

IN THE MATTER OF
RAMANA GOPALAN, M.D.

Respondent

License Number: D51228

* BEFORE THE
* MARYLAND STATE
* BOARD OF PHYSICIANS
* Case Number: 2220-0128A

* * * * *

CONSENT ORDER

On September 16, 2021, Disciplinary Panel A ("Panel A") of the Maryland State Board of Physicians (the "Board") charged Ramana Gopalan, M.D. (the "Respondent"), License Number D51228, under the Maryland Medical Practice Act (the "Act"), Md. Code Ann., Health Occ. §§ 14-101 *et seq.* (2014 Repl. Vol. & 2020 Supp.).

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

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;

...
(40) Fails to keep adequate medical records as determined by appropriate peer review[.]

On January 12, 2022, 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 and Order.

FACTUAL FINDINGS

Panel A finds:

I. BACKGROUND

1. At all relevant times, the Respondent was licensed to practice medicine in the State of Maryland. The Respondent was originally licensed to practice medicine in Maryland on October 1, 1996, and his license is current through September 30, 2022. He is board-certified in internal medicine.

2. The Respondent is the sole owner of an internal medicine practice located in Baltimore County, Maryland. He also sees patients at a retirement community in Baltimore County.

3. On or about October 3, 2019, the Board received a referral from the Office of Controlled Substances Administration (“OCSA”), reporting that a pharmacist reported concerns to OCSA about the prescribing habits of the Respondent. The pharmacist reported that Respondent was “prescribing opioid drugs in dosages and combinations with other drugs that were not appropriate.” The OCSA investigation concluded that the Respondent had a “pattern of excessive opioid prescribing, writing prescriptions for opioid dosages that exceed CDS recommendations, frequent co-prescribing of opioid and benzodiazepines and stimulants.”

4. Upon receipt of the referral, the Board initiated an investigation of the Respondent. As part of its investigation, the Board requested a written response from the Respondent, interviewed the Respondent, and subpoenaed the Prescription Drug

Monitoring Program (“PDMP”) for a list of prescriptions written by the Respondent as well as the medical records of ten patients to whom the Respondent provided medical care. The Board submitted the medical records and related materials for a peer review to two physicians who are board-certified in pain medicine (the “Peer Reviewers”).

5. The Peer Reviewers expressed concern that the Respondent did not adhere to the guidelines recommended by the Centers for Disease Control (“CDC”) for the safe and effective use of opioid medications and that the Respondent’s use of high dose short-acting opioids harms patient safety and increases the risk of abuse, diversion and overdose.

6. The Peer Reviewers concurred that the Respondent failed to meet appropriate standards for the delivery of quality medical care and failed to keep adequate medical records in ten of the ten patient records reviewed.

7. Specifically, the peer reviewers concurred that the Respondent failed to meet the appropriate standards for the delivery of quality medical care for reasons including, but not limited to, the following:

- a. The Respondent prescribed and maintained chronic opioid regimens with dosages in excess of 90 morphine milligram equivalents (“MME”)¹ per day. The Respondent frequently prescribed oxycodone, a CDS and commonly abused opioid (Patients 1 – 10);

¹ 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 to 90 MME per day.

- b. The Respondent prescribed and maintained chronic opioid regimens with dosages in excess of 90 MME per day to high-risk patients (Patients 1 – 10);
- c. The Respondent prescribed opioids in high doses concomitantly with benzodiazepines or sedatives without adequate justification, and/or without adequate counseling about the side effects and/or despite the side effects (Patients 1, 3, 4, 6, 8);
- d. The Respondent failed to conduct adequate patient compliance monitoring with high dose opioid therapy; he consistently failed to conduct urine toxicology screening, pill counting and/or PDMP monitoring (Patients 1, 2, 3, 4, 5, 7, 8, 9, 10);
- e. The Respondent failed to consistently prescribe Naloxone to patients to whom he prescribed high dosages of opioids or opioids in conjunction with benzodiazepines (Patients 3, 4);
- f. The Respondent failed to consider the use of non-pharmacologic therapy and non-opioid pain medication (Patients 1, 2, 3, 4, 5, 7, 8, 10);
- g. The Respondent failed to wean patients' medication to levels compliant with the guidelines recommended by the CDC (Patients 3, 4, 7, 8, 9);

- h. The Respondent failed to provide higher levels of monitoring and modification of medication regimen or to refer a patient to a pain management program as appropriate (Patients 4, 7);
- i. The Respondent failed to consistently treat patients' comorbidities and failed to consult with appropriate specialists or to follow the consulting specialists' recommendations (Patients 2, 5, 7, 8, 9, 10);
- j. The Respondent failed to address a patient's use of non-prescribed medication and the patient's stolen medication (Patient 3);
- k. The Respondent treated a patient with hepatic dysfunction with opioids (Patient 1); and
- l. The Respondent continued a patient on opioids despite the patient's history of substance abuse and detoxification (Patient 1).

8. The peer reviewers concurred that in ten of ten patient records reviewed, the Respondent failed to maintain adequate medical documentation for reasons including, but not limited to, the following:

- a. The Respondent failed to document adequate treatment rationale to justify prescribing high dose CDS (Patients 1 – 10);
- b. The Respondent failed to document the effectiveness of high dose opioid medication use on activities of daily living. The Respondent failed to document discussion of medication dosage, and plans to wean to lowest effective dose or adequate treatment rationale (Patients 1 – 10);

- c. The Respondent failed to document that he reviewed PDMP and toxicology screening reports (Patients 1 – 10);
- d. The Respondent's records are hand-written and illegible (Patients 1 – 10);
- e. The Respondent failed to document past medical and medication history for patients (Patients 1 – 10);
- f. The Respondent failed to adequately document discharge diagnoses and plans (Patients 1 – 10);
- g. The Respondent's records have unexplained gaps in dates of service (Patients 2, 3, 4, 8, 9, 10); and
- h. The Respondent failed to document that he considered the use of non-pharmacologic therapy and non-opioid pain medications (Patients 1, 2).

III. CEASE AND DESIST ORDER

9. Based on a Peer Reviewer's comments regarding the Respondent's opioid prescribing practices, the Board sought the Peer Reviewer's opinion on the Respondent continuing to prescribe CDS during the disposition of Panel A's charges against him.

10. The Peer Reviewer opined that the Respondent should cease and desist from treating chronic pain conditions and refrain from prescribing opiates and other concurrent controlled substances.

11. The Peer Reviewer specifically opined, in pertinent part, that the "Respondent's prescribing practices increase risk of abuse, diversion and overdose." He

further commented that the Respondent uses high dose, short-acting opioids as a first-line treatment without consideration of non-opioid pain medication or multi-modal care and that he prescribes hundreds of pills during visits without proper patient monitoring. The Respondent's continued prescribing of CDS will endanger patient health and safety and may result in serious physical impairment, psychological distress, overdose, and death.

12. On September 8, 2021, pursuant to the authority under the Maryland Medical Practice Act, Health Occ. § 14-206(e), Panel A issued to the Respondent a Cease and Desist order stating that the Respondent “shall **IMMEDIATELY CEASE AND DESIST** from treating chronic pain patients and prescribing and dispensing all CDS[.]” The Cease and Desist Order was effective immediately pursuant to COMAR 10.32.11.E(1)(b). The Cease and Desist Order is a public document pursuant to Md. Code Ann., Gen. Prov. §§ 4-101 *et seq.* and COMAR 10.32.02.11E(1)(a).

13. On October 7, 2021, following a show cause hearing before Panel A, Panel A modified the September 8, 2021 Cease and Desist Order to state that the Respondent “shall **IMMEDIATELY CEASE AND DESIST** from treating chronic pain patients and from prescribing or dispensing opioids[.]”

CONCLUSIONS OF LAW

Based on the foregoing findings of fact, Disciplinary Panel A 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 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).

ORDER

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

ORDERED that the October 7, 2021 Modified Cease and Desist Order is **TERMINATED** as moot; and it is further

ORDERED that the Respondent is **REPRIMANDED**; and it is further

ORDERED that the Respondent is placed on **PROBATION** for a minimum of **TWO YEARS**.² During probation, the Respondent shall comply with the following terms and conditions of probation:

1. The Respondent is prohibited from prescribing and dispensing opioids until he has successfully completed the courses described in Condition 2 and has a supervisor approved by the Panel as described in Condition 3. The opioid prescribing prohibition may be administratively terminated through an order of the Panel upon successful completion of the courses and after the Panel has approved the Respondent's proposed supervisor.

2. Within **SIX (6) MONTHS** of the effective date of this Consent Order, the Respondent is required to take and successfully complete **TWO courses**: (i) a course in CDS prescribing; and (ii) a course in 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 courses before the courses are begun;

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

- (b) during the state of emergency, the disciplinary panel will accept courses taken in-person or over the internet;
- (c) the Respondent must provide documentation to the disciplinary panel that the Respondent has successfully completed the courses;
- (d) the courses 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 courses.

3. **Supervision:** Following completion of the courses, the Respondent shall be subject to supervision for a minimum of **ONE YEAR** (four quarterly reports)³ by a disciplinary panel-approved supervisor who is board-certified in pain medicine or internal medicine, as follows:

- (a) within **30 CALENDAR DAYS** of the completion of the two courses described in Condition 2, the Respondent shall provide the disciplinary panel with the name, pertinent professional background information of the supervisor whom the Respondent is offering for approval, and written notice to the disciplinary panel from the supervisor confirming his or her acceptance of the supervisory role of the Respondent and that there is no personal or professional relationship with the supervisor;
- (b) the Respondent's proposed supervisor, to the best of the Respondent's knowledge, should not be an individual who is currently under investigation, and has not been disciplined by the Board within the past five years;
- (c) if the Respondent fails to provide a proposed supervisor's name within 30 days following completion of the courses described in Condition 2, the Respondent's license shall be automatically suspended from the 31st day until the Respondent provides the name, background, and written notice from the supervisor as stated in Condition 3(a), above;

³ If the Respondent is not practicing medicine, the supervision shall begin when the Respondent resumes the practice of medicine and the disciplinary panel has approved the proposed supervisor. The Respondent shall submit the name of a proposed supervisor within 30 days of resuming the practice of medicine and shall be subject to supervision by a disciplinary panel approved supervisor upon the return to the practice of medicine.

- (d) the disciplinary panel, in its discretion, may accept the proposed supervisor or request that the Respondent submit a name and professional background, and written notice of confirmation from a different supervisor;
- (e) the supervision begins after the disciplinary panel approves the proposed supervisor;
- (f) the disciplinary panel will provide the supervisor with a copy of this Consent Order and any other documents the disciplinary panel deems relevant;
- (g) the Respondent shall grant the supervisor access to patient records selected by the supervisor from a list of all patients, which shall, to the extent practicable, focus on the type of treatment at issue in the Respondent's charges;
- (h) if the supervisor for any reason ceases to provide supervision, the Respondent shall immediately notify the Board and shall not practice medicine beyond the 30th day after the supervisor has ceased to provide supervision and until the panel has received a submission from the Respondent with the name and professional background, and written notice of confirmation, from a proposed replacement supervisor, as set forth in Condition 3(a), above;
- (i) it shall be the Respondent's responsibility to ensure that the supervisor:
 - i. reviews the records of ten (10) patients each month, such patient records to be chosen by the supervisor and not the Respondent;
 - ii. meets in-person with the Respondent at least **once each month** and discuss in-person with the Respondent the care the Respondent has provided for these specific patients;
 - iii. be available to the Respondent for consultations on any patient;
 - iv. maintains the confidentiality of all medical records and patient information;
 - v. provides the Board with **quarterly** reports which detail the quality of the Respondent's practice, any deficiencies, concerns, or needed

improvements, as well as any measures that have been taken to improve patient care; and

vi. immediately reports to the Board any indication that the Respondent may pose a substantial risk to patients;

(j) the Respondent shall follow any recommendations of the supervisor;

(k) if the disciplinary panel, upon consideration of the supervisory reports and the Respondent's response, if any, has a reasonable basis to believe that the Respondent is not meeting the standard of quality care or failing to keep adequate medical records in his or her practice, the disciplinary panel may find a violation of probation after a hearing.

4. The Respondent agrees that the CDS Registration issued by the Office of Controlled Substances Administration will be restricted as limited by this Order.

5. The Respondent is prohibited from certifying patients for the medical use of cannabis.

6. 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.

7. Within **ONE (1) YEAR** of the effective date of this Consent Order, the Respondent shall pay a civil fine of **FIVE THOUSAND DOLLARS (\$5,000)**. The Payment shall be by money order or bank certified check made payable to the Maryland Board of Physicians and mailed to P.O. Box 37217, Baltimore, Maryland 21297. The Board will not renew or reinstate the Respondent's license if the Respondent fails to timely pay the fine to the Board; and it is further

ORDERED that the Respondent shall not apply for early termination of probation;
and it is further

ORDERED that a violation of probation constitutes a violation of the 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, after the Respondent has complied with all terms and conditions
of probation, and after and the minimum period of probation imposed by the Consent Order
has passed, and after the Respondent's supervisor has submitted to the Board four quarterly
reports that are satisfactory to the Panel, 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, 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, suspend the Respondent's license 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 or her designee. The Executive 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 this Consent Order is a public document. See Health Occ. §§ 1-607, 14-411.1(b)(2) and Gen. Prov. § 4-333(b)(6).

03/08/2022
Date

Signature On File

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

CONSENT

I, Ramana Gopalan, 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.

2/10/2022
Date

Signature On File

Ramana Gopalan, M.D.

NOTARY

STATE OF Maryland

CITY/COUNTY OF Harford

I HEREBY CERTIFY that on this 10th day of February 2022, before me, a Notary Public of the foregoing State and City/County, personally appeared Ramana Gopalan, 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.

Michele Dionne Harris
Notary Public

MICHELE DIONNE HARRIS
NOTARY PUBLIC STATE OF MARYLAND
My Commission Expires January 28, 2025

My Commission expires: January 28, 2025