STATE OF FLORIDA  
BOARD OF MEDICINE  

DEPARTMENT OF HEALTH,  

Petitioner,  

vs.  

DOH CASE NO.: 2014-19272  
LICENSE NO.: ME0035553  

RAMESH M. PATEL, M.D.,  

Respondent.  

__________________________/  

FINIAL ORDER  

THIS CAUSE came before the BOARD OF MEDICINE (Board) pursuant to Sections 120.569 and 120.57(4), Florida Statutes, on February 2, 2018, in Orlando, Florida, for the purpose of considering a Settlement Agreement (attached hereto as Exhibit A) entered into between the parties in this cause. Upon consideration of the Settlement Agreement, the documents submitted in support thereof, the arguments of the parties, and being otherwise full advised in the premises, the Board rejected the Settlement Agreement and offered a Counter Settlement Agreement which Respondent was given 7 days to accept. By email dated March 5, 2018, counsel for Respondent timely accepted the Board’s Counter Settlement Agreement on behalf of Respondent. The Counter Settlement Agreement incorporates the original Settlement Agreement with the following amendments:
1. The costs set forth in Paragraph 3 of the Stipulated Disposition shall be set at $10,945.68.

2. The requirement for the continuing medical education (CME) in Paragraph 4 of the Stipulated Disposition shall be deleted.

3. The requirement for a drug course as set forth in Paragraph 5 of the Stipulated Disposition shall be deleted.

4. The requirement for a medical records course as set forth in Paragraph 6 of the Stipulated Disposition shall be deleted.

5. The requirement for probation set forth in Paragraph 8 of the Stipulated Disposition shall be amended to require Respondent to remain on probation until such time as he personally appears before the Board with the Florida CARES evaluation and the Board determines the terms and conditions of practice based upon the recommendation of Florida CARES.

6. Within three (3) months of entry of the Final Order, Respondent shall undergo an evaluation by Florida CARES, or a board-approved equivalent evaluator, to determine competency to practice primary care, and Respondent shall personally appear before the Board (Probation Committee) with said evaluation and the evaluator’s recommendations. If the evaluator recommends that Respondent undergo further evaluation for an impairment issue, such evaluation must be done under the auspices of the
Professionals Resource Network (PRN). Upon review of the evaluation, the Board shall set forth terms of remediation and may impose additional terms and conditions on Respondent’s practice such as a period of probation with term and conditions to be set forth at such time.

7. Respondent’s license to practice medicine is restricted as follows:

(a) Respondent is permanently restricted from any ownership, operation or employment at a pain management clinic, as defined in Section 458.3265, Florida Statutes.

(b) Respondent is permanently restricted from treating any patients for chronic, non-malignant pain.

(c) Respondent is permanently restricted from prescribing any Schedule I through IV controlled substances and is prohibited from delegating the prescribing of such controlled substances to physician assistants (PAs) and advanced registered nurse practitioners (ARNPs).

IT IS HEREBY ORDERED AND ADJUDGED that the Settlement Agreement as submitted be and is hereby approved and adopted in toto and incorporated herein by reference with the amendments set forth above. Accordingly, the parties shall adhere to and abide by all the terms and conditions of the Settlement Agreement as amended.
This Final Order shall take effect upon being filed with the Clerk of the Department of Health.

DONE AND ORDERED this 12th day of March, 2018.

BOARD OF MEDICINE

Claudia Kemp, J.D., Executive Director
For Jorge J. Lopez, M.D., Chair

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been provided by U.S. Mail to RAMESH M. PATEL, M.D., 1901 N. Orange Avenue, Orlando, Florida 32804; to Jason D. Winn, Esquire, 119 E. Park Avenue, Suite 2-C, Tallahassee, Florida 32301; by email to Allison Dudley, Assistant General Counsel, Department of Health, at Allison.Dudley@flhealth.gov; and by email to Edward A. Tellechea, Chief Assistant Attorney General, at Ed.Tellechea@myfloridalegal.com this 13th day of March, 2018.

Amber Greene
Deputy Agency Clerk
MEMORANDUM

DATE: March 12, 2018

TO: Adrienne C. Rodgers, J.D. Bureau Chief
   Bureau of Health Care Practitioner Regulation

FROM: Claudia J. Kemp
   Executive Director, Board of Medicine

SUBJECT: Delegation of Authority

This is to advise you that while I am out of the office March 12, 2018 the following Program Operations Administrator is delegated to serve as Acting Executive Director for the Board of Medicine.

Crystal Sanford Program Operations Administrator (850) 245-4132

CK/rh
cc: Sylvia Sanders
    Staff, Board of Medicine
    Board and Council Chairs
SETTLEMENT AGREEMENT

Ramesh M. Patel, M.D., referred to as the "Respondent," and the Department of Health, referred to as "Department," stipulate and agree to the following Agreement and to the entry of a Final Order of the Board of Medicine, referred to as "Board," incorporating the Stipulated Facts and Stipulated Disposition in this matter.

Petitioner is the state agency charged with regulating the practice of medicine pursuant to Section 20.43, Florida Statutes, and Chapter 456, Florida Statutes, and Chapter 458, Florida Statutes.

STIPULATED FACTS

1. At all times material hereto, Respondent was a licensed physician in the State of Florida having been issued license number ME 35553.

2. The Department charged Respondent with an Administrative Complaint that was filed and properly served upon Respondent alleging violations of Chapter 458, Florida
Statutes, and the rules adopted pursuant thereto. A true and correct copy of the Administrative Complaint is attached hereto as Exhibit A.

3. For purposes of these proceedings, Respondent neither admits nor denies the allegations of fact contained in the Administrative Complaint.

**STIPULATED CONCLUSIONS OF LAW**

1. Respondent admits that, in his capacity as a licensed physician, he is subject to the provisions of Chapters 456 and 458, Florida Statutes, and the jurisdiction of the Department and the Board.

2. Respondent admits that the facts alleged in the Administrative Complaint, if proven, would constitute violations of Chapter 458, Florida Statutes.

3. Respondent agrees that the Stipulated Disposition in this case is fair, appropriate and acceptable to Respondent.

**STIPULATED DISPOSITION**

1. **Reprimand** - The Board shall issue a Reprimand against Respondent's license.

2. **Fine** - The Board shall impose an administrative fine of *Ten Thousand Dollars* ($10,000.00) against Respondent's license which Respondent shall pay to: Payments, Department of Health, Compliance Management Unit, Bin C-76, P.O. Box 6320, Tallahassee, FL 32314-6320, within ninety (90) days from the date of filing of the Final Order accepting this Agreement ("Final Order"). **All fines shall be paid by cashier's check or money order.** Any change in the terms of payment of any fine imposed by
the Board must be approved in advance by the Probation Committee of the Board.

RESPONDENT ACKNOWLEDGES THAT THE TIMELY PAYMENT OF THE FINE IS HIS LEGAL OBLIGATION AND RESPONSIBILITY AND RESPONDENT AGREES TO CEASE PRACTICING IF THE FINE IS NOT PAID AS AGREED IN THIS SETTLEMENT AGREEMENT. SPECIFICALLY, IF RESPONDENT HAS NOT RECEIVED WRITTEN CONFIRMATION WITHIN 45 DAYS OF THE DATE OF FILING OF THE FINAL ORDER THAT THE FULL AMOUNT OF THE FINE HAS BEEN RECEIVED BY THE BOARD OFFICE, RESPONDENT AGREES TO CEASE PRACTICE UNTIL RESPONDENT RECEIVES SUCH WRITTEN CONFIRMATION FROM THE BOARD.

3. Reimbursement of Costs - Pursuant to Section 456.072, Florida Statutes, Respondent agrees to pay the Department for the Department's costs incurred in the investigation and prosecution of this case ('Department costs'). Such costs exclude the costs of obtaining supervision or monitoring of the practice, the cost of quality assurance reviews, any other costs Respondent incurs to comply with the Final Order, and the Board's administrative costs directly associated with Respondent's probation, if any. Respondent agrees that the amount of Department costs to be paid in this case is Ten Thousand Five Hundred Forty-Two Dollars and Twenty-Nine Cents ($10,542.29), but shall not exceed Twelve Thousand Five Hundred Forty-Two Dollars and Twenty-Nine Cents ($12,542.29). Respondent will pay such Department costs to: Payments, Department of Health, Compliance Management Unit,
Bin C-76, P.O. Box 6320, Tallahassee, FL 32314-6320, within ninety (90) days from the date of filing of the Final Order. All costs shall be paid by cashier's check or money order. Any change in the terms of payment of costs imposed by the Board must be approved in advance by the Probation Committee of the Board.

RESPONDENT ACKNOWLEDGES THAT THE TIMELY PAYMENT OF THE COSTS IS HIS LEGAL OBLIGATION AND RESPONSIBILITY AND RESPONDENT AGREES TO CEASE PRACTICING IF THE COSTS ARE NOT PAID AS AGREED IN THIS SETTLEMENT AGREEMENT. SPECIFICALLY, IF RESPONDENT HAS NOT RECEIVED WRITTEN CONFIRMATION WITHIN 45 DAYS OF THE DATE OF FILING OF THE FINAL ORDER THAT THE FULL AMOUNT OF THE COSTS NOTED ABOVE HAS BEEN RECEIVED BY THE BOARD OFFICE, RESPONDENT AGREES TO CEASE PRACTICE UNTIL RESPONDENT RECEIVES SUCH WRITTEN CONFIRMATION FROM THE BOARD.

4. Continuing Medical Education - Respondent shall document completion of five (5) hours of Continuing Medical Education (CME) in pain management within one (1) year from the date the Final Order is filed.

5. Drug Course - Respondent shall document completion of a Board-approved drug prescribing course within one (1) year from the date the Final Order is filed.

6. Records Course – Respondent shall document completion of a Board-approved medical records course within one (1) year from the date the Final Order is filed.
7. **Continuing Medical Education – "Risk Management"** – Respondent shall complete this requirement and document such completion within one (1) year from the date the Final Order is filed. **Respondent shall satisfy this requirement in one of the two following ways:**

(a) Respondent shall complete five (5) hours of CME in "Risk Management" after first obtaining written advance approval from the Board’s Probation Committee of such proposed course, and shall submit documentation of such completion, in the form of certified copies of the receipts, vouchers, certificates, or other official proof of completion, to the Board’s Probation Committee; or

(b) Respondent shall complete (5) five hours of CME in risk management by attending one full day or eight (8) hours, whichever is more, of disciplinary hearings at a regular meeting of the Board of Medicine. In order to receive such credit, Respondent must sign in with the Executive Director of the Board before the meeting day begins, Respondent must remain in continuous attendance during the full day or eight (8) hours of disciplinary hearings, whichever is more, and Respondent must sign out with the Executive Director of the Board at the end of the meeting day or at such other earlier time as affirmatively authorized by the Board. Respondent may not receive CME credit in risk management for attending the disciplinary hearings portion of a Board meeting unless the Respondent is attending the disciplinary hearings portion for the sole purpose of obtaining the CME credit in risk management. In other words, Respondent may not receive such credit if appearing at the Board meeting for any other purpose, such as pending action against Respondent’s medical license.
8. **Probation Language** - Effective on the date of the filing of the Final Order, Respondent’s license to practice medicine shall be placed on probation for a period of one (1) year. The purpose of probation is not to prevent Respondent from practicing medicine. Rather, probation is a supervised educational experience designed by the Board to make Respondent aware of certain obligations to Respondent’s patients and the profession and to ensure Respondent’s continued compliance with the high standards of the profession through interaction with another physician in the appropriate field of expertise. To this end, during the period of probation, Respondent shall comply with the obligations and restrictions set forth in this Paragraph.

   (a) **Indirect Supervision** - Respondent shall practice only under the indirect supervision of a Board-approved physician, hereinafter referred to as the "Monitor," whose responsibilities are set by the Board. Indirect supervision does not require that the Monitor practice on the same premises as Respondent; however, the Monitor shall practice within a reasonable geographic proximity to Respondent, which shall be within 20 miles unless otherwise provided by the Board, and shall be readily available for consultation. The Monitor shall be Board Certified, and actively engaged, in Respondent’s specialty area unless otherwise provided by the Board. Respondent shall allow the Monitor access to Respondent’s medical records, calendar, patient logs or other documents necessary for the Monitor to perform the duties set forth in this Paragraph.

   (b) **Restriction** - Respondent shall not practice medicine without an approved Monitor/Supervisor, as specified in this Agreement, unless otherwise ordered by the Board.
(c) Eligibility of Monitor/Supervisor - The Monitor/Supervisor must be a licensee under Chapter 458, Florida Statutes, in good standing and without restriction or limitation on his/her license. In addition, the Board may reject any proposed Monitor/Supervisor on the basis that he has previously been subject to any disciplinary action against his medical license in this or any other jurisdiction, is currently under investigation, or is the subject of a pending disciplinary action. The Board may also reject any proposed Monitor/Supervisor for good cause shown.

(d) Temporary Approval Of Monitor/Supervisor - The Board confers authority on the Chairman of the Probation Committee to temporarily approve Respondent's Monitor/Supervisor. To obtain temporary approval, Respondent shall submit to the Chairman of the Probation Committee the name and curriculum vitae of the proposed monitor/supervisor at the time this agreement is considered by the Board. Once a Final Order adopting the Agreement is filed, Respondent shall not practice medicine without an approved Monitor/Supervisor. Temporary approval shall only remain in effect until the next meeting of the Probation Committee.

(e) Formal Approval Of Monitor/Supervisor - Prior to the consideration of the Monitor/Supervisor by the Probation Committee, Respondent shall provide a copy of the Administrative Complaint and Final Order in this case to the Monitor/Supervisor. Respondent shall submit a copy of the proposed Monitor/Supervisor's current curriculum vita and a description of his current practice to the Board office no later than fourteen (14) days before Respondent's first scheduled probation appearance. Respondent shall
ensure that the Monitor/Supervisor is present with Respondent at Respondent’s first appearance before the Probation Committee. **It shall be Respondent’s responsibility to ensure the appearance of the Monitor/Supervisor as directed.** If the Monitor/Supervisor fails to appear as required, this shall constitute a violation of this Settlement Agreement and shall subject Respondent to disciplinary action.

(f) **Change In Monitor/Supervisor** - In the event that the Monitor/Supervisor is unable or unwilling to fulfill the responsibilities of a Monitor/Supervisor as described above, Respondent shall immediately advise the Probation Committee of this fact and submit the name of a temporary Monitor/Supervisor for consideration. **Respondent shall not practice pending approval of the temporary Monitor/Supervisor by the Chairman of the Probation Committee.** Furthermore, Respondent shall make arrangements with his temporary Monitor/Supervisor to appear before the Probation Committee at its next regularly scheduled meeting. Respondent shall only practice under the auspices of the temporary Monitor/Supervisor (after approval by the Chairman) until the next regularly scheduled meeting of the Probation Committee at which the formal approval of Respondent’s new Monitor/Supervisor shall be addressed.

(g) **Responsibilities of Respondent** - In addition to the other responsibilities set forth in this Agreement, Respondent shall be solely responsible for ensuring that:

(1) **The Monitor/Supervisor submits tri-annual reports as required by this Agreement or directed by the Board;**
(2) Respondent submits tri-annual reports as required by this Agreement or directed by the Board;

(3) The Monitor/Supervisor appears before the Probation Committee as required by this Agreement or directed by the Board; and

(4) Respondent appears before the Probation Committee as required by this Agreement or directed by the Board.

(5) Respondent shall pay all costs associated with probation.

**Respondent understands and agrees that if either the approved Monitor/Supervisor or the Respondent fails to appear before the Probation Committee as required, Respondent shall immediately cease practicing medicine until such time as both the approved Monitor/Supervisor (or approved alternate) and the Respondent appear before the Probation Committee.**

(h) **Responsibilities of the Monitor/Supervisor** - The Monitor/Supervisor shall:

(1) Review twenty-five (25) percent of Respondent's active patient records, for patients being treated for pain management, at least once every quarter for the purpose of ascertaining whether Respondent is appropriately evaluating and providing proper treatment. The Monitor shall go to Respondent's office once every quarter and shall review Respondent's calendar or patient log and shall select the records to be reviewed.
(2) Consult with Respondent on all cases involving pain management.

(3) Maintain contact with Respondent on a frequency of at least once per month. In the event that Respondent does not timely contact the Monitor, the Monitor shall immediately report this fact in writing to the Probation Committee.

(4) Submit reports to the Probation Committee on a tri-annual basis, in affidavit form, which shall include:

a. A brief statement of why Respondent is on probation;

b. A description of Respondent's practice (type and composition);

c. A statement addressing Respondent's compliance with the terms of probation;

d. A brief description of the Monitor/Supervisor's relationship with Respondent;

e. A statement advising the Probation Committee of any problems that have arisen; and

f. A summary of the dates the Monitor/Supervisor went to Respondent's office, the number of records reviewed, the overall quality of the records reviewed, and the dates Respondent contacted the Monitor/Supervisor pursuant to Subparagraph (i)(4), above.

(5) Report immediately to the Board any violations by Respondent of Chapters 456 or 458, Florida Statutes, and the rules promulgated thereto.

(i) **Respondent’s Required Appearance Before Probation Committee** - Respondent shall appear before the Probation Committee at the first meeting of said
Committee following commencement of the probation, at the last meeting of the Committee preceding scheduled termination of the probation, and at such other times as directed by the Committee. Respondent shall be noticed by the Board staff of the date, time and place of the Committee meeting at which Respondent's appearance is required. Failure of Respondent to appear as directed, and/or failure of Respondent to comply with any of the terms of this Agreement, shall be considered a violation of the terms of this Agreement, and shall subject Respondent to disciplinary action.

(j) Monitor/Supervisor's Required Appearance - Respondent's Monitor/Supervisor shall appear before the Probation Committee at the first meeting of said Committee following commencement of the probation, and at such other times as directed by the Committee. It shall be Respondent's responsibility to ensure the appearance of Respondent's monitor to appear as directed. If the approved Monitor/Supervisor fails to appear as directed by the Probation Committee, Respondent shall immediately cease practicing medicine until such time as the approved Monitor/Supervisor or alternate approved monitor appears before the Probation Committee.

(k) Reporting by Respondent - Respondent shall submit tri-annual reports, in affidavit form, the contents of which may be further specified by the Board, but which shall include:

(1) A brief statement of why Respondent is on probation;

(2) A description of practice location;
(3) A description of current practice (type and composition);

(4) A brief statement of compliance with probationary terms;

(5) A description of the relationship with the Monitor/Supervisor;

(6) A statement advising the Board of any problems that have arisen; and

(7) A statement addressing compliance with any restrictions or requirements imposed.

(I) Tolling Provisions - In the event Respondent physically leaves the State of Florida for a period of thirty (30) days or more or otherwise does not engage full-time in the active practice of medicine in the State of Florida, then certain provisions of Respondent's probation (and only those provisions of the probation) shall be tolled as enumerated below and shall remain in a tolled status until Respondent returns to active practice in the State of Florida:

(1) The time period of probation shall be tolled;

(2) The provisions regarding direct and indirect supervision and required reports from the monitor/supervisor shall be tolled;

(3) The provisions regarding preparation of investigative reports detailing compliance with this Settlement Agreement shall be tolled; and

(4) Any provisions regarding community service shall be tolled.

(m) Active Practice - In the event that Respondent leaves the active practice of medicine for a period of one year or more, the Board may require Respondent: 
to appear before the Board and demonstrate his ability to practice medicine with skill and safety to patients prior to resuming the practice of medicine in this State.

(n) **Supervision of Physician Assistants and/or Anesthesiologist Assistants** - Respondent is required to notify, in writing, any physician assistant and/or anesthesiologist assistant whom the Probationer supervises, of Respondent’s probationary status. A copy of said written notification(s) shall be submitted to the Board’s Compliance Officer within ten (10) days of the filing of the Final Order.

**STANDARD PROVISIONS**

1. **Appearance** - Respondent is required to appear before the Board at the meeting of the Board where this Agreement is considered.

2. **No Force or Effect until Final Order** - It is expressly understood that this Agreement is subject to the approval of the Board and the Department. In this regard, the foregoing paragraphs (and only the foregoing paragraphs) shall have no force and effect unless the Board enters a Final Order incorporating the terms of this Agreement.

3. **Continuing Medical Education** - Unless otherwise provided in this Agreement Respondent shall first submit a written request to the Probation Committee for approval prior to performance of said CME course(s). Respondent shall submit documentation to the Board’s Probation Committee of having completed a CME course in the form of certified copies of the receipts, vouchers, certificates, or other papers, such as physician’s recognition awards, documenting completion of this medical course within one (1) year of the filing of the Final Order in this matter. All such documentation shall...
be sent to the Board's Probation Committee, regardless of whether some or any of such documentation was provided previously during the course of any audit or discussion with counsel for the Department. CME hours required by this Agreement shall be in addition to those hours required for renewal of licensure. Unless otherwise approved by the Board's Probation Committee, such CME course(s) shall consist of a formal, live lecture format.

4. **Addresses** - Respondent must provide current residence and practice addresses to the Board. Respondent shall notify the Board in writing within fifteen (15) days of any changes of said addresses.

5. **Future Conduct** - In the future, Respondent shall not violate Chapter 456, 458 or 893, Florida Statutes, or the rules promulgated pursuant thereto, or any other state or federal law, rule, or regulation relating to the practice or the ability to practice medicine to include, but not limited to, all statutory requirements related to practitioner profile and licensure renewal updates. Prior to presentation of this Agreement to the Board, the Respondent shall read Chapters 456, 458 and 893 and the Rules of the Board of Medicine, at Chapter 64B8, Florida Administrative Code.

6. **Violation of Terms** - It is expressly understood that a violation of the terms of this Agreement shall be considered a violation of a Final Order of the Board, for which disciplinary action may be initiated pursuant to Chapters 456 and 458, Florida Statutes.

7. **Purpose of Agreement** - Respondent, for the purpose of avoiding further administrative action with respect to this cause, executes this Agreement. In this regard,
Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent prior to or in conjunction with consideration of the Agreement. Respondent agrees to support this Agreement at the time it is presented to the Board and shall offer no evidence, testimony or argument that disputes or contravenes any stipulated fact or conclusion of law. Furthermore, should this Agreement not be accepted by the Board, it is agreed that presentation to and consideration of this Agreement and other documents and matters by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation, consideration or resolution of these proceedings.

8. **No Preclusion Of Additional Proceedings** - Respondent and the Department fully understand that this Agreement and subsequent Final Order will in no way preclude additional proceedings by the Board and/or the Department against Respondent for acts or omissions not specifically set forth in the Administrative Complaint attached as Exhibit A.

9. **Waiver Of Attorney’s Fees And Costs** - Upon the Board’s adoption of this Agreement, the parties hereby agree that with the exception of Department costs noted above, the parties will bear their own attorney’s fees and costs resulting from prosecution or defense of this matter. Respondent waives the right to seek any attorney’s fees or costs from the Department and the Board in connection with this matter.

10. **Waiver of Further Procedural Steps** - Upon the Board’s adoption of this Agreement, Respondent expressly waives all further procedural steps and expressly
waives all rights to seek judicial review of or to otherwise challenge or contest the validity of the Agreement and the Final Order of the Board incorporating said Agreement.

SIGNED this 13 day of Oct., 2017

RAMESH M. PATEL, M.D.

STATE OF FLORIDA
COUNTY OF ORANGE

BEFORE ME personally appeared Ramesh M. Patel, whose identity is (known to me) or who produced __________________________ (type of identification) and who, under oath, acknowledges that his signature appears above.

SWORN TO and subscribed before me this 13 day of October, 2017.

JASON D. WYNNE
MY COMMISSION #FF 226735
EXPIRES: September 3, 2019
Notary Public

My Commission Expires: 9/3/19

APPROVED this 16th day of October, 2017.

Celeste Philip, MD, MPH
State Surgeon General & Secretary of Health State of Florida

By: Barbara L. Davis
Assistant General Counsel
Department of Health

DOH v. Ramesh M. Patel, M.D., Case Number 2014-19272
ADMINISTRATIVE COMPLAINT

Petitioner Department of Health hereby files this Administrative Complaint before the Board of Medicine against Respondent Ramesh M. Patel, M.D., and in support thereof alleges:

1. Petitioner is the state agency charged with regulating the practice of medicine pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 458, Florida Statutes.

2. At all times material to this Complaint, Respondent was a licensed physician within the State of Florida, having been issued license number ME 35553.

3. Respondent’s address of record is 1910 N. Orange Avenue, Orlando, Florida 32804.
4. At all times material to this Complaint, Respondent practiced at Advanced Family Practice, LLC. located at 1910 N. Orange Avenue, Orlando, Florida 32804.

5. From on or about August 11, 2011, to on or about April 12, 2013 ("treatment period"), Respondent treated Patient L.G., a forty-eight (48) year old female, with a prior history and diagnoses of cervical discogenic disease, lumbar discogenic disease, and myofascial pain syndrome.

6. During the treatment period, Respondent carried these diagnoses from Patient L.G.'s prior healthcare provider(s) without obtaining, or did not document obtaining, a complete medical history and/or physical examination for Patient L.G. to support these diagnoses.

7. During the treatment period, Respondent did not perform, or did not document performing, diagnostic testing and imaging studies, such as MRIs, x-rays, and CT scans of the cervical spine and/or lumbar spine in support of the continued diagnoses of cervical discogenic disease, lumbar discogenic disease, and myofascial pain syndrome for Patient L.G.
8. During the treatment period, Respondent prescribed the controlled substances Duragesic, Roxicodone, and Xanax to Patient L.G. on one or more occasions.¹ ² ³

9. During the treatment period, Respondent did not obtain, or document obtaining, a history of substance abuse including illicit substances from Patient L.G. before prescribing Duragesic, Roxicodone, Xanax.

10. During the treatment period, Respondent did not adequately assess Patient L.G.'s complaints and symptoms.

11. During the treatment period, Respondent did not document the nature and intensity of Patient L.G.'s pain, current and past treatments of the pain, as well as any underlying or coexisting diseases or conditions that affected the pain on the physical and psychological function of the patient.

¹ Duragesic (brand name for Fentanyl) is a Schedule II controlled substance under Chapter 893, Florida Statutes. Fentanyl is prescribed to treat pain. This controlled substance has a high potential for abuse and has a currently accepted but severely restricted medical use in treatment in the United States, and abuse of fentanyl may lead to severe psychological or physical dependence.

² Roxicodone (brand name for Oxycodone) is a Schedule II controlled substance under Chapter 893, Florida Statutes. It is commonly prescribed to treat pain. This controlled substance has a high potential for abuse and has a currently accepted but severely restricted medical use in treatment in the United States, and abuse of oxycodone may lead to severe psychological or physical dependence.

³ Xanax (brand name for Alprazolam) is prescribed to treat anxiety. According to Section 893.03(4), Florida Statutes, alprazolam is a Schedule IV controlled substance that has a low potential for abuse relative to the substances in Schedule III and has a currently accepted medical use in treatment in the United States, and abuse of alprazolam may lead to limited physical or psychological dependence relative to the substances in Schedule III.
12. During the treatment period, Respondent did not perform a complete physical examination specific to the areas of Patient L.G.'s complaints.

13. During the treatment period, Respondent did not document the location, duration, frequency or character of Patient L.G.'s pain, including alleviating and/or aggravating symptoms.

14. During the treatment period, Respondent did not maintain complete and accurate records of Patient L.G.'s medical history, physical examinations, diagnostic and therapeutic testing, evaluations, consultations, treatment objectives and/or treatments.

15. During the treatment period, Respondent did not evaluate, or document evaluating, the effectiveness of his treatment plan for Patient L.G.

16. During the treatment period, Respondent did not adequately monitor Patient L.G.'s medication use to prevent noncompliance, dependence, addiction, or diversion of controlled substances.

17. During the treatment period, Respondent failed to maintain thorough and accurate records which would have helped identify Patient L.G. as a violator of the controlled substance program, and at being high risk for diversion of pain medication and controlled substances.
18. During the treatment period, Respondent did not perform, or document performing, frequent urine drug screenings for Patient L.G., after she violated the terms of the controlled substance contract on one or more occasions.

19. During the treatment period, Respondent did not refer, or document referring, Patient L.G. to a pain management physician for proper evaluation after she violated the terms of the controlled substance contract on one or more occasions.

20. On April 12, 2013, Respondent wrote Patient L.G. prescriptions for Duragesic, Roxicodone, and Xanax without having evaluated, and/or documented seeing or evaluating Patient L.G.


22. An autopsy performed on Patient L.G. revealed the cause of death as "Fentanyl toxicity."

**Standard of Care**

23. During Patient L.G.'s treatment period, the prevailing professional standard of care required Respondent to treat Patient L.G. in the following manner:

   a. Obtain a complete medical history and/or physical examination from Patient L.G.'s prior healthcare provider(s) to support his
diagnoses of cervical discogenic disease, lumbar discogenic
disease, and myofascial pain syndrome;
b. Perform additional diagnostic testing, such as MRIs, x-rays, and
CT scans, of Patient L.G.'s cervical spine and/or lumbar spine to
support the history, physical examination, and Patient L.G.'s prior
diagnoses of cervical discogenic disease, lumbar discogenic
disease, and myofascial pain syndrome;
c. Obtain a history of substance abuse, including illicit substances,
before prescribing Duragesic, Roxicodone, Xanax on one or more
occasions;
d. Adequately assess Patient L.G.'s complaints and symptoms;
e. Perform a complete physical examination specific to the areas of
complaint;
f. Perform physical examinations to support his treatment plan;
g. Evaluate the effectiveness of his treatment plan for Patient L.G.;
h. Write prescriptions for Patient L.G. only after seeing and or
evaluating her;
i. Adequately monitor Patient L.G.’s medication use to prevent noncompliance, dependence, addiction, or diversion of controlled substances;

j. Perform frequent urine drug screenings for Patient L.G. after she violated the terms of the controlled substance contract on one or more occasions; and/or

k. Refer Patient L.G. to a pain management physician for proper evaluation after she violated the terms of the controlled substance contract on one or more occasions.

**COUNT I (Medical Malpractice)**

24. Petitioner re-alleges and incorporates by reference the allegations in paragraphs one (1) through twenty-three (23) as if fully set forth herein.

25. Section 458.331(1)(t)1., Florida Statutes (2011-2013), subjects a licensee to discipline for committing medical malpractice as defined in Section 456.50, Florida Statutes. Section 456.50(1)(g), Florida Statutes (2011-2013), states medical malpractice means the failure to practice medicine in accordance with the level of care, skill, and treatment recognized in general law related to health care licensure. Section 766.102, Florida
Statutes (2011-2013), provides that the prevailing standard of care for a given health care provider shall be that level of care, skill and treatment which, in light of all relevant surrounding circumstances, is recognized as acceptable and appropriate by reasonably prudent similar health care providers.

26. During Patient L.G.'s treatment period, Respondent fell below the prevailing standard of care in his treatment of Patient L.G., in one or more of the following ways:

   a. By failing to obtain a complete medical history and/or physical examination from Patient L.G.'s prior healthcare provider(s) to support his diagnoses of cervical discogenic disease, lumbar discogenic disease, and myofascial pain syndrome;

   b. By failing to perform additional diagnostic testing such as MRIs, x-rays, and CT scans of Patient L.G.'s cervical spine and/or lumbar spine to support the history, physical examination, and Patient L.G.'s diagnoses of cervical discogenic disease, lumbar discogenic disease, and myofascial pain syndrome;
c. By failing to obtain a history of Patient L.G.'s substance abuse, including illicit substances, before prescribing Duragesic, Roxicodone, Xanax on one or more occasions;

d. By failing to adequately assess Patient L.G.'s complaints and symptoms;

e. By failing to perform a complete physical examination specific to the areas of complaint;

f. By failing to perform physical examinations to support his treatment plan;

g. By failing to evaluate the effectiveness of his treatment plan;

h. By writing Patient L.G. prescriptions for Duragesic, Roxicodone, and Xanax without having seeing or evaluating her;

i. By failing to adequately monitor Patient L.G.'s medication use to prevent noncompliance, dependence, addiction, or diversion of controlled substances;

j. By failing to perform frequent urine drug screening for Patient L.G. after she violated the terms of the controlled substance contract on one or more occasions; and/or
k. By failing to refer Patient L.G. to a pain management physician for proper evaluation after she violated the terms of the controlled substance contract on one or more occasions.

27. Based on the foregoing, Respondent has violated Section 458.331(1)(t)1, Florida Statutes (2011-2013), by committing medical malpractice.

**COUNT II (Inappropriate Prescription of Legend Drugs)**

28. Petitioner re-alleges and incorporates by reference the allegations in paragraphs one (1) through twenty-three (23) as if fully set forth herein.

29. Section 458.331(1)(q), Florida Statutes (2011-2013), provides that a physician may be subject to discipline for prescribing, dispensing, administering, mixing, or otherwise preparing a legend drug, including any controlled substance, other than in the course of the physician’s professional practice. For the purposes of this paragraph, it shall be legally presumed that prescribing, dispensing, administering, mixing, or otherwise preparing legend drugs, including all controlled substances, inappropriately or in excessive or inappropriate quantities is not in the best interest of the patient.
and is not in the course of the physician's professional practice, without regard to his or her intent.

30. During Patient L.G.'s treatment period, Respondent prescribed Duragesic, Xanax, and Roxicodone inappropriately in one or more of the following ways:

   a. By failing to obtain a history of substance abuse, including illicit substances, before prescribing Duragesic, Roxicodone, Xanax;

   b. By repeatedly prescribing controlled substances to Patient L.G. without documenting the location, duration, the frequency or character of the pain, including alleviating and/or aggravating symptoms;

   c. By repeatedly prescribing controlled substances to Patient L.G. without documenting the nature and intensity of the pain, current and past treatments of the pain, as well as any underlying or coexisting diseases or conditions that affect the pain on the physical and psychological function of the patient;
d. By writing Patient L.G. prescriptions for Duragesic, Roxicodone, and Xanax without having seeing or evaluating her;

e. By failing to adequately monitor Patient L.G.'s medication use to prevent noncompliance, dependence, addiction, or diversion of controlled substances;

f. By repeatedly prescribing controlled substances to Patient L.G. without performing frequent urine drug screenings after she violated the terms of the controlled substance contract on one or more occasions; and/or

g. By failing to refer Patient L.G. to a pain management physician for proper evaluation after she violated the terms of the controlled substance contract on one or more occasions.

31. Based on the foregoing, Respondent has violated Section 458.331(1)(q), Florida Statutes (2011-2013), by prescribing, dispensing, administering, mixing, or otherwise preparing a legend drug, including any controlled substance, other than in the course of the physician's professional practice to Patient L.G.
COUNT III (Failure to Maintain Records)

32. Petitioner re-alleges and incorporates by reference the allegations in paragraphs one (1) through twenty-two (22) as if fully set forth herein.

33. Section 458.331(1)(m), Florida Statutes (2011-2013), subjects a licensee to discipline for failing to keep legible, as defined by department rule in consultation with the board, medical records that identify the licensed physician or the physician extender and supervising physician by name and professional title who is or are responsible for rendering, ordering, supervising, or billing for each diagnostic or treatment procedure and that justify the course of treatment of the patient, including, but not limited to, patient histories; examination results; test results; records of drugs prescribed, dispensed, or administered; and reports of consultations and hospitalizations.

34. Section 458.331(1)(nn), Florida Statutes (2011-2013), provides that violating any provision of this Chapter or Chapter 456, or any rules adopted pursuant thereto constitutes grounds for disciplinary action by the Board of Medicine.
35. Rule 64B8-9.003, F.A.C., the Board's rule, states in relevant part, regarding medical records provides in subsection (3):

64B8-9.003 Standards for Adequacy of Medical Records.
(3) The medical record shall contain sufficient information to identify the patient, support the diagnosis, justify the treatment and document the course and results of treatment accurately, by including, at a minimum, patient histories; examination results; test results; records of drugs prescribed, dispensed, or administered; reports of consultations and hospitalizations; and copies of records or reports or other documentation obtained from other health care practitioners at the request of the physician and relied upon by the physician in determining the appropriate treatment of the patient.

36. During Patient L.G.'s treatment period, Respondent failed to keep sufficient written medical records justifying his course of treatment of Patient L.G., and/or failed to satisfy the requirements of Rule 64B8-9.003 F.A.C., in one or more of the following ways:

a. By failing to document, or keep records that document, a complete and accurate medical history and/or physical examination that support an appropriate diagnosis for Patient L.G.;

b. By failing to document, or keep records that document, performing adequate diagnostic testing and imaging studies, such as MRIs, x-rays, and CT scans of the cervical spine and/or lumbar spine in support of the continued diagnoses of
cervical discogenic disease, lumbar discogenic disease, and myofascial pain syndrome for Patient L.G.;
c. By failing to document obtaining a history of substance abuse, including illicit substances, from Patient L.G. before prescribing Duragesic, Roxicodone, Xanax;
d. By failing to keep records that document an adequate assessment of Patient L.G.'s complaints and symptoms;
e. By failing to document the nature and intensity of the pain, current and past treatments of the pain, as well as any underlying or coexisting diseases or conditions that affect the pain on the physical and psychological function of Patient L.G.;
f. By failing to document the location, duration, the frequency or character of the pain, including alleviating and/or aggravating symptoms;
g. By failing to maintain medical records to support his treatment plan;
h. By failing to document the effectiveness of his treatment plan;
i. By failing to maintain complete and accurate records of Patient L.G.'s medical history, physical examinations, diagnostic and therapeutic testing, evaluations, consultations, treatment objectives and treatments;

j. By failing to maintain records documenting that Respondent monitored Patient L.G.'s medication use with frequent urine drug screenings after she violated the terms of the controlled substance contract on one or more occasions;

k. By failing to maintain thorough and accurate records which would have helped identify Patient L.G. as a violator of the controlled substance program, and at being high risk for diversion of pain medication and controlled substances; and/or

l. By failing to document referring Patient L.G. to a pain management physician for proper evaluation after she violated the terms of the controlled substance contract on one or more occasions.

37. Based on the foregoing, Respondent has violated Section 458.331(1)(m), Florida Statutes (2011-2013), and/or Section
458.331(1)(nn), Florida Statutes (2011-2013), by violating Rule 64B8-9.003 F.A.C.

WHEREFORE, the Petitioner respectfully requests that the Board of Medicine enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent’s license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

[Signature on following page]
SIGNED this 23 day of June, 2017.

Celeste Philip, MD, MPH
State Surgeon General and Secretary of Health

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PCP Date: June 23, 2017

PCP Members: Fuad Ashkar, M.D., Seela Ramesh, M.D.
NOTICE OF RIGHTS

Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested. A request or petition for an administrative hearing must be in writing and must be received by the Department within 21 days from the day Respondent received the Administrative Complaint, pursuant to Rule 28-106.111(2), Florida Administrative Code. If Respondent fails to request a hearing within 21 days of receipt of this Administrative Complaint, Respondent waives the right to request a hearing on the facts alleged in this Administrative Complaint pursuant to Rule 28-106.111(4), Florida Administrative Code. Any request for an administrative proceeding to challenge or contest the material facts or charges contained in the Administrative Complaint must conform to Rule 28-106.2015(5), Florida Administrative Code.

Mediation under Section 120.573, Florida Statutes, is not available to resolve this Administrative Complaint.

NOTICE REGARDING ASSESSMENT OF COSTS

Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.