

**IN THE MATTER OF** \* **BEFORE THE**  
**JOHN E. CHRISTIE, M.D.** \* **MARYLAND STATE**  
**Respondent** \* **BOARD OF PHYSICIANS**  
**License Number: D50605** \* **Case Number: 7718-0115B**  
\* \* \* \* \*

**CONSENT ORDER**

On July 23, 2020, Disciplinary Panel B (“Panel B”) of the Maryland State Board of Physicians (the “Board”) charged **JOHN E. CHRISTIE, M.D.** (the “Respondent”), License Number D50605, with violating the probationary conditions imposed under the Consent Order, dated May 23, 2018 (the “2018 Consent Order”) and with violating the Maryland Medical Practice Act (the “Act”), Md. Code Ann., Health Occ. (“Health Occ.”) §§ 14-101 *et seq.* (2014 Repl. Vol. & 2019 Supp.).

**VIOLATION OF 2018 CONSENT ORDER**

Respondent was charged with violating the following terms and conditions of the 2018 Consent Order:

Condition No. Two (2)

Respondent is subject to a chart and/or peer review conducted by the Board or Board disciplinary panel or its agents. An unsatisfactory chart and/or peer review will constitute a violation of this Consent Order[.]

Condition No. Three (3)

Respondent shall comply with the Maryland Medical Practice Act, Md. Code Ann., Health Occ. §§ 14-101 – 14-702, and all laws and regulations governing the practice of medicine in Maryland[.]

## VIOLATION OF HEALTH OCC. § 14-404

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

- (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 November 18, 2020, Panel B 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 B finds the following:

#### **I. Background/Disciplinary History**

1. The Respondent was originally licensed to practice medicine in Maryland on May 22, 1996, under License Number D50605. The Respondent's medical license is active and current through September 30, 2022.
2. The Respondent is board-certified in internal medicine and operates a medical office in Anne Arundel County, Maryland

3. The Board initiated an investigation of the Respondent in 2016 after receiving a complaint from a relative of a patient of the Respondent. The complainant alleged that the patient, who was addicted to pain medications prescribed by her surgeon and the Respondent and was also abusing alcohol, was “receiving many Schedule II and IV medications from the Respondent.”

4. As part of its investigation, the Board ordered a practice review which determined that the Respondent failed to meet appropriate standards for the delivery of quality medical and surgical care.

5. After reviewing these findings, Panel B, on February 2, 2018, issued disciplinary charges against the Respondent under Case Number 2017-0372B.

6. The Respondent resolved Panel B’s charges by entering into the 2018 Consent Order, in which Panel B found 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).

7. Pursuant to the 2018 Consent Order, Panel B: reprimanded the Respondent; permanently prohibited him from prescribing opioids to patients<sup>1</sup>; and placed him on

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<sup>1</sup> Panel B did permit the Respondent, in emergency cases, to issue not more than one opioid prescription per year to a patient, provided the prescription did not exceed the lowest effective dose and quantity needed for a duration of five days, and the prescription not be refilled or renewed. Panel B also required the Respondent to notify the Board within 24 hours of the prescription.

probation for a minimum period of two years, subject to a series of probationary conditions,<sup>2</sup> including the following:

Condition No. Two (2)

Respondent is subject to a chart and/or peer review conducted by the Board or Board disciplinary panel or its agents. An unsatisfactory chart and/or peer review will constitute a violation of this Consent Order[.]

Condition No. Three (3)

Respondent shall comply with the Maryland Medical Practice Act, Md. Code Ann., Health Occ. §§ 14-101 – 14-702, and all laws and regulations governing the practice of medicine in Maryland[.]

8. On March 1, 2019, the Board issued an Advisory Letter to the Respondent after the Respondent prescribed Tramadol (an opioid and Schedule IV opioid medication) for a patient but failed to notify the Board that he did so within 24 hours, as he was required to do under the 2018 Consent Order.

9. The Respondent remains on probation with the Board.

**II. Current Findings**

10. Pursuant to Condition No. Two (2) of the 2018 Consent Order, the Board, on December 22, 2019, issued a subpoena for ten patient records and supporting materials from the Respondent, and ordered a practice review. The Respondent provided those records on or about November 4, 2019. The practice review was performed by two physicians who are board-certified in internal medicine. The reviewers evaluated the

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<sup>2</sup> Panel B also required the Respondent to successfully complete a Board disciplinary panel-approved course in opioid prescribing.

medical care the Respondent provided to patients after August 20, 2018 and continuing through November 2019 (referred to *infra* as the “treatment period”).

11. The peer reviewers independently concluded that the Respondent failed to meet appropriate standards for the delivery of quality medical care in four of the ten cases reviewed (referred to *infra* as "Patients 3, 5, 6 and 7").<sup>3</sup> Examples of these deficiencies are set forth in the following patient summaries.

### **Patient 3**

12. The Respondent has provided medical care to Patient 3, a 41-year old woman, since 2011. Patient 3’s diagnoses include chronic back pain; hypertension (“HTN”); attention deficit disorder (“ADD”); insomnia; generalized anxiety disorder (“GAD”); and post-traumatic stress disorder (“PTSD”). During the treatment period, the Respondent saw Patient 3 on a monthly basis and prescribed medications including Adderall (an amphetamine and Schedule II controlled dangerous substance (“CDS”); phentermine (a Schedule IV CDS); Valium (a benzodiazepine and Schedule IV CDS); Ambien (generic name, zolpidem, a sedative-hypnotic and Schedule IV CDS); Vraylar (an atypical anti-psychotic prescription-only medication used to treat mood disorders); and an anti-hypertensive medication.

13. During the treatment period, Patient 3 was also being treated by a pain medicine specialist who was prescribing her opioid medications.

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<sup>3</sup> For confidentiality purposes, the names of patients will not be identified in this Consent Order.

14. The peer reviewers found that the Respondent failed to meet the standard of quality care for the following reasons:

- (a) The Respondent inappropriately prescribed two stimulants simultaneously to Patient 3 (Adderall and phentermine);
- (b) The Respondent inappropriately continued to prescribe two stimulants for Patient 3, despite the diagnosis of HTN;
- (c) The Respondent inappropriately prescribed two stimulant medications in conjunction with a benzodiazepine;
- (d) The Respondent inappropriately maintained Patient 3, who had a body mass index of 29, on a stimulant bariatric medication on a long-term basis, despite the lack of efficacy shown;
- (e) The Respondent did not establish a comprehensive approach to weight management other than prescribing a bariatric medication;
- (f) The Respondent inappropriately maintained Patient 3, who was also being prescribed opioid medications by another practitioner, on a benzodiazepine;
- (g) The Respondent prescribed a complex multitude of psychoactive medications with potential drug interactions, typically outside the scope of a general internist, without consultation of a psychiatric specialist; and
- (h) The Respondent inappropriately prescribed Vraylar, a medication approved for bipolar disorder, for Patient 3's psychiatric issues.

## **Patient 5**

15. The Respondent has provided medical care to Patient 5, a 47-year old man, since 2007. Patient 5's diagnoses include fibromyalgia; chronic pain; insomnia; elevated transaminases; low platelets; non-specific mood disorder; anxiety; hypogonadism; borderline diabetes; chronic opioid use; and dyspnea on exertion ("DOE"). The Respondent formerly maintained Patient 5 on an opioid pain medication regimen for his fibromyalgia but has since referred Patient 5 to a pain medicine practice, which is providing opioid therapy for Patient 5. During the treatment period, the Respondent prescribed medications including lorazepam (a benzodiazepine and Schedule IV CDS) for anxiety; Adderall for an undiagnosed mood disorder and for help with concentration at work; Ambien and Soma (a muscle relaxant and Schedule IV CDS) for insomnia; testosterone injections; Nexium and ranitidine for acid reflux; and Albuterol. Patient 5 was also undergoing an evaluation for his DOE with cardiology and pulmonary consultants.

16. The peer reviewers found that the Respondent failed to meet the standard of quality care for the following reasons:

- (a) the Respondent inappropriately prescribed a short-acting stimulant while Patient 5 was also on chronic opioid therapy and multiple depressive agents (*i.e.*, Ambien, lorazepam and muscle relaxants);
- (b) the Respondent inappropriately prescribed and maintained Patient 5 on a benzodiazepine while Patient 5 was also on chronic opioid therapy;

- (c) the Respondent inappropriately maintained Patient 5 on benzodiazepines as a first-line therapy for anxiety;
- (d) the Respondent failed to attempt other medications, such as antidepressants, to treat Patient 5's anxiety;
- (e) the Respondent switched Patient 5 from a long-acting to a short-acting form of Adderall, which carries a higher abuse potential, but never addressed the issue with Patient 5 after 2018;
- (f) the Respondent inappropriately maintained Patient 5 on long-term use of a muscle relaxant for sleep;
- (g) the Respondent failed to refer Patient 5 for a psychiatric consultation to clarify his mood disorder and for more appropriate medications; and
- (h) the Respondent failed to undertake continuing further evaluation of Patient 5's alcohol use, despite laboratory and clinical evidence of chronic low platelets, elevated transaminases and chronic dyspepsia.

### **Patient 6**

17. The Respondent has provided medical care to Patient 6, a 60-year-old man, since 2006. Patient 6's diagnoses include chronic pain; porphyria; MDD with bipolar features; HTN; chronic fatigue; anxiety; and low testosterone levels. During the treatment period, the Respondent saw Patient 6 on a monthly basis and prescribed medications including Vyvanse (a stimulant and Schedule II CDS), mainly for daytime fatigue and depression; aripiprazole and quetiapine (anti-psychotic medications);



zolpidem for insomnia; Cymbalta (an anti-depressant); prednisone (a steroid) for depression and pain symptoms; and testosterone injections.

18. The peer reviewers found that the Respondent failed to meet the standard of quality care for the following reasons:

- (a) the Respondent prescribed a stimulant medication for an inappropriate indication;
- (b) the Respondent inappropriately prescribed a sedative-hypnotic for Patient 6, while also medicating him for somnolence;
- (c) the Respondent prescribed multiple anti-psychotic medications without psychiatric consultation;
- (d) the Respondent continued to prescribe a stimulant medication while also prescribing high-dose atypical anti-psychotics and sedative-hypnotics;
- (e) the Respondent inappropriately treated Patient 6's porphyria with prednisone;
- (f) the Respondent prescribed testosterone injections for an inappropriate indication and failed to titrate the dosage lower when Patient 6's testosterone levels were measured as elevated;
- (g) the Respondent continued to prescribe medications (*i.e.*, Vyvanse, prednisone, testosterone) which may have caused Patient 6's increased HTN; and
- (h) the Respondent increased the dosage of a stimulant, Vyvanse, to Patient 6, despite Patient 6's uncontrolled blood pressure.

## **Patient 7**

19. The Respondent has provided medical care to Patient 7, a 54-year old woman, since 2016. Patient 7's diagnoses include epilepsy since childhood; cervical spinal stenosis; lumbar spondylosis; left lower extremity neuropathy; MDD; GAD; HTN; and gastroesophageal reflux disease. Prior to 2016, Patient 7 was treated at a county psychiatric clinic and was treated with Effexor; Adderall; and Ambien.

20. During the treatment period, the Respondent saw Patient 7 on an approximately monthly basis and referred her to a pain medicine practice for continuation of her opioid therapy, which the Respondent had previously provided. The Respondent noted that the pain medicine practice was prescribing Patient 7 oxycodone 10-15 mg, *t.i.d.* (three times per day). During the treatment period, the Respondent prescribed Adderall; aripiprazole; Effexor; clonazepam (a benzodiazepine and Schedule IV CDS) for seizure aura; zolpidem; and thyroid medications, among other medications.

21. The peer reviewers found that the Respondent failed to meet the standard of quality care for the following reasons:

- (a) the Respondent inappropriately prescribed a benzodiazepine for Patient 7's seizure aura;
- (b) the Respondent inappropriately managed Patient 7's epilepsy;
- (c) the Respondent inappropriately prescribed a benzodiazepine for Patient 7, who was also being provided chronic opioid therapy;
- (d) the Respondent failed to establish an appropriate basis for prescription of a stimulant medication;

- (e) the Respondent inappropriately increased Patient 7's stimulant prescription without an appropriate indication; and
- (f) the Respondent continued to prescribe medications to treat Patient 7's psychiatric conditions while she was also being managed by a psychiatric clinic.

### CONCLUSION OF LAW

Based on the Findings of Fact, Disciplinary Panel B 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 violated Conditions Nos. Two (2) and/or Three (3) of the 2018 Consent Order.

### ORDER

It is thus by an affirmative vote of a majority of a quorum of Disciplinary Panel B of the Board, hereby:

**ORDERED** that this Consent Order supersedes the Consent Order, dated May 23, 2018, which is **TERMINATED**; and it is further

**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 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 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 **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 Respondent may prescribe atypical antipsychotics **ONLY** in consultation with a psychiatrist; and it is further

**ORDERED** that the Respondent is placed on **PROBATION** for a minimum of **THREE (3) YEARS.**<sup>4</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 benzodiazepines and amphetamines. 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 disciplinary panel will accept a course taken in person or over the internet during the state of emergency;
  - (c) 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. 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;
3. The Respondent is subject to a chart and/or peer review conducted by the disciplinary panel or its agents as follows:
  - (a) the Respondent shall cooperate with the peer review process;
  - (b) the disciplinary panel, in its discretion, may change the focus of the chart and/or peer review if the Respondent changes the specialty of his or her practice;

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<sup>4</sup> If the Respondent's license expires during the period of probation, the probation and any conditions will be tolled.

- (c) if the disciplinary panel, upon consideration of the chart and/or peer review and the Respondent's response, if any, determines that the Respondent is meeting the standard of quality care in his or her practice, the disciplinary panel shall consider the peer review condition of the Consent Order met; and
- (d) a peer and/or chart review indicating that the Respondent has not met the standard of quality care and/or has failed to keep adequate medical records may be deemed, by a disciplinary panel, a violation of probation and/or a violation of Health Occ. § 14-404(a)(22) and/or (40).

**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 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*

12/09/2020  
Date

Christine A. Farrelly, Executive Director



## CONSENT

I, John E. Christie, 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***

Dec 3 2020  
Date

John E. Christie, M.D.

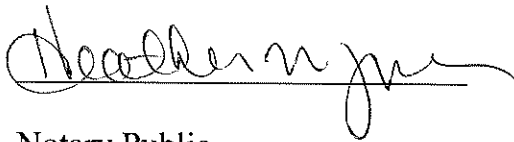
**NOTARY**

STATE OF Maryland

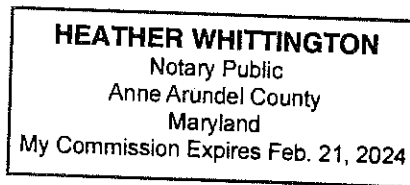
CITY/COUNTY OF Anne Arundel

I HEREBY CERTIFY that on this 3 day of December 2020, before me, a Notary Public of the foregoing State and City/County, personally appeared John E. Christie, 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.



Notary Public



My Commission expires: February 21, 2024