IN THE MATTER OF	*	**BEFORE THE**
IQBAL SINGH, M.D.	*	**MARYLAND STATE**
Respondent	*	**BOARD OF PHYSICIANS**
License No.: D65494	*	**Case Number: 2220-0247**

* * * * * * * * * * * *

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 Occupations ("Health Occ.") § 14-206(e)(3) (2014 Repl. Vol. & 2019 Supp.), Panel A hereby orders Iqbal Singh, M.D., (the "Respondent"), to immediately **CEASE AND DESIST** from the prescribing of controlled dangerous substances ("CDS"), as defined in Md. Code Ann., Crim. Law § 5-101(g).

The pertinent provisions of the Maryland Code under which Panel A issues this Order provide the following:

Health Occ. § 14-206. Subpoena and contempt power of Board.

...

(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.

Crim. Law § 5-101. Definitions

...

(g)(1) "Controlled dangerous substance" means:

(i) a drug or substance listed in Schedule I through Schedule V; or

(ii) an immediate precursor to a drug or substance listed in Schedule I through Schedule V that:

1. By regulation the Department designates as being the principal compound commonly used or produced primarily for use to manufacture a drug or substance listed in Schedule I through Schedule V;
2. Is an immediate chemical intermediary used or likely to be used to manufacture a drug or substance listed in Schedule I through Schedule V; and
3. Must be controlled to prevent or limit the manufacture of a drug or substance listed in Schedule I through Schedule V.

INVESTIGATIVE FINDINGS[1]

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 Respondent's conduct are intended to provide the Respondent with reasonable notice of the basis of the Cease and Desist Order. 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 times relevant, the Respondent has been licensed to practice medicine in the State of Maryland. The Respondent was initially licensed on January 10, 2007, under license number D65494. The Respondent's license is scheduled to expire on September 30, 2021.

2. The Respondent is Board Certified in psychiatry and neurology.

3. The Respondent is currently the sole proprietor of a medical practice in Glen Burnie, Maryland.

4. On or about November 24, 2019, the Board received an email referral of investigation from the Office of Controlled Substances Administration ("OCSA") based on the Respondent's prescribing practices.

5. Based on the referral, the Board initiated an investigation of the Respondent.

II. Board Investigation

6. In furtherance of its investigation, the Board conducted a drug survey, subpoenaed ten patient medical records from the Respondent, obtained a written response to the allegations from the Respondent and conducted an interview under oath with the Respondent.

7. On or about May 4, 2020, the Board received the Respondent's written response. In his response, the Respondent stated that he "runs a small-to-medium sized neurology and pain management practice," where he treats pain-related conditions. The Respondent further stated that most of his patients suffer from chronic pain and he requires notes from a previous

provider before he will begin seeing new patients. The Respondent stated that his patients have failed many alternative modalities to pain relief prior to seeing him.

8. On or about July 14, 2020, Board staff conducted an interview with the Respondent under oath. During the interview, the Respondent testified that pain management makes up approximately 70% of his patient population, with about 15-20 patients per day. Most of his patients come to him from other pain management practices. He further testified that he generally requires new patients to present their prior pain-provider records and submit to urine toxicology screening before he will begin to treat them, rejecting any patients who show evidence of illicit drug use. The Respondent stated that he previously had some patients coming to see him from other states but indicated that he had since revised his office policy to disallow out-of-state patients, as out-of-state travel for pain medicine is a potential "red flag." He stated that he does not apply alternative modalities to his patients because "they've already been through those modalities from the prior pain-management providers."

9. Board staff sent the ten patient medical records[2] 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.

[2] To ensure confidentiality and privacy, the names of individuals, patients, and institutions involved in this case are not disclosed in this document. The Respondent may obtain the identity of all individuals, patients, and institutions referenced in this document by obtaining a Confidential Identification List from the Administrative Prosecutor.

10. Upon review of the records, 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 with respect to all ten of the patients that were reviewed.

III. Summary of Standard of Care and Record-Keeping Violations

11. 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, and failed to keep adequate medical records as determined by appropriate peer review, in violation of Health Occ. § 14-404(a)(40) of the Act, with respect to all ten of the ten patients reviewed[3], in that the Respondent:

a. Failed to document justification for high-dose opioid therapy (Patients: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10);

b. Failed to record any review of Prescription Drug Monitoring Program ("PDMP") information (Patients: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10);

c. Failed to keep adequate progress notes (Patients: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10);

d. Failed to address aberrant toxicology results (Patients: 2, 5, 7, 8, 9, 10);

[3] The specific findings of both peer reviewers pertaining to the ten patients reviewed are set forth completely in the Peer Review Reports which are available to the Respondent.

e. Failed to utilize or record recommendation of a multi-modal approach to pain relief (Patients: 4, 7, 8, 9);

f. Failed to document any attempts to reduce opioid dosages (Patients: 1, 10);

g. Failed to address dangerous risk factors such as prescribing combination high-dose opioid therapy to individuals sharing the same residence (Patient 2);

h. Increased patient's dosages without documented justification (Patients: 4, 5, 6);

i. Prescribing a dangerous combination of opioid, benzodiazepine, and Soma that has a high risk of abuse and overdose (Patient 1);

j. Increasing a patient's opioids with no documented justification beyond the patient's request (Patient 6).

12. On or about January 4, 2021, one of the peer reviewers forwarded an addendum to his peer review report. In the addendum, the Peer Reviewer reiterated serious concerns about several elements of the Respondent's prescribing practices:

a. Prescribing high doses of opioids without "careful justification."

i. The Respondent prescribes high amounts of opioids far exceeding the recommended standard without clear and careful justification, and without documented discussion of the associated risks.

b. Prescribing dangerous combinations of opioids, benzodiazepines, and Soma.

    i. In the cases of Patients 1 and 7, the Respondent prescribed high doses of opioids in combination with benzodiazepines which should always be carefully considered, if not avoided, and the Respondent did not document any discussion of the risks and benefits. This combination of drugs poses a high risk of abuse.

c. Attempts to wean patients by other physicians were ignored and reversed.

    i. The Respondent demonstrated a concerning pattern when taking over treatment from a previous provider who was attempting to wean the patient's medications. The Respondent would often resume pre-wean levels of opioids in combination with Soma and in some cases further increased the opioid regimen.

d. Prescription monitoring failed to change prescribing behavior.

    i. In multiple instances the Respondent failed to change prescribing behavior following inconsistent UDS results.

13. In addition, the Peer Reviewer expressed concern about apparent gaps in the Respondent's general knowledge of opioids.

14. The Peer Reviewer opined that these reasons for concern warrant a temporary suspension of the Respondent's privilege to prescribe CDS.

CONCLUSIONS OF LAW

Based on the foregoing investigative findings, Panel A determines there is a preponderance of evidence 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). Because the 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 investigative findings and conclusions of law, it is hereby:

ORDERED that, pursuant to the authority vested by the Maryland Medical Practice Act, Health Occ. §14-206(e)(3), the Respondent shall **IMMEDIATELY CEASE AND DESIST** from the prescribing of controlled dangerous substances; and it is further

ORDERED that this order is **EFFECTIVE IMMEDIATELY** pursuant to Md. Code Regs. 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 – 4-601 (2014) and Md. Code Regs. 10.32.02.11E (1)(a).

June 28, 2021
Date

Signature on File

Christine Farrelly
Executive Director
Maryland State Board of Physicians

NOTICE OF OPPORTUNITY TO CHALLENGE ORDER

The Respondent may challenge this Order by filing a written opposition within **30 days** of its issuance. The Respondent also has a right to a hearing to challenge this Order, but, to obtain a hearing the Respondent must request a hearing and file a written opposition within **30 days** of the issuance of this Order. See COMAR 10.32.02.11E. The written opposition and/or request for a hearing shall be made to: Christine A. Farrelly, Executive Director, Maryland State Board of Physicians, 4201 Patterson Avenue, Baltimore, Maryland 21215, with a copy mailed to Michael Brown, Assistant Attorney General, Health Occupations Prosecution and Litigation Division, Office of the Attorney General, 300 West Preston Street, Suite 201, Baltimore, Maryland 21201. If the Respondent files a written opposition, the Board will consider that opposition and will provide a hearing, if a hearing is also requested. If the Respondent does not file a timely written opposition and/or

timely request for hearing, the Respondent waives the right to challenge this initial Cease and Desist Order, and this Cease and Desist Order will remain in effect.