

IN THE MATTER OF  
HOOMAN AZMI, M.D.

Respondent

License Number: D71076

\* BEFORE THE  
\* MARYLAND STATE  
\* BOARD OF PHYSICIANS  
\* Case Number: 2220-0276 B

\* \* \* \* \*

**CONSENT ORDER**

On July 28, 2021, Disciplinary Panel B (“Panel B”) of the Maryland State Board of Physicians (the “Board”) charged **HOOMAN AZMI, M.D.** (the “Respondent”), License Number D71076, under the Maryland Medical Practice Act (the “Act”), Md. Code Ann., Health Occ. §§ 14-101 *et seq.* (2014 Repl. Vol. & 2020 Supp.).

Panel B charged the Respondent with violating the following provisions of the Act:

**§ 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; [and]

...

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

On October 20, 2021, Panel B was convened as a Disciplinary Committee for Case Resolution (“DCCR”) in this matter. Based on the 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**

1. At all times relevant to these charges, the Respondent was and is licensed to practice medicine in the State of Maryland. The Respondent was initially licensed to practice medicine in Maryland on June 29, 2010, under License Number D71076. His license is active through September 30, 2022.

2. The Respondent is board-certified in internal medicine.

3. The Respondent owns and operates a medical practice (the “Practice”) with an office location in Rockville, Maryland.

#### **II. THE COMPLAINT**

4. On or about May 13, 2020, the Board received a complaint (the “Complaint”) dated May 6, 2020, from the father of a patient of the Respondent (the “Complainant”).<sup>1</sup> The Complainant alleged that the Respondent was engaging in improper prescribing practices with his drug-addicted son.

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<sup>1</sup> To maintain confidentiality, the names of individuals and health care facilities will not be identified in this document.

### **III. BOARD INVESTIGATION**

5. The Board opened an investigation into the Complaint. In furtherance of the investigation, the Board notified the Respondent of its investigation, provided the Respondent with the Complaint, directed the Respondent to submit a written response to the Complaint and subpoenaed a series of patient records. The Board also obtained a peer review of the Respondent's practice and conducted an under-oath interview with the Respondent.

#### **Patient Records**

6. By letter dated August 18, 2020, the Board notified the Respondent that it had initiated an investigation of the Complaint, provided him a copy of the Complaint and directed him to provide a written response to the allegations raised in the Complaint. The Board also issued him a subpoena for the medical records of ten (10) specific patients (Patients 1-10).

7. On or about August 31, 2020, the Board received the medical records of Patients 1-10 and the Respondent's written response.

#### **The Respondent's Written Response**

8. In the Respondent's written response to the Board, the Respondent stated:

[The Practice] [does] not do pain management with narcotics...but if our drug dependent patients need narcotics, we do it ourselves and we do not refer them to pain management.

#### **Peer Review**

9. In furtherance of its investigation, the Board submitted the medical records of Patients 1-10 to a peer review entity to determine if the Respondent complied with appropriate standards for the delivery of quality medical care and kept adequate medical

records. Two peer reviewers, each board-certified in addiction medicine, independently reviewed the materials and submitted their reports to the Board.

10. In their reports the two physician peer reviewers concurred that the Respondent failed to meet appropriate standards for the delivery of quality medical care for all ten (10) patients.

11. Specifically, the peer reviewers found that for all ten (10) patients, the Respondent failed to meet the standard of quality medical care regarding the management of patients with substance abuse disorders for reasons including but not limited to the following four (4) main areas:

i. The Respondent failed to address urine drug screen results that indicated that patients were not taking prescribed drugs (Patients 1-10).

ii. The Respondent failed to address urine drug screen results that indicated that patients used illicit and/or non-prescribed drugs (Patients 1-10). For example, and not in limitation:

- a. The Respondent continued to prescribe Suboxone for Patient 3 despite urine drug screens that were positive for fentanyl.
- b. The Respondent prescribed Patient 6 high doses of Adderall and benzodiazepines despite urine drug screens that were positive for cocaine and opioids.

iii. The Respondent improperly prescribed Adderall and/or benzodiazepines for patients taking Suboxone, increasing the risk of overdose and relapse (Patients 1-10).

iv. The Respondent inappropriately prescribed and/or managed methadone (Patients 4, 5, 8 and 9). For example, and not in limitation:

- a. The Respondent encouraged Patient 4, who had been prescribed methadone through a methadone program, to decrease his methadone and switch to Suboxone with no

indication. Patient 4 relapsed on fentanyl and continued to relapse after the Respondent decreased the methadone.

- b. The Respondent inappropriately prescribed methadone to Patients 8 and 9, who were opioid-dependent and experiencing pain, instead of referring them to pain management in a timely manner.

12. The peer reviewers also independently concluded that the Respondent failed to keep adequate medical records for all ten (10) patients.

13. The peer reviewers found that the Respondent's medical records were consistently incomplete, lacking documentation of the subjective, objective, assessment and/or plan, making them unclear and difficult to follow with only updated interval histories.

#### **The Respondent's Interview**

14. On December 1, 2020, Board staff interviewed the Respondent under oath, during which the Respondent stated that at the Practice he "see[s] everything" and "do[es] everything."

15. Regarding the Respondent's prescribing practices for his patients with drug addictions, the Respondent stated he prescribes Adderall for cocaine abuse and does not "push them" to go to rehab because of COVID.

16. Regarding the Respondent's benzodiazepine prescribing, the Respondent stated:

[T]he guidelines tell you you should not give benzodiazepine. But...all of them they take benzodiazepine, and they go buy it from the street (*sic*).

## CONCLUSIONS OF LAW

Based on the Findings of Fact, Disciplinary B of the Board concludes as a matter of law that the Respondent failed to meet the appropriate standards for the delivery of quality medical care, in violation of Health Occ. § 14-404(a)(22) and failed to keep adequate medical records, in violation of Health Occ. § 14-404(a)(40).

### ORDER

It is thus by Disciplinary Panel B of the Board, hereby:

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

**ORDERED** that the Respondent shall **PERMANENTLY CEASE** treating addiction; and it is further

**ORDERED** that the Respondent shall **PERMANENTLY CEASE** prescribing and dispensing Methadone and Suboxone; and it is further

**ORDERED** that the Respondent agrees that the CDS Registration issued by the Office of Controlled Substances Administration will be restricted to the same categories of CDS or Opioids as limited by this Order; and it is further

**ORDERED** that any Delegation Agreement to which the Respondent is subject shall be modified to prohibit the Respondent from supervising Physician Assistants in their prescribing of opioids as limited by this Order; and it is further

**ORDERED** that the prohibition on prescribing and dispensing goes into effect **NINETY** calendar days after the effective date of this Consent Order; and it is further

**ORDERED** that the Respondent is placed on **PROBATION** for a **minimum of TWO (2) years**.<sup>2</sup> During probation, the Respondent shall comply with the following terms and conditions of probation:

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

1. Within **SIX (6) MONTHS**, the Respondent is required to take and successfully complete a course in recordkeeping and prescribing of opioids, benzodiazepines and stimulants, including Adderall. The following terms apply:

(a) it is the Respondent's responsibility to locate, enroll in and obtain the disciplinary panel's approval of the course before the course is begun;

(b) the Respondent must provide documentation to the disciplinary panel that the Respondent has successfully completed the course;

(c) the course may not be used to fulfill the continuing medical education credits required for license renewal;

(d) the Respondent is responsible for the cost of the course.

2. After successful completion of the courses, the Respondent shall be subject to supervision for a minimum of one (1) year<sup>3</sup> by a disciplinary panel-approved supervisor who is board-certified in internal medicine as follows:

(a) within **30 CALENDAR DAYS** of the effective date of this Consent Order, 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 calendar days from the effective date of the order, the Respondent's license shall be automatically suspended from the 31<sup>st</sup> day until the Respondent provides the name and background of a supervisor;

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<sup>3</sup> 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, 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 30<sup>th</sup> day after the supervisor has ceased to provide supervision and until the Respondent has submitted the name and professional background, and written notice of confirmation, from a proposed replacement supervisor to the disciplinary panel;

(i) it shall be the Respondent's responsibility to ensure that the supervisor:

(1) reviews the records of 10 patients each month, such patient records to be chosen by the supervisor and not the Respondent;

(2) 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;

(3) be available to the Respondent for consultations on any patient;

(4) maintains the confidentiality of all medical records and patient information;

(5) 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

(6) 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.

3. 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.

**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, after the Respondent has complied with all terms and conditions or probation, after 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 Respondent's probation may be administratively terminated 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 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 the Respondent is responsible for all costs incurred in fulfilling the terms and conditions of this 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 this Consent Order is a public document. *See* Health Occ. §§ 1-607, 14-411.1(b)(2) and Gen. Prov. § 4-333(b)(6); and it is further

11/19/2021

Date

*Signature on File*

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

**CONSENT**

I, Hooman Azmi, 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.

11/11/2021

Date

***Signature on File***

Hooman Azmi, M.D.

Respondent

**NOTARY**

STATE OF District of Columbia

CITY/COUNTY OF \_\_\_\_\_

I HEREBY CERTIFY that on this 11<sup>th</sup> day of November, 2021, before me, a Notary Public of the foregoing State and City/County, did personally appear Hooman Azmi, M.D., and made oath in due form of law that signing the foregoing Consent Order was his voluntary act and deed.

AS WITNESSTH my hand and seal.

*Jennifer Thompson*  
Notary Public

My commission expires: 1/14/2022

