

IN THE MATTER OF	*	BEFORE THE
DONALD C. EGBUONU, M.D.	*	MARYLAND STATE
Respondent	*	BOARD OF PHYSICIANS
License Number: D48202	*	Case Number: 2219-0046B
* * * * *		

**CONSENT ORDER**

On November 7, 2019, Disciplinary Panel B (“Panel B”) of the Maryland State Board of Physicians (the “Board”) charged DONALD C. EGBUONU, M.D. (the “Respondent”), License Number D48202, under the Maryland Medical Practice Act (the “Act”), Md. Code Ann., Health Occ. (“Health Occ.”) §§ 14-101 *et seq.* (2014 Repl. Vol. and 2019 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[.]

On February 26, 2020, 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:

### **I. 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 on November 13, 1995, under license number D48202. The Respondent's license is presently active and expires on September 30, 2020.
2. The Respondent was previously board-certified in pediatrics from 1998 through 2012.
3. The Respondent was employed at a health organization (the "Organization")<sup>1</sup> in Prince George's County, Maryland, and currently has no hospital privileges.
4. On or about October 2, 2018 the Board received a complaint (the "Complaint") from the Office of the Inspector General ("OIG") under the Maryland Department of Health. The Complaint alleged that the Respondent was prescribing inappropriately high doses of opioid medications to patients under circumstances that suggested possible abuse.
5. Based on the complaint, the Board initiated an investigation of the Respondent.

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<sup>1</sup> To ensure confidentiality and privacy, the names of individuals, patients, and organizations involved in this case are not identified in this Consent Order. The Respondent is aware of the identities of individuals, patients, and organizations referenced herein.

## II. Board Investigation

6. In furtherance of its investigation, the Board conducted a drug survey, subpoenaed ten patient medical records from the Respondent, and obtained a written response to the complaint from the Respondent.
7. On or about December 14, 2018, the Board received a written response from the Respondent. In his response, the Respondent stated that he rejects the characterization of his practice espoused in the Complaint. He stated that he was not prescribing inappropriately high doses of opioid medications. The Respondent wrote that “[his] approach included weaning methadone and oxymorphone<sup>2</sup> for those patients by 20-25% on a monthly basis and completely discontinuing them over three to four months depending on the response of the patients.” He further stated that any patients displaying aberrant behavior were cautioned, and repeat offenders were discharged.
8. In addition, on or about February 15, 2019, Board investigators conducted a sworn interview with the Respondent. The Respondent stated that he began working for the Organization in October 2017 as an independent contractor. The Respondent continued his employment with the Organization until April 2019. He stated that he was the only physician on staff, and that he sees approximately 18 to 25 patients per day, and works two or three days per week.

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<sup>2</sup> Oxymorphone is an opioid analgesic used for the relief of moderate to severe pain. It is classified as a Schedule II CDS by the U.S. Drug Enforcement Administration.

The Respondent stated that most of his patients see him for treatment of chronic pain.

9. The Respondent stated that when a patient reports for an initial visit he will perform a physical examination and expects the appointments to last approximately forty-five minutes. He stated that he conducts follow-up visits approximately once per month and those visits usually last approximately twenty minutes.
10. The Respondent stated that he does make recommendations to employ alternative modalities such as physical therapy, and that the Organization utilizes random urine drug screens to monitor compliance. He stated that the Organization does criminal background checks on any patients displaying suspicious behavior, and that any patients with such histories would be discharged from the practice.
11. On or about April 15, 2019, the Board sent the ten patient medical records and other relevant investigative materials to a peer review entity for independent review by two board-certified physicians with a sub-specialty in pain medicine.
12. Upon review of the records, the peer reviewers concurred that the Respondent failed to meet appropriate standards for the delivery of quality medical care with respect to six of the ten patients.
13. On or about May 31, 2019, the Board sent copies of the peer reviewers' reports to the Respondent and requested a supplemental response.

### III. Summary of Standard of Care Violations

14. The Respondent failed to meet appropriate standards for the delivery of quality medical care, in violation of Health Occ. § 14-404(a)(22) of the Act, with respect to Patients 1, 2, 3, 4, 5 and 7<sup>3</sup>, in that the Respondent:
- a. Conducted limited initial physical examinations that did not indicate a need for high-dose opioid therapy (Patients 1, 2, 3, 4, 5, 7);
  - b. Prescribed high dose opioid therapy in conjunction with benzodiazepines with no explanation as to the need for Alprazolam<sup>4</sup> (Patient 1);
  - c. Failed to address aberrant toxicology screening results (Patients 1, 2, 3, 4, 5);
  - d. Failed to consider and/or recommend alternative modalities for chronic pain treatment (Patients 2, 3, 4);
  - e. Failed to conduct appropriate follow-up regarding urine toxicology screening results (Patient 2);
  - f. Appears to have prescribed in response to verbal complaints of pain unsubstantiated by examination findings (Patients 3, 4).
15. On or about June 17, 2019, the Board received the Respondent's Supplemental Response. The Respondent stated that he will no longer be working in pain management or prescribing CDS. He stated that given his

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<sup>3</sup> The specific findings of both of the reviewers pertaining to the ten patients reviewed are set forth completely in the Peer Review Reports which were provided to the Respondent.

<sup>4</sup> Alprazolam is a benzodiazepine commonly used to treat anxiety and panic disorders. It is classified as a Schedule IV CDS by the U.S. Drug Enforcement Administration.

training and experience he is very familiar with CDC guidelines pertaining to pain management, and that he had attended numerous trainings on opioid prescribing. The Respondent addressed the peer review findings as follows:

- a. Patient 1 – The Respondent stated that he “do[es] not, as a rule, use benzodiazepines with opioids...however if a psychiatrist has prescribed benzodiazepines for a patient [he] usually will continue them...” The Respondent also stated that no aberrant behavior was noted on follow-up visits.
- b. Patient 2 – The Respondent stated that he was not provided with the patient’s initial aberrant urine test, and had he received it the patient would not have been admitted to the practice.
- c. Patient 3 – The Respondent stated that the patient’s urine drug screen was positive only for oxycodone. He stated that he instructed the office staff to “begin background checks going forward from now.” The background check revealed criminal drug history, and that patient was discharged from the practice.
- d. Patient 4 – The Respondent stated that a physical examination was done to confirm the Patient’s complaint, and that weaning of opioids and alternative modalities were ordered.
- e. Patient 5 – The Respondent stated that he was never presented with any aberrant toxicology results, and if he had been then the patient would have been discharged from the practice.

- f. Patient 7 – The Respondent stated that physical examination was done to confirm the Patient’s complaint, and that no aberrant behavior was noted.

**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).

**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 under Criminal Law §5-401 *et seq.*; and it is further

**ORDERED** that the Respondent agrees that the Controlled Dangerous Substances (“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 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 of the prohibited 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 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 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 prohibition on prescribing and dispensing all opioids goes into on the effective date of this Consent Order; and it is further

**ORDERED** that 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; 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 the effective date of the Consent Order is the date the Consent Order is signed by the Executive Director of the Board. 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** 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*

09/28/2020  
Date

Christine A. Farrelly  
Executive Director  
Maryland State Board of Physicians

### CONSENT

I, Donald C. Egbuonu, 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*

09/10/2020  
Date

Donald C. Egbuonu, M.D.

### NOTARY

STATE OF Maryland  
CITY / COUNTY OF Prince Georges

I HEREBY CERTIFY that on this 10th day of September 2020, before me, a Notary Public of the foregoing State and City/County, personally appeared Donald C. Egbuonu, 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.

Kenna Christine Crews  
Notary Public

My Commission expires: 4/18/2024