STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

RAMON A MADRID, M.D.
CS License No. 43-01-028439,

File No. 53-18-151779

Respondent.

ORDER OF SUMMARY SUSPENSION

The Department filed an *Administrative Complaint* against Respondent as provided by the Public Health Code, MCL 333.1101 *et seq*, the rules promulgated under the Code, and the Administrative Procedures Act, MCL 24.201 *et seq*.

After careful consideration and after consultation with the Chairperson of the Board of Pharmacy pursuant to MCL 333.7314(2), the Department finds that the public health or safety requires emergency action.

Therefore, IT IS ORDERED that Respondent's controlled substance license is SUMMARILY SUSPENDED, commencing the date this *Order* is served.

Under Mich Admin Code, R 792.10702, Respondent may petition for the dissolution of this *Order* by filing a document clearly titled **Petition for Dissolution of Summary Suspension** with the Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing, P.O. Box 30670, Lansing, MI 48909.

MICHIGAN DEPARTMENT OF
LICENSING AND REGULATORY AFFAIRS

Dated: 7/16/18 2018

By: Cheryl Wykoff Pezon, Director
Bureau of Professional Licensing

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ADMINISTRATIVE COMPLAINT

The Michigan Department of Licensing and Regulatory Affairs by Cheryl Wykoff Pezon, Director, Bureau of Professional Licensing, complains against Respondent Ramon A Madrid, M.D. as follows:

1. The Michigan Board of Pharmacy is an administrative agency established by the Public Health Code, MCL 333.1101 *et seq.* The Board's Disciplinary Subcommittee is empowered to discipline licensees for Code violations.

2. The Board administers the controlled substance provisions in Article 7 of the Code, MCL 333.7101 - .7545, and is empowered to discipline licensees for Article 7 violations under MCL 333.7311(1).

3. MCL 333.7333(1) provides that good faith prescribing occurs in the regular course of professional treatment to or for an individual who is under the treatment by the practitioner for a pathology or condition other than that individual's physical or psychological dependence upon or addiction to a controlled substance, except as provided in Article 7.

4. After consultation with the Board Chairperson, the Department found that the public health or safety requires emergency action. Therefore, pursuant to MCL 333.7314(2), the Department summarily suspended Respondent's controlled substance license, effective on the date the accompanying Order of Summary Suspension was served.

5. Respondent holds a Michigan license to practice medicine[1] and holds a current controlled substance license.

6. Hydrocodone is an opioid. Hydrocodone combination products (e.g., Norco), are Schedule 2 controlled substances due to their high potential for abuse.

7. Oxycodone and oxycodone combination products are opioid schedule 2 controlled substances. These medications are used to treat pain and are commonly abused and diverted.

8. Oxymorphone, a schedule 2 controlled substance, is an opioid used to treat pain, and is a commonly abused and diverted drug. Oxymorphone 40 mg is the most commonly abused and diverted strength of oxymorphone.

9. Promethazine with codeine syrup is a schedule 5 controlled substance prescribed for treating cough and related upper respiratory symptoms. Promethazine with codeine syrup is rarely indicated for any other health condition and is particularly ill-suited for long-term treatment of chronic pain. Promethazine with codeine syrup is a highly sought-after drug of abuse, and is known by the street names "lean," "purple drank," and "sizzurp."

[1] The Department also filed an Administrative Complaint against Respondent before the Board of Medicine Disciplinary Subcommittee for the conduct alleged here. *Ramon A Madrid, M.D.*, No. 43-17-149251.

10. The Centers for Disease Control and Prevention (CDC) guidelines for opioid prescribing direct providers to avoid prescribing opioid pain medication and benzodiazepines concurrently whenever possible.

11. The CDC's guidelines for opioid prescribing direct providers to use "extra precautions" when prescribing opioids with a daily morphine milligram equivalent (MME) of 50 or more. Those guidelines also direct providers to "avoid or carefully justify" increasing dosage to a daily MME of 90 or more.

12. At all relevant times, Respondent practiced medicine at southeast Michigan clinics, including at Detroit Visiting Physicians in Dearborn, Michigan and Home Visiting Doctors, PLLC in Southfield, Michigan.

13. The Department reviewed data from the Michigan Automated Prescription System (MAPS), the State of Michigan's prescription monitoring program, which gathers data regarding controlled substances dispensed in Michigan.

14. The Department found that Respondent was the among the highest-ranked prescribers of the following commonly abused and diverted controlled substances among all Michigan prescribers in the following quarters of 2017 and 2018:

Drug	2017 Rank Q1	2017 Rank Q2	2017 Rank Q3	2017 Rank Q4	2018 Rank Q1
Oxycodone 30 mg	9	15	22	18	57
Oxymorphone (all strengths)	10	19	25	26	57
Oxymorphone 40 mg	7	13	19	22	29
Promethazine with Codeine	31	21	51	-	-

These rankings should be considered in light of information that up until August 2017, Respondent typically worked two-to-three days a week in the morning, seeing 10-12 patients a day. Respondent also indicated that there should be no prescriptions

authorized under his name after August 2017 because he stopped seeing patients due to an injury.

15. The Department further reviewed Respondent's MAPS data and found that a large percentage of prescriptions were for oxycodone, oxymorphone 40 mg, hydrocodone-apap, and promethazine with codeine. During this review, the Department found that prescriptions continued to be authorized under Respondent's name into 2018.

16. On March 1, 2018 and April 10, 2018, the Department interviewed Respondent about his professional practice and prescribing patterns.

DEA Registration

17. Respondent indicated that he began noticing fraudulent activity under his Drug Enforcement Administration (DEA) registration number in August 2017. To the date of this Complaint, Respondent has failed to change his DEA registration number.

Red Flags against Diversion

18. During a March 1, 2018 interview with a Department investigator, Respondent indicated he is familiar with Michigan guidelines on prescribing controlled substances, CDC guidelines for prescribing opioids for pain, CDC recommendations on morphine milligram equivalent dosing, and CDC recommendations on prescribing benzodiazepines with opioids. Respondent also stated that he has no special training in pain management and indicated he obtained his training by practicing for many years and attending conferences on pain management.

Respondent's Clinical Practice

19. The Department also interviewed Respondent about his affiliation with Detroit Visiting Physicians. Respondent indicated that he had practiced at the clinic several times in the past, most recently from 2015 until August 2017, when an injury prevented Respondent from seeing patients. Respondent provided the following information:

a. Respondent stated he was the only practitioner in the office to see pain patients.

b. Respondent indicated that the clinic's administrator has made arrangements in the past for patients to be picked up in minivans and brought to the clinic for treatment.

c. Respondent indicated he handwrites notes when treating patients. These handwritten notes are then entered into the electronic record by other individuals and the original handwritten notes are destroyed.

d. Respondent indicated he does not review the information placed in electronic medical records. Respondent also stated he does not electronically sign the medical records but does allow staff to place his signature on the records.

Treating Pain and Controlled Substance Prescribing

e. Respondent indicated he determines patients' pain by reviewing patient histories provided by the patients, interacting with patients, reviewing care provided by other providers, how patients act in his office, and through his experience as a physician.

f. Respondent indicated that previous medical records were obtained by the clinic but most of the time Respondent would not review the records before seeing patients. He instead would rely on the patient history as given by the patient to treat patients.

g. Respondent indicated that sometimes when he was treating pain patients, he would not find a reason to treat their pain but would still prescribe controlled substances based on patients' histories.

h. Respondent stated that patients come in with a story, and Respondent has to believe that story at first. Respondent will then start to taper the patients' controlled substance prescriptions by ten pills per month.

i. In addition to gradually reducing prescription quantities, Respondent indicated his measures to prevent diversion and abuse include delaying prescribing narcotics.

j. Respondent stated that chronic pain is a big farce and that he does not have the time to find out the cause of chronic pain.

k. Respondent indicated that neither he nor the clinic do any imaging, such as x-rays or MRIs. Respondent said he does not do these tests because he does not investigate the reason for patients' pain.

l. Respondent indicated that he does not screen patients for misuse and addiction risks because patients have been prescribed controlled substances for long periods of time. Respondent stated that risks have already been determined based on the patients' history of taking medications and the results of drug screens.

m. Respondent stated that office staff have patients fill out informed consent forms, but Respondent does not verify this. Respondent also indicated he does not tell patients about risks of medications because they have already had these medications before.

n. Respondent stated he documents in patients' medical records the use of MAPS and urine drug screens. Respondent further stated that urine drug screens are done by clinic staff and are not his responsibility.

o. Department investigators asked Respondent why he only ran MAPS reports 12 times between January 1, 2016 and March 3, 2017. Respondent indicated he was told the clinic's computer was down and he could not run MAPS reports. Respondent was also unsure why after August 1, 2017 over 3,000 MAPS reports were ran under his credentials when he claimed to stop practicing in August 2017 because of his injury.

20. In an April 10, 2018 telephone call, Respondent indicated he currently works for Home Visiting Doctors, PLLC, reviewing medical records and signing documents. When interviewed, Respondent provided the following information:

a. Respondent indicated he is responsible for supervising nurse practitioners but was unsure of the nurse practitioners' names.

b. Respondent indicated his instructions to the owner of Home Visiting Doctors, PLLC was that nurse practitioners may not prescribe controlled substances. Respondent could remember the owner's first name, but not his last name.

The Department investigator noted that during this conversation, Respondent's movement appeared to be impacted by physical injuries, and he was having difficulty remembering information and needed assistance with his memory from his wife.

21. The Department interviewed the owner of Home Visiting Doctors, PLLC who stated that Respondent has been the company's medical director since the third quarter of 2017. About once a week, the owner will travel to Respondent's home to have Respondent review medical records and sign documents. The owner indicated that Respondent is currently supervising one nurse practitioner and confirmed Respondent's statement that mid-level practitioners must consult with Respondent before prescribing controlled substances.

22. Contrary to Respondent's statement and the company's policy, a nurse practitioner being supervised by Respondent stated in an interview that Respondent has given her authorization to prescribe controlled substances and she does not consult with Respondent prior to prescribing controlled substances.

Review of Respondent's Statements to the Investigator and his Patient Records

23. As part of an investigation of Respondent's prescribing practices, the Department received and analyzed medical records for three of Respondent's patients.

24. An expert reviewed the individual medical files that Respondent produced and the Department's investigative report, which included the aforementioned interviews with Respondent.

25. The expert discussed several of Respondent's statements made in his interviews that indicate deficiencies in Respondent's practice. Statements from Respondent include:

a. Respondent stated he was aware that patients were being transported to Detroit Visiting Physicians in groups. The expert noted that this is a common scenario for fraudulent obtaining of controlled substances. Further, the expert reviewed MAPS data and found that many of Respondent's patients came from widely varying geographic areas.

b. Respondent did not attempt to determine the cause of patients' pain complaints and did not complete imaging tests or review old records before treatment.

c. Respondent did not evaluate patients for drug abuse or addiction during patients' treatment and delegated pain contract and pain evaluation forms to office staff.

d. Respondent did not counsel patients regarding risks and benefits and options for treatment of their chronic pain and claimed to delegate this to office staff.

e. Respondent did not review the computerized medical record generated under his name by other individuals.

f. Respondent indicated that any deficiencies in his medical records are the fault of the office staff and stated that he does not have time to generate or review his patients' medical records.

26. The expert discovered the following deficiencies in Respondent's management of patients' care across files:

a. Some patient visit notes only documented vital signs and the opioid prescription, including no other significant information regarding patient history or physical assessments.

b. Notes that were more extensive appeared to be copied from previous visits with no significant changes in patient history, physical assessment, or plan. The expert concluded that these notes were likely fraudulent and were not based on ongoing treatment and evaluation of patients.

c. While medication contracts and pain assessment forms were included in patient charts, progress notes did not contain comments on specific counselling or the results of these documents.

d. The expert found no reference to MAPS reports or actual MAPS reports in any of the notes reviewed, contrary to Respondent's statement that MAPS reports were ran at every visit.

e. The expert also found no evidence of documentation of urine drug screening or interpretation of urine drug screens, contrary to Respondent's statement that urine drug screens were done on patients.

f. Many of the notes were not electronically cosigned by Respondent.

g. Respondent stated in his interview that he never prescribes oxycodone 30 mg. Contrary to this statement, the expert found documentation in the medical record and through MAPS that Respondent does prescribe this medication.

h. Medical records contained no significant follow up on any history or physical exam. It did not appear that appropriate referrals were considered or made for evaluation of chronic pain.

i. No comments were made in the medical records regarding efficacy, improvements, or lack of improvements in pain management or functional status.

j. It did not appear from the medical records that Respondent considered nonopioid medications in the treatment of chronic pain.

27. The expert reviewed MAPS reports for these three patients, which revealed the patients were all receiving multiple potentially addictive drugs from multiple providers in widely varying geographic locations across the State of Michigan. MAPS also revealed the patients were filling prescriptions authorized by Respondent at multiple pharmacies across a wide geographic area in the State of Michigan. These patients frequently paid for prescriptions in cash, which can be indicative of abuse of diversion.

28. The expert addressed Respondent's supervision of mid-level providers in his current position with Home Visiting Doctors, PLLC and noted that based on the expert's review of the file, it did not appear that Respondent's supervision of the nurse practitioner was adequate.

COUNT I

Respondent failed to maintain effective controls against diversion of controlled substances to other than legitimate and professionally recognized therapeutic, scientific, or industrial uses, in violation of MCL 333.7311(1)(e).

COUNT II

Respondent's conduct constitutes a failure to prescribe in good faith, contrary to MCL 333.7405(1)(a), in violation of MCL 333.7311(1)(f).

RESPONDENT IS NOTIFIED that, pursuant to MCL 333.16231(8), Respondent has 30 days from the date of receipt of this complaint to answer this complaint in writing and to show compliance with all lawful requirements for retention of the license. Respondent shall submit the response to the Bureau of Professional Licensing, Department of Licensing and Regulatory Affairs, P.O. Box 30670, Lansing, MI 48909.

Respondent's failure to submit an answer within 30 days is an admission of the allegations in this complaint. If Respondent fails to answer, the Department shall transmit this complaint directly to the Board's Disciplinary Subcommittee to impose a sanction pursuant to MCL 333.16231(9).

MICHIGAN DEPARTMENT OF
LICENSING AND REGULATORY AFFAIRS

Dated: 7/16/18, 2018

By: Cheryl Wykoff Pezon, Director
Bureau of Professional Licensing

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