BEFORE THE VIRGINIA BOARD OF MEDICINE

IN RE: NAZIR AHMAD CHAUDHARY, M.D.
License Number: 0101-027959
Case Number: 178727

ORDER

JURISDICTION AND PROCEDURAL HISTORY

Pursuant to Virginia Code §§ 2.2-4019 and 54.1-2400(10), a Special Conference Committee of the Virginia Board of Medicine ("Board") held an informal conference on April 11, 2019, in Henrico County, Virginia, to inquire into evidence that Nazir Ahmad Chaudhary, M.D., may have violated certain laws and regulations governing the practice of medicine in the Commonwealth of Virginia.

Nazir Ahmad Chaudhary, M.D. appeared at this proceeding and was represented by Howard P. Estes, Jr., Esquire.

Upon consideration of the evidence, the Committee adopts the following Findings of Fact and Conclusions of Law and issues the Order contained herein.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. Nazir Ahmad Chaudhary, M.D., was issued License Number 0101-027959 to practice medicine and surgery on February 1, 1977, which is scheduled to expire on June 30, 2020. At all times relevant to the findings contained herein, said license was current and active.

2. Dr. Chaudhary violated Virginia Code § 54.1-2915(A)(3) in the care and treatment of Patient A, a 22-year-old female, beginning in 2010, for diagnoses of narcotic abuse/opioid dependence and depression. Specifically:

   a. On or about November 17, 2010, Dr. Chaudhary began medication-assisted treatment by prescribing buprenorphine (C-III) to Patient A for her reported abuse of oxycodone,
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Percocet, and Vicodin (hydrocodone). However, prior to such prescribing Dr. Chaudhary did not document his review of the patient’s Prescription Monitoring Program ("PMP") data or order an initial drug screen. Further, during the course of Patient A’s treatment -- which included prescribing buprenorphine for more than six years -- Dr. Chaudhary did not regularly document checking her PMP, order random pill counts, or routinely order random drug screens on dates other than when she presented for regular office visits. Had Dr. Chaudhary carefully reviewed Patient A’s PMP on a regular basis, he could have discovered that she obtained prescription pain medication on at least five occasions in a 13-month period, as follows: #20 hydrocodone 7.5mg on 3/17/15, #6 hydrocodone 7.5mg on 4/1/15, #15 hydrocodone 5mg on 7/4/15, #20 oxycodone 5mg on 3/22/16, and #20 hydrocodone on 4/19/16.

b. Dr. Chaudhary stated to the Committee that he did not have computer access at all of his office locations, so he would call his staff and ask them to pull the PMP. He stated that when he saw a PMP entry that was questionable, he would discuss it with the patient and document the patient’s explanation (for example, when Patient A was prescribed hydrocodone subsequent to being injured in a car accident). Dr. Chaudhary said that now he asks his staff to print out the PMP, rather than review it on the screen. Dr. Chaudhary acknowledged that in the past he had not reviewed PMPs at every office visit, nor had he documented every time that he had reviewed a patient’s PMP, but he stated that since March 2017 he has been pulling PMPs “much more regularly.”

c. On multiple occasions beginning in August 2016 (two months after Patient A reportedly stopped breastfeeding her youngest child), Dr. Chaudhary prescribed Subutex (buprenorphine mono-product) rather than Suboxone (buprenorphine with naloxone) based on Patient A’s unconfirmed report of experiencing side effects (headache) from Suboxone. In fact, Patient A had been prescribed Suboxone from the beginning of her treatment in November 2010 through January
2012 (before her second pregnancy) and from approximately May 2013 to May 2014 (prior to her third pregnancy) without documented side effects. Dr. Chaudhary stated to the Committee that this patient preferred Subutex due to a claimed history of side effects and cost concerns, but that he now follows the Board’s recently enacted regulations governing the prescribing of buprenorphine to determine the appropriateness of prescribing the mono-product to his patients.

d. During the course of her treatment, when Patient A presented for office visits earlier than the recommended monthly schedule, Dr. Chaudhary provided her with early prescriptions, enabling the patient to obtain extra buprenorphine. For example, a review of her PMP indicates that between February 26, 2016 and December 12, 2016 (less than 10 months), Patient A obtained approximately 1,080 dosage units, a 12-month supply. Dr. Chaudhary stated to the Committee that there are differences in prescription written and fill dates for the actual amount of pills dispensed, and he provided a chart that clarified the actual amounts dispensed, which he said differed from the information reported in the PMP. Dr. Chaudhary also stated that although he did not document doing so, he sometimes included “do not fill until” dates on written prescriptions.

e. On multiple occasions, Dr. Chaudhary failed to appropriately respond to evidence that Patient A was using/abusing addictive substances, and he continued to prescribe buprenorphine (Subutex or Suboxone) to her despite the following information:

- Progress notes from June 8, 2012, state that that patient reported “taking extra dose of Suboxone at times.” In response, Dr. Chaudhary increased her prescription from #90 Subutex per month to #100. At the time, Patient A was approximately 7 months pregnant. Dr. Chaudhary explained to the Committee that he only increased the patient’s dose around her due date because he did not want her to go through withdrawal during delivery of her baby.

- A urine drug screen (“UDS”) collected on September 12, 2012 (approximately three weeks after Patient A’s second child was born) was positive for alcohol/ethanol, hydrocodone, hydromorphone, oxycodone and oxymorphone. Progress notes from that date state that Patient A had a C-section “and had some meds then.” At the following office visit, on October 1, 2012, Dr. Chaudhary noted that Patient A denied using
alcohol or benzodiazepines, but admitted to taking opiates following her C-section. Dr. Chaudhary explained to the Committee that he believed the urine screen results were related to the patient’s C-section, because she had received prescribed narcotics at that time.

- A UDS collected on October 1, 2012 (approximately 5 to 6 weeks after Patient A had the C-section) was positive for hydrocodone, hydromorphone, and oxymorphone. Although this was Patient A’s second inconsistent test within a 30-day period, Dr. Chaudhary continued to provide regular prescriptions for Subutex, and did not order another drug test until December 10, 2012. Dr. Chaudhary stated to the Committee that he also attributed the results from this inconsistent urine screen to the patient’s C-section, and he noted that the lab results showed that the amount of drugs present in her system were decreasing.

- A UDS collected on January 25, 2013 was positive for oxycodone and oxymorphone. This was Patient A’s third inconsistent test within four months, yet Dr. Chaudhary continued to provide regular prescriptions for buprenorphine and did not order another drug test until April 8, 2013.

- A UDS collected on October 15, 2014 was positive for tramadol. Progress notes from that day and from the patient’s following office visit (on November 3, 2014) did not include any reports of her taking pain medication. At the patient’s November 26, 2014 appointment, Dr. Chaudhary noted, “Pt needs to get tooth pulled. She takes tramadol on + off.” Dr. Chaudhary did not note counseling the patient or confirming whether she had a prescription for tramadol.

- A UDS collected on March 20, 2015 was positive for hydrocodone, hydromorphone, oxycodone, and oxymorphone, as well as prescribed buprenorphine. A handwritten note on the test results states this was related to an auto accident and Dr. Chaudhary “was aware of it.” Of note, the only mention of an auto accident occurred in progress notes from three months before, on December 24, 2014, where Dr. Chaudhary noted that Patient A broke a tooth and her right forearm in the accident, but that “Pt is not taking Narcotics.”

- Progress notes from September 21, 2015 state that the patient reported taking hydrocodone relating to surgery on her right forearm. The note further states, “Pt advised to bring Rx bottle,” but progress notes from the following office visit, on October 19, 2015, do not mention anything about the issue, and Dr. Chaudhary did not order a urine screen for approximately three months (until December 9, 2015).

- A UDS collected on February 22, 2016 was positive for hydrocodone and hydromorphone as well as prescribed buprenorphine. A handwritten note on the results says “got tooth filled.” At the patient’s next office visit, on March 21, 2016, Dr. Chaudhary noted, “Pt is positive for Lortab… Pt will be discharged from care if she will be positive in future with Rx narcotics.”
• A UDS collected on August 12, 2016 was positive for amphetamine. At the patient’s next office visit, on August 29, 2016, Dr. Chaudhary noted that “Pt claims she isn’t sure was taking son’s meds (adderall) by mistake and she could not figure out why she was so active.”

3. Dr. Chaudhary violated Virginia Code § 54.1-2915(A)(3) the care and treatment of Patient B, a 25-year-old female, beginning in or about June 2013, for a diagnosis of drug dependence (Roxicodone). Specifically:

a. On or about June 4, 2013, Dr. Chaudhary began medication-assisted treatment by prescribing buprenorphine to Patient B without first reviewing her PMP, requesting or obtaining substance-abuse treatment records from prior drug rehabilitations/hospitalizations that she reported to him, or ordering a drug screen. Further, during the course of her treatment, which continued through early 2017, Dr. Chaudhary did not document checking Patient B’s PMP regularly, order random pill counts, or order random drug screens on dates other than when she presented for regular office visits. Dr. Chaudhary explained to the Committee that this patient was from Danville, so that at the beginning of treatment he had to contact his other office and request that his staff check the PMP for him. Dr. Chaudhary also stated that he did not perform an initial drug screen at each patient’s first visit because the patients he treated for addiction were likely to be positive for “everything,” as they often reported abusing multiple narcotics.

b. Patient B’s chart indicates that while Dr. Chaudhary was prescribing Subutex he generally saw her for office visits every three months, and he did not require her to attend substance-abuse support groups or other counseling between appointments with him. Additionally, after Patient B was hospitalized under temporary detention orders from September 21-23, 2016 (for substance-induced psychosis and making suicidal statements) and October 10-13, 2016 (for hallucinations and suicidal ideation following overuse of prescribed medication), Dr. Chaudhary did not require her to present to him for re-evaluation until January 24, 2017. Further, at the January 2017 appointment Dr.
Chaudhary did not alter Patient B’s treatment, merely prescribing Subutex and clonazepam at the same doses as before, and providing her with prescriptions for three months’ worth of Subutex. Dr. Chaudhary told the Committee when he was closing his Danville office in 2013, he provided those patients with information on other Suboxone providers in the area, but some patients, like Patient B, were not able to find other care providers so he continued to treat them in his Richmond office. He explained that some of the gaps in seeing Patient B for office visits were also attributable to her being hospitalized at St. Mary’s Hospital in Richmond and Danville Regional Medical Center.

c. On multiple occasions, Dr. Chaudhary failed to appropriately respond to evidence that Patient B was using or abusing addictive substances, and he continued to prescribe buprenorphine and clonazepam to her regularly, despite the following information:

- At an office visit on November 4, 2014, Patient B reported having a relapse and using cocaine twice a week for about a month. Dr. Chaudhary ordered a urine drug screen that day, but prior to receiving the results he provided Patient B with prescriptions for three months’ worth of buprenorphine and clonazepam. Moreover, despite his knowledge of this relapse, Dr. Chaudhary did not require the patient to return to see him or to be drug tested again until her next regular appointment in three months (February 10, 2015).

- At an office visit on June 14, 2016, Patient B reported that another physician had prescribed Adderall (amphetamine/dextroamphetamine, C-II) but she “has not gone for refills.” Dr. Chaudhary did not document consulting with the other physician or counseling Patient B that Adderall is contraindicated in individuals with a history of drug abuse. Additionally, Dr. Chaudhary likely did not check Patient B’s PMP to confirm whether she had been prescribed Adderall, as no such prescription appears on her PMP in early to mid-2016.

- Records from the patient’s TDO hospitalization from September 21-23, 2016 indicate she had been “abusing Adderall” and was “possibly injecting subutex.” Dr. Chaudhary did not document taking any action in response to this information, although he was informed of Patient B’s TDO on the date of admission and the date of discharge.

- Discharge records from a TDO hospitalization from October 10-13, 2016 noted a positive test for amphetamines. Despite having this information, Dr. Chaudhary did not check Patient B’s PMP or follow up with her or the alleged prescribing physician regarding the Adderall prescription that patient had mentioned in June.
Urine drug screens ordered by Dr. Chaudhary returned aberrant results on multiple occasions, as follows:

- A UDS collected on November 4, 2014 was positive for cocaine and THC, in addition to prescribed buprenorphine and clonazepam.

- A UDS collected on February 10, 2015 was negative for prescribed clonazepam. Dr. Chaudhary stated to the Committee that Patient B likely had run out of medication because this appointment took place slightly more than three months after her last visit, and he had only given her prescriptions to last for three months.

- A UDS collected on March 29, 2016 was positive for lorazepam, which Patient B was not being prescribed.

- A UDS collected on January 24, 2017 was positive for alcohol metabolites.

Dr. Chaudhary explained to the Committee that Patient B was positive for illegal substances on only one occasion (i.e., cocaine and THC on November 4, 2014). Dr. Chaudhary stated that he was the only prescriber that appeared on her PMP when he checked it, so if Patient B tested positive for a medication that he was not prescribing, she would have obtained it on the street. Dr. Chaudhary said he continued the patient on Subutex and clonazepam because she had been discharged from the hospital on those medications and he did not want her to go through withdrawals.

4. Dr. Chaudhary violated Virginia Code §54.1-2915(A)(3) and (18) and 18 VAC 85-20-26(C) of the Regulations Governing the Practice of Medicine, in that his medical records are illegible and/or incomplete. Specifically, Dr. Chaudhary’s handwritten progress notes for Patients A and B, created between 2010 and early 2017, are extremely difficult to read or interpret. Additionally:


- The charts of Patients A and B do not include complete information on prescriptions issued at each office visit, including medication names, number of dosage units, dosing instructions, and number of refills authorized.
Dr. Chaudhary acknowledged before the Committee that his handwritten notes may be difficult for others to interpret, and he stated that approximately three months ago he retained a transcription service so that whenever progress notes and records are requested for release by another provider or patient, they are typed up by the service. He stated that to date he has only had two requests for records release from attorneys.

5. Dr. Chaudhary told the Committee that he had dismissed Patient B from his practice, but that he continues to treat Patient A and is in the process of tapering her buprenorphine dosage down from 8mg per day currently.

6. Dr. Chaudhary stated that he has been practicing in Virginia for more than 40 years and that he wants to help patients. When someone he is treating for substance abuse starts to go off the tracks, instead of letting them go totally off track, he tries to get them back on track rather than dismiss them immediately. He reported that Patient A is living independently and taking care of 3 children on her own; if he had discharged her when she tested positive for oxycodone and hydrocodone, he doesn’t know what condition she would be in now. Dr. Chaudhary stated that he now pulls PMPs more frequently and that he will document more complete information in his record regarding prescriptions issued at each office visit.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Medicine hereby ORDERS as follows:

1. Nazir Ahmad Chaudhary, M.D., is REPRIMANDED.

2. The license of Nazir Ahmad Chaudhary, M.D., is subject to the following TERMS and CONDITIONS:
a. Within six months of entry of this Order, Dr. Chaudhary shall provide written
proof satisfactory to the Board of successful completion of 15 hours of Board-approved continuing
education in medical record-keeping. Such course(s) shall be approved in advance of registration by
the Executive Director of the Board. Requests for approval must be received within 15 business days
prior to the course date. All continuing education hours shall be completed through face-to-face,
interactive sessions (i.e., no home study, journal, or Internet courses). Continuing education obtained
through compliance with this term shall not be used toward licensure renewal.

b. Within six months of entry of this Order, Dr. Chaudhary shall provide written
proof satisfactory to the Board of successful completion of 20 hours of Board-approved continuing
education in proper prescribing, including addiction medicine. Such course(s) shall be approved in
advance of registration by the Executive Director of the Board. Requests for approval must be
received within 15 business days prior to the course date. All continuing education hours shall be
completed through face-to-face, interactive sessions (i.e., no home study, journal, or Internet courses).
Continuing education obtained through compliance with this term shall not be used toward licensure
renewal.

3. Upon receipt of evidence that Dr. Chaudhary has complied with the foregoing terms of
this Order, the Executive Director is authorized to close this matter, or refer it to a special conference
committee for review.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall
remain in the custody of the Department of Health Professions as a public record, and shall be made
available for public inspection and copying upon request.
FOR THE BOARD

Jennifer Deschenes, J.D., M.S.
Deputy Executive Director, Discipline
Virginia Board of Medicine

ENTERED: 4/16/19

NOTICE OF RIGHT TO APPEAL

Pursuant to Virginia Code § 54.1-2400(10), Dr. Chaudhary may, not later than 5:00 p.m., on May 21, 2019, notify William L. Harp, M.D., Executive Director, Board of Medicine, 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233, in writing that he desires a formal administrative hearing before the Board. Upon the filing with the Executive Director of a request for the hearing, this Order shall be vacated. This Order shall become final on May 21, 2019, unless a request for a formal administrative hearing is received as described above.