



## **FINDINGS OF FACT**

Disciplinary Panel A makes the following Findings of Fact:

### **I. BACKGROUND**

1. At all times relevant hereto, the Respondent has been licensed to practice medicine in Maryland. The Respondent was initially licensed to practice medicine in Maryland on April 5, 2000.

2. The Respondent's license was summarily suspended on or about April 4, 2018, and the summary suspension was affirmed on June 14, 2018.

3. The Respondent is board-certified in Internal Medicine.

4. On or about April 4, 2017, the Respondent began employment at a medical office (the "Practice")<sup>1</sup> in Anne Arundel County, Maryland.

5. On or about October 13, 2017, the Board received a complaint from a partner in the Practice (the "Complainant"), who stated that after the Respondent joined the Practice, he offered to take over prescribing narcotics for several patients who already had pain management doctors.

6. The Complainant alleged that a patient ("Patient A") reported that she found some of her oxycodone<sup>2</sup> missing after the Respondent made a home visit, and

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<sup>1</sup> To ensure confidentiality, the names of individuals, hospitals, medical offices, and health care facilities are not disclosed in this document. The Respondent may obtain the identity of the referenced individuals and entities by contacting the assigned administrative prosecutor.

<sup>2</sup> Oxycodone is a semisynthetic opioid synthesized from thebaine, an opioid alkaloid found in the Persian poppy, and one of the many alkaloids found in the opium poppy. It is a moderately potent opioid pain medication (orally roughly 1.5 times more potent than morphine), generally indicated for relief of moderate to severe pain.

an audit of several patients determined that at least one other patient ("Patient B") was missing pain medication.

7. Another patient ("Patient C") reported that the Respondent called her on the same day that he prescribed oxycodone to schedule a home visit.

8. Board Staff interviewed the Complainant, who reported she was downsizing her practice, and that her practice partner contracted with the Respondent in a cost sharing arrangement, where the Respondent agreed to share expenses and assume the care of certain patients in the concierge practice. The Practice had a concierge arrangement with certain patients who paid a yearly fee.

9. The Complainant reported that she was surprised when the Respondent took over narcotic prescribing for Patient A, who was already being followed by a pain management specialist.

10. According to the Complainant, the Respondent wrote a prescription for Patient A for Oxycodone (20 mg), 1-2 every four hours PRN,<sup>3</sup> and Opana ER (20 mg)<sup>4</sup> to be taken three times a day, and he gave her 90 pills with no refills.

11. Later, the Complainant received a phone call from Patient A, who complained that the Respondent made frequent visits to her home, and after a visit she discovered that medication was missing. The Complainant wrote Patient A

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<sup>3</sup> PRN is a medical abbreviation, which means when necessary or as needed.

<sup>4</sup> Opana (Oxymorphone) extended release is a long acting opioid analgesic used to treat moderate to severe pain.

another prescription to replace the missing medication and advised her to return to the pain management practice.

12. The Complainant contacted Patient B, who also reported that the Respondent made visits to her home. The Complainant then asked Patient B to review her medications, and she discovered that pain medication was also missing.

13. Board staff interviewed the Complainant's Practice partner, "Witness A," who stated that she became concerned about the Respondent's access to patients after Patient A reported the frequency of the Respondent's home visits and her concerns that he may have been stealing her medication. Witness A also stated that it was not a routine practice for physicians in the Practice to make home visits. Witness A agreed that under the circumstances, the Practice needed to terminate the Respondent's cost sharing agreement with the Practice.

14. On or about October 4, 2017, the Practice informed the Respondent that it was terminating his office sharing agreement due to the prescribing irregularities and the missing medications.

15. Board Staff also subpoenaed Prescription Drug Monitoring Program (PDMP) records for the Respondent, which documented that he prescribed large amounts of oxycodone to patients who were not patients at the Practice.

16. In furtherance of its investigation, Board staff interviewed Patients A, B, and C and subpoenaed their medical records.

**A. Patient Specific Allegations**

**Patient A**

17. In an interview with Board staff, Patient A reported that the Respondent contacted her and asked that she bring her medications with her for a “meet and greet” scheduled for September 13, 2017, at the Practice. She reported that during the meeting, the Respondent took her medications and went in another room and took pictures of the medications. She reported that the Respondent was alone with the medication.

18. Patient A reported that after the meeting with the Respondent she discovered that about 40 of her oxycodone tablets were missing. She was unsure about why the pills were missing so she contacted her pharmacy to determine whether a mistake was made at the pharmacy. The Pharmacy staff confirmed that records did not indicate that the pharmacy made an error that resulted in a shortage of medication in Patient A’s prescription.

19. Patient A reported that after her initial meeting with the Respondent he visited her home four times in a ten-day period. She stated that he called her several times on his mobile phone and said that he would be at her house within 15-20 minutes. He claimed that he was in her neighborhood because he had patients to see in a nearby residential facility.

20. Patient A reported that the Respondent came to her home on September 18, 2017, at 8:15 a.m. On that date he wrote Patient A new prescriptions, including increasing the oxycodone from 5 tablets per day to 8 tablets per day.

21. Patient A reported that on Saturday, September 30, 2017, the Respondent came to her house early in the morning. She described him as unshaven,

disheveled looking, casually dressed, and she commented that he “almost looked desperate.” He asked her to produce her medication and she complied.

22. During that visit, Patient A stated that the Respondent asked her to show him a fossil from a fossil collection she kept in her home because his son was interested in fossils. Patient A left the room to retrieve the fossil and the Respondent was left alone with her medication.

23. After the Respondent left her home Patient A discovered that 80-90 oxycodone tablets were missing. Patient A reports that she lives alone and no one else has access to her medication.

24. Patient A discussed her concerns about the Respondent with a friend, who advised her not to allow the Respondent to return to her home for medical visits. Patient A also reported her concerns to the physicians at the Practice.

### **Patient B**

25. In an interview with Board staff, Patient B reported that she met the Respondent at a “meet and greet” at the Practice on September 12, 2017. At that time, Patient B stated that she was taking Tramadol<sup>5</sup> and sertraline.<sup>6</sup> The Respondent told her that she should not take those medications together and he prescribed oxycodone instead. Patient B reported that the Respondent assured her that oxycodone was better for her than Tramadol.

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<sup>5</sup> Tramadol is an opioid-like medication used to treat moderate to severe pain.

<sup>6</sup> Sertraline, commonly sold under the trade name Zoloft, is an antidepressant of the selective serotonin reuptake inhibitor (SSRI) class. It is primarily used for major depressive disorder, obsessive compulsive disorder, panic disorder, and social anxiety disorder.

26. The Respondent wrote her a prescription for 150 oxycodone on September 12, 2017 and delivered it to her home on September 13, 2017. Patient B reported that during the home visit, the Respondent kept asking her questions about the medications and followed her into her bedroom where she kept her medication.

27. On one of the home visits, Patient B mentioned to the Respondent that she kept old medication in the cabinets in her bathroom. The Respondent took the medications with him, advising Patient B that he planned to dispose of the medication. Patient B stated that some of the medications, included pain medication, which had been prescribed for prior dental procedures.

28. Patient B reported that the Respondent followed her around in her home, which made her uncomfortable. The Respondent asked to see her current medications, which were stored in her bedroom and bathroom. The Respondent dumped the medications out on the sink and examined them.

29. On September 26, 2017, the Respondent prescribed 150 oxycodone tablets for Patient B.

30. According to Patient B, on October 3, 2017, the Respondent contacted her to make an appointment to discuss some laboratory results. Patient B states that she tried to discourage the Respondent, but he insisted on coming over.

31. The Respondent came over and delivered the laboratory results. He asked to use the bathroom and left quickly afterwards.

32. The Complainant contacted Patient B to express her concerns about the Respondent and asked Patient B to count her pain medication. Patient B reported that she found pain medication missing.

**Patient C**

33. On July 11, 2017, Patient C had a “meet and greet” with the Respondent at the Practice. Patient C complained that she was having pain in her liver, and that she was not getting any relief from Tramadol or ibuprofen. The Respondent prescribed oxycodone and ordered an x-ray.

34. On or about October 3, 2017, the Respondent called Patient C and stated that he wanted to stop by with another order for an x-ray. The Respondent then asked her if she had picked up her order for oxycodone. After Patient C told him that she had not picked up the prescription, the Respondent said that he would drop off the order for the x-ray on another day.

**B. Toxicology Screening Results**

35. The Respondent was subpoenaed to the Board for an interview on March 7, 2018. The Subpoena required the Respondent to appear at the Board and give testimony in the form of an interview. The Respondent arrived at the Board with counsel, but he refused to answer any questions under oath. The Respondent’s counsel advised him not to respond to the interview questions.

36. After the March 7th meeting with the Board, the Respondent went for a toxicology screen per the Board's instructions. The results of the screening



indicated that the Respondent tested positive for opiates and various opioid medications.

### **CONCLUSIONS OF LAW**

Based on the foregoing Findings of Fact Disciplinary Panel A concludes as a matter of law that the Respondent is guilty of unprofessional conduct in the practice of medicine, in violation of Health Occ. § 14-404(a)(3)(ii), is addicted to, or habitually abuses, any narcotic or controlled dangerous substance, as defined in § 5-101 of the Criminal Law Article, in violation of Health Occ. § 14-404(a)(8), and failed to cooperate with a lawful investigation conducted by the Board, in violation of § 14-404(a)(33).

### **ORDER**

Based on the foregoing Findings of Fact and Conclusions of Law it is hereby

**ORDERED** that the summary suspension imposed on April 4, 2018, and affirmed on June 14, 2018, is **TERMINATED**; and it further.

**ORDERED** that the Respondent's license to practice medicine is **SUSPENDED**<sup>7</sup> for a minimum of eighteen months from the effective date of this Consent Order, subject to the following conditions:

1. Within twelve months, the Respondent shall pay a civil fine of \$5,000.

The Payment shall be by money order or bank certified check made

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<sup>7</sup> If the Respondent's license expires during the period of the suspension, the suspension and any conditions will be tolled.

payable to the Maryland Board of Physicians and mailed to P.O. Box  
37217, Baltimore, Maryland 21297

2. The Respondent shall enroll in the Maryland Professional  
Rehabilitation Program (MPRP) as follows:

- (a) Within 5 business days of the effective date of this Consent Order, the Respondent shall contact MPRP to schedule an initial consultation for enrollment;
- (b) Within 15 business days of the effective date of this Consent Order, the Respondent shall enter into a Participant Rehabilitation Agreement and Participant Rehabilitation Plan with MPRP;
- (c) The Respondent shall fully and timely cooperate and comply with all MPRP's referrals, rules, and requirements, including but not limited to, the terms and conditions of the Participant Rehabilitation Agreement(s) and Participant Rehabilitation Plan(s) entered with MPRP, and shall fully participate and comply with all therapy, treatment, evaluations, and screenings as directed by MPRP;
- (d) The Respondent's failure to comply with any term or condition of the Participant Rehabilitation Agreement(s) or Participant Rehabilitation Plan(s) constitutes a violation of this Consent Order;
- (e) The Respondent shall sign and update the written release/consent forms requested by the Board and MPRP, including release/consent forms to authorize MPRP to make verbal and written disclosures to the Board and to authorize the Board to disclose relevant information from MPRP records and files in a public order. A failure to, or withdrawal of consent, is a violation of this Consent Order;
- (f) The Respondent shall also sign any written release/consent forms to authorize MPRP to exchange with (i.e., disclose to and receive from) outside entities (including all of the Respondent's current therapists and treatment providers) verbal and written information concerning the Respondent and to ensure that MPRP is authorized to receive the

medical records of the Respondent, including, but not limited to, mental health and drug or alcohol evaluation and treatment records;

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

**ORDERED** that after a minimum of eighteen months, If MPRP finds and notifies the Board that the Respondent is safe to return to the practice of medicine, the Respondent may submit a written petition to the disciplinary panel to terminate the suspension of the Respondent's license. The Respondent may be required to appear before the disciplinary panel to discuss his petition for termination. If the disciplinary panel determines that the Respondent has complied with the terms of the suspension and it is safe for the Respondent to return to the practice of medicine, the suspension will be terminated through an order of the disciplinary panel. The disciplinary panel may impose any terms and conditions it deems appropriate on the Respondent's return to practice, including, but not limited to, probation and/or continuation of the Respondent's enrollment in MPRP; and it is further

**ORDERED** that if the Respondent allegedly fails to comply with any term of suspension or this Consent Order, the Respondent shall be given notice and an opportunity for a hearing. If there is a 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 Disciplinary Panel A; and if there is no dispute as to a material fact, the Respondent shall be given a show cause hearing before Disciplinary Panel A; and it is further

**ORDERED** that after the appropriate hearing, if Disciplinary Panel A 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 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 signs the Consent Order on behalf of Disciplinary Panel A which has imposed the terms and conditions of this 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 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).

October 18, 2018  
Date

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

### CONSENT

I, Jason Goodman, 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 these rights 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 their 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

10/11/18  
Date

Jason Goodman, M.D.  
Respondent

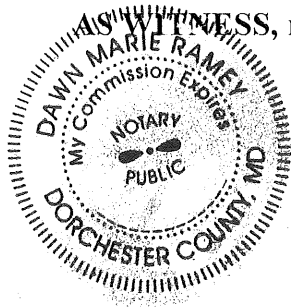
### NOTARY

STATE OF Maryland

COUNTY OF Dorchester

I HEREBY CERTIFY that on this 11<sup>th</sup> day of October, 2018,

before me, a Notary Public of the State and County aforesaid, personally appeared Jason Goodman, M.D., License Number: D55846, and gave oath in due form of law that the foregoing Consent Order was his voluntary act and deed.



IN WITNESS, my hand and Notary Seal:

Dawn Marie Ramey  
Notary Public

My Commission expires: 8/16/19