

IN THE MATTER OF
RAMANA GOPALAN, M.D.

Respondent

License Number: D51228

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

* * * * *

MODIFIED CEASE AND DESIST ORDER

Pursuant to the authority granted to Disciplinary Panel A (“Panel A”) of the Maryland State Board of Physicians (the “Board”) under Md. Code Ann., Health Occ. (“Health Occ.”) § 14-206(e)(3) (2014 Repl. Vol. & 2020 Supp.), and Panel A hereby modifies its prior **CEASE AND DESIST** Order issued on September 8, 2021, and orders **RAMANA GOPALAN, M.D.** (the “Respondent”), to immediately **CEASE AND DESIST** from treating chronic pain conditions and from prescribing or dispensing opioids in the State of Maryland, as defined in Criminal Law. § 5-401, *et seq.*

The pertinent provisions of the Maryland Medical Practice Act (the “Act”), Health Occ. §§ 14-101 *et seq.*, under which Panel A issues this Order provide the following:

§ 14-206. Judicial Powers.

...

(e) A disciplinary panel may issue a cease and desist order or obtain injunctive relief against an individual for:

...

(3) Taking any action:

(i) For which a disciplinary panel determines there is a preponderance of evidence of grounds for discipline under §14-404 of this title; and

(ii) That poses a serious risk to the health, safety, and welfare of a patient.

§14-404. Denials, reprimands, probation, suspensions, and revocations.

(a) 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 September 27, 2021, pursuant to COMAR 10.32.02.11E(3)(a), the Respondent filed a written opposition to challenge the factual or legal basis of the Cease and Desist Order in this matter and requested a hearing. On October 6, 2021, pursuant to COMAR 10.32.02.11E(3)(b), Panel A was convened to provide the Respondent with an opportunity for a hearing. Following its consideration of the Respondent's opposition and the oral presentations of the State and the Respondent at the hearing, Panel A modifies its prior Cease and Desist Order issued on September 8, 2021.

INVESTIGATIVE FINDINGS¹

Based on the investigatory information received by, made known to, and available to Panel A, there is reason to believe that the following facts are true:

I. BACKGROUND

¹ The statements regarding the Board's investigative findings are intended to provide the Respondent with reasonable notice of the Board's action. They are not intended as, and do not necessarily represent, a complete description of the evidence, either documentary or testimonial, to be offered against the Respondent in connection with this matter.

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”)² per day. The Respondent frequently prescribed oxycodone, a CDS and commonly abused opioid;
- b. The Respondent prescribed and maintained chronic opioid regimens with dosages in excess of 90 MME per day to high-risk patients;
- c. The Respondent prescribed opioids in high doses concomitantly with benzodiazepines or sedatives without adequate justification, and/or

² 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.

without adequate counseling about the side effects and/or despite the side effects;

- 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;
- e. The Respondent failed to consistently prescribe Naloxone to patients to whom he prescribed high dosages of opioids or opioids in conjunction with benzodiazepines;
- f. The Respondent failed to consider the use of non-pharmacologic therapy and non-opioid pain medication;
- g. The Respondent failed to wean patients' medication to levels compliant with the guidelines recommended by the CDC;
- 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;
- i. The Respondent failed to consistently treat patients comorbidities and failed to consult with appropriate specialists or to follow the consulting specialists' recommendations;
- j. The Respondent failed to address a patient's use of non-prescribed medication and the patient's stolen medication;

- k. The Respondent treated a patient with hepatic dysfunction with opioids; and
- l. The Respondent continued a patient on opioids despite the patient's history of substance abuse and detoxification.

8. The peer reviewers concurred that in ten of ten patient records reviewed, the Respondent was guilty of failing 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;
- 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;
- c. The Respondent failed to document that he reviewed PDMP and toxicology screening reports;
- d. The Respondent's records are hand-written and illegible;
- e. The Respondent failed to document past medical and medication history for patients;
- f. The Respondent failed to adequately document discharge diagnoses and plans;
- g. The Respondent's records have unexplained gaps in dates of service; and

h. The Respondent failed to document that he considered the use of non-pharmacologic therapy and non-opioid pain medications.

9. The Respondent's conduct, in whole or in part, as outlined in pertinent part above, constitutes evidence of the failure to meet the appropriate standard of quality care and failure to keep adequate medical records in violation of Health Occ. § 14-404(a)(22), and/or (40).

10. Based on the 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.

11. 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.

12. 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.

13. The Peer Reviewer concluded that the Respondent should cease and desist from treating chronic pain conditions and should cease and desist from prescribing opiates

and other concurrent controlled substances and that patient care should be transferred to other specialties, including pain and addiction medicine specialists.

CONCLUSIONS OF LAW

Based on the foregoing Investigative Findings, Panel A concludes as a matter of law that a preponderance of evidence supports a conclusion that the Respondent failed to meet the standard of quality medical care and failed to keep adequate medical records with regard to his CDS prescribing practices and treatment of chronic pain patients in violation of Health Occ. § 14-404(a)(22), and/or (40). Because Respondent's deficient CDS prescribing practices pose a serious risk to the health, safety and welfare of a patient, a disciplinary panel may issue a cease and desist order. Health Occ. § 14-206(e)(3).

ORDER

Based on the foregoing Investigative Findings and Conclusions of Law, it is by Panel A hereby:

ORDERED that pursuant to the authority under the Maryland Medical Practice Act, Health Occ. § 14-206(e)(3), the Respondent, Ramana Gopalan, shall **IMMEDIATELY CEASE AND DESIST** from treating chronic pain patients and prescribing and dispensing opioids, thus the Respondent shall not prescribe or dispense opioids to any person; and it is further

ORDERED that if the Respondent violates this Cease and Desist Order, Panel A may impose a fine pursuant to COMAR 10.32.02.11E(4)(a); and it is further

ORDERED that this order is **EFFECTIVE IMMEDIATELY** pursuant to COMAR 10.32.02.11E(1)(b), and it is further

ORDERED that this is a **PUBLIC DOCUMENT** pursuant to Md. Code Ann., Gen. Prov. §§ 4-101 *et seq.* and COMAR 10.32.02.11E(1)(a).

Signature on File

10/07/2021
Date

Christine A. Farrelly
Executive Director
Maryland State Board of Physicians

OPPORTUNITY FOR AN EVIDENTIARY HEARING

The Respondent may request a full evidentiary hearing under the Administrative Procedure Act before an Administrative Law Judge at the Office of Administrative Hearings. This request will be granted if the Board receives a written request for the hearing within **TEN (10)** days of the date of this Order. Any request for a hearing shall be made to:

Christine A. Farrelly
Executive Director
Maryland State Board of Physicians
4201 Patterson Avenue, 4th Floor
Baltimore, Maryland 21215

A copy of any request shall also be mailed to:

Nicholas E. Johansson
Assistant Attorney General
Maryland Office of the Attorney General
Health Occupations Prosecution and Litigation Division
300 West Preston Street, Suite 201
Baltimore, Maryland 21201