sup>3</sup> See Transcript of Interview, January 7, 2019, pp. 12-15, 37-40, 49-50.

<sup>4</sup> See Memo of Site Visit, January 11, 2019

purpose of scheduling a follow-up examination.

15. On February 4, 2019,<sup>5</sup> Respondent was seen for an initial consultation at MPRP. Respondent was interviewed by an LCSW-C member of the staff and was administered a test.<sup>6</sup> The Respondent performed poorly on the test.

16. On February 4, 2019, the MPRP reported to the Board that based on the clinical interview as well as the test, MPRP staff recommended that Respondent sign a “Voluntary Practice Cessation Agreement,” which he did.

17. On February 5, 2019, based on the result of the initial consultation, staff at MPRP scheduled Respondent for an evaluation at Hospital B on February 12, 2019.

18. On February 11, 2019, MPRP staff notified Board staff that Respondent’s Family Member had left a voice message at Hospital B stating that he/she was cancelling Respondent’s evaluation.

19. MPRP staff also contacted the Family Member who stated that Respondent has had low blood sugar incidents since his appointment with MPRP. The Family Member questioned the necessity of the evaluation and terminated the conversation.

20. On February 11, 2019, Board staff contacted the Family Member, stating that the Board expects Respondent to keep the appointment. The Family Member stated that Respondent has a chronic condition and he is unable to sit for long periods of time. The Family member did not explain why Respondent’s chronic condition meant that he could not keep the appointment. The Family Member terminated the conversation.

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<sup>5</sup> Due to inclement weather, Respondent’s appointment was rescheduled to February 4, 2019.

<sup>6</sup> See Report of Initial consultation, February 4, 2019.

21. Respondent did not appear for the scheduled examination at Hospital B on February 12, 2019.

### **CONCLUSION OF LAW**

Based upon the foregoing Investigative Findings, the Board concludes that the public health, safety, or welfare imperatively requires emergency action, and that pursuant to Md. Code Ann., State Gov't § 10-226(c)(2), Respondent's license must be immediately suspended.

### **ORDER**

It is, by the affirmative vote of a majority of the quorum of Panel A considering this case:

**ORDERED** that pursuant to the authority vested by Md. Code Ann., State Gov't § 10-226(c)(2), the Respondent's medical license, D42334, to practice as a physician in the State of Maryland be and is hereby **SUMMARILY SUSPENDED**; and be it further

**ORDERED** that a post-deprivation hearing in accordance with Md. Code Regs. 10.32.02.08B(7)(c), D and E on the Summary Suspension, in which Panel A will determine whether the summary suspension will continue, has been scheduled for **March 13, 2019, at 12:15 p.m.**, at the Maryland State Board of Physicians, 4201 Patterson Avenue, Baltimore, Maryland 21215-0095; and be it further

**ORDERED** that after the **SUMMARY SUSPENSION** hearing held before Panel A, the Respondent, if dissatisfied with the result of the hearing, may request within ten (10) days an evidentiary hearing, such hearing to be held within thirty (30) days of the request, before an Administrative Law Judge at the Office of Administrative Hearings,

Administrative Law Building, 11101 Gilroy Road, Hunt Valley, Maryland 21031-1301;  
and be it further

**ORDERED** that a copy of this Order of Summary Suspension shall be filed with  
the Board in accordance with Md. Code Ann., Health Occ. § 14-407 (2014 Repl. Vol. &  
2018 Supp.); and be it further

**ORDERED** that this is an Order of Panel A, and, as such, is a **PUBLIC**  
**DOCUMENT**. See Md. Code Ann., Health Occ. §§ 1-607, 14-411.1(b)(2) and to Md.  
Code Ann., Gen. Prov. § 4-333(b) 6).

03/08/2019  
Date

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