STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING

In the Matter of

CLAUDE WILLIAM HALL, M.D.
License Number: 43-01-041684

STATE OF MICHIGAN)
)
COUNTY OF INGHAM)

FILE NO.: 43-16-142934

PROOF OF SERVICE

I, Susan Mangan, of Lansing, County of Ingham, State of Michigan, do hereby state that on August 30, 2017, I hand delivered the following documents to each of the parties listed below:

ORDER OF SUMMARY SUSPENSION signed August 29, 2017; ADMINISTRATIVE COMPLAINT signed August 29, 2017 and ORDER FOR SEIZURE OF CONTROLLED SUBSTANCES signed August 29, 2017.

By: (x) Hand Delivered

To: Claude William Hall, M.D.

By: (x) Interdepartmental Mail

To: Andrew Hudson, Manager
Drug Monitoring Section
Bureau of Professional Licensing

8/30/17
Susan Mangan
Enforcement Division
1245 pm

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

In the Matter of

CLAUDE WILLIAM HALL, M.D.
Medical License No. 43-01-041684
Drug Control License No. 43-01-041684,

Respondent.

File No. 43-16-142934

ORDER FOR SEIZURE OF CONTROLLED SUBSTANCES

The Department of Licensing and Regulatory Affairs has filed an Administrative Complaint before the Board of Medicine Disciplinary Subcommittee (Medicine DSC) against Respondent Claude William Hall, M.D. alleging violations of the Public Health Code, MCL 333.1101 *et seq.*

The Medicine DSC has also executed an Order of Summary Suspension, which suspends Respondent's license to practice osteopathic medicine.

MCL 333.7311(6) provides that controlled substance licenses are automatically void if a licensee's license to practice is suspended or revoked under Article 15 of the Code.

MCL 333.7311(4) provides that, where a controlled substance license is void under MCL 333.7311(6), the Department may seize all controlled substances held by the licensee at the discretion of the Michigan Board of Pharmacy's Disciplinary Committee (Pharmacy DSC).

The Pharmacy DSC has considered the Administrative Complaint and Order of Summary Suspension filed before the Medicine DSC, and concludes that the public safety and welfare is served by authorizing this Order for Seizure of Controlled Substances.

Therefore, IT IS ORDERED that all controlled substances owned or possessed by Respondent at the time the Administrative Complaint and Order of Summary Suspension was filed before the Medicine DSC shall be seized by the Department pending completion of proceedings.

MICHIGAN DEPARTMENT OF
LICENSING AND REGULATORY AFFAIRS

Dated: 08/29, 2017

By: Kim Gaedeke, Director
Bureau of Professional Licensing

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

In the Matter of

CLAUDE WILLIAM HALL, M.D.
License No. 43-01-041684,

File No. 43-16-142934

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 Medicine pursuant to MCL 333.16233(5), the Department finds that the public health, safety, and welfare requires emergency action.

Therefore, IT IS ORDERED that Respondent's license to practice medicine in the state of Michigan 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: 08/29, 2017

By: Kim Gaedeke, Director
Bureau of Professional Licensing

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

In the Matter of

CLAUDE WILLIAM HALL, M.D.
License No. 43-01-041684,

File No. 43-16-142934

Respondent.

ADMINISTRATIVE COMPLAINT

The Michigan Department of Licensing and Regulatory Affairs by Kim Gaedeke, Director, Bureau of Professional Licensing, complains against Respondent Claude William Hall, M.D. as follows:

1. The Michigan Board of Medicine is an administrative agency established by the Public Health Code, MCL 333.1101 *et seq.* Pursuant to MCL 333.16226, the Board's Disciplinary Subcommittee (DSC) is empowered to discipline licensees for Code violations.

2. Respondent holds a Michigan license to practice medicine. Respondent also holds a controlled substance license and a drug control license.

3. At the times relevant to this Complaint, Respondent provided home medical visits, and had principal offices in Flint and Ypsilanti, Michigan.

4. After consultation with the Board Chairperson, the Department found that the public health, safety, and welfare requires emergency action. Therefore, pursuant to MCL 333.16233(5), the Department summarily suspended Respondent's license to

practice medicine in the state of Michigan, effective on the date the accompanying *Order of Summary Suspension* was served.

5. The Disciplinary Subcommittee of the Board of Pharmacy (Pharmacy DSC) has considered this Administrative Complaint and Order of Summary Suspension, and concluded that the public safety and welfare required issuing an Order for Seizure of Controlled Substances.

6. On March 17, 2009, the Department issued an Administrative Complaint against Respondent (file no. 43-08-110244), alleging that he violated the Code by prescribing controlled substances without a valid controlled substance license. On May 20, 2009, the DSC entered a Consent Order finding the allegations true and sanctioning Respondent with a fine.

7. Alprazolam is a benzodiazepine schedule 4 controlled substance. Concurrent use of opioids and benzodiazepines carries a substantial overdose risk, and many authorities, including the federal Centers for Disease Control and Prevention, discourage their co-prescription. Alprazolam is a commonly abused and diverted drug, particularly in its 1 mg and 2 mg dosages. Benzodiazepines are poorly suited for the long-term treatment of any condition.

8. Carisoprodol (Soma) is a muscle relaxant and a schedule 4 controlled substance. Carisoprodol has significant potential for abuse, dependence, overdose, and withdrawal, particularly when used in conjunction with opioids and benzodiazepines. It is indicated only for short-term use.

9. Hydrocodone, and combination products including hydrocodone, are schedule 2 controlled substances. Hydrocodone and hydrocodone combination products are commonly abused and diverted drugs.

10. When used in combination, opioids, muscle relaxants, and benzodiazepines can produce a feeling of euphoria. These combinations are highly desired for diversion and abuse and have the street name "Holy Trinity."

11. Complainant 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. MAPS data revealed that Respondent ranked among Michigan's highest-volume prescribers of commonly abused and diverted controlled substances in 2016:

Drug	*Licensee's 2016 rank*
(a) Alprazolam 1 mg	26
(b) Alprazolam 2 mg	80
(c) Carisoprodol 350 mg	25

12. MAPS data for the period between January 1, 2015 and August 17, 2017 revealed that Respondent authorized the following number of prescriptions for the following commonly abused and diverted controlled substances:

	# Prescriptions	*% of Total CS Prescriptions*
(a) Hydrocodone/Apap 7.5 and 10 mg	4418	50.51%
(b) Alprazolam 1 mg	1891	21.62%
(c) Alprazolam 2 mg	828	9.47%
(d) Carisoprodol 350 mg	807	9.23%
(e) Total, (a) - (d)	7944	**90.82%**
(f) Total Controlled Substances	8747	

13. As part of an investigation of Respondent's prescribing practices, the Department received and analyzed medical records of ten (10) of Respondent's patients.

14. An expert reviewed the individual medical files Respondent produced and discovered the following deficiencies consistently across files:

(a) Respondent's diagnoses were consistently nonspecific (e.g., "lumbago," "muscle spasm").

(b) Respondent failed to describe patient histories or physical examinations sufficient to justify his diagnoses.

(c) Respondent never provided specific rationales for prescribing controlled substances.

(d) Respondent failed to document testing sufficient to justify prescribing controlled substances.

(e) Respondent documented only cursory exams and reviews of systems and failed to further explore abnormal responses.

(f) Respondent's files often show unexplained inconsistencies between the recorded history of present illness and the review of systems and exams.

(g) Respondent failed to document a proper discharge process for those patients whose care Respondent ceased.

15. Upon review of the individual medical files, the expert found Respondent engaged in the following consistent inappropriate and dangerous practices related to the prescription of controlled substances, in addition to those noted above:

(a) Respondent failed to consistently include signed opioid contracts in his patient files.

(b) Respondent did not pursue evaluation of underlying causes of pain.

(c) Respondent failed to obtain a complete current and past medical history and failed to obtain and review records from prior or other providers.

(d) Respondent failed to order urine drug screens (UDSs) to monitor patients for drug abuse or diversion.

(e) Respondent failed to consistently document review of MAPS to monitor patients for drug abuse or diversion.

(f) Where Respondent obtained and reviewed MAPS reports, he failed to comment on apparent drug-seeking behavior by patients.

(g) Respondent insufficiently evaluated pain intensity and functional impact of pain.

(h) Respondent failed to perform adequate psychiatric evaluations.

(i) Respondent consistently prescribed large dosage units of benzodiazepines and opioids and prescribed large supplies of prescribed medications.

(j) Respondent did not document pill counts to determine the extent of patient supplies during follow-up visits.

16. The expert discovered the following deficiencies in the individual medical files Respondent produced, in addition to those noted above:

Patient AT[1]

(a) Respondent prescribed Patient AT, who Respondent documented as suffering from sleep apnea, a high-risk combination of opioids, benzodiazepines, and carisoprodol without documenting consideration of the risks involved.

(b) Respondent prescribed Patient AT a long-term course of carisoprodol despite its contraindication for long-term use, and without substantiating the patient complaint of "muscle spasm."

(c) Respondent failed to consistently review MAPS to monitor Patient AT for drug abuse or diversion.

(d) Respondent failed order UDSs to monitor Patient AT for drug abuse or diversion.

(e) Respondent failed to set functional goals for the prescribed controlled substance therapy.

Patient KD

(f) Respondent's file for Patient KD lacked an opioid contract.

(g) Respondent failed to document review of MAPS to monitor Patient KD for drug abuse or diversion. MAPS reports would have revealed that Patient KD was receiving controlled substance prescriptions from another provider during the term of Respondent's care.

(h) Respondent performed inadequate examination to explore or substantiate complaints of low back pain, and failed to record any exam of a complaint of foot pain.

[1]Patients are identified by their initials.

(i) Respondent prescribed Patient KD a high-risk combination of opioids and benzodiazepines without documented consideration of the particular risks of that therapeutic approach.

(j) Respondent did not document ordering a UDS for Patient KD.

Patient BR

(k) Respondent failed to document review of MAPS to monitor Patient BR for drug abuse or diversion. MAPS reports would have revealed that Patient BR was receiving opioid prescriptions from another provider during the term of Respondent's care.

(l) Respondent did not obtain prior treatment records for Patient BR.

(m) Respondent did document consideration of alternative treatments to controlled substances.

(n) Respondent prescribed Patient BR a high-risk combination of benzodiazepines and carisoprodol without documented consideration of the particular risks of that therapeutic approach and with insufficient clinical justification for diagnoses of insomnia and muscle spasm.

Patient KI

(o) Respondent failed to document review of MAPS to monitor Patient KI for drug abuse or diversion. MAPS reports would have revealed that Patient KI was receiving controlled substance prescriptions from another provider during the term of Respondent's care.

(p) Respondent prescribed Patient KI, who Respondent documented as suffering from chronic obstructive pulmonary disease, a high-risk combination of opioids and carisoprodol without documented consideration of the particular risks of that therapeutic approach.

(q) Respondent did not document ordering a UDS for Patient KI.

Patient CM

(r) Respondent failed to document review of MAPS to monitor Patient CM for drug abuse or diversion. MAPS reports would have revealed that Patient CM was receiving controlled substance prescriptions from another provider during the term of Respondent's care.

(s) Respondent documented "no sleep disturbance" during review of systems but recorded a diagnosis of insomnia.

(t) Respondent prescribed Patient CM a high-risk combination of opioids and benzodiazepines without documented consideration of the particular risks of that therapeutic approach.

Patient GW

(u) Respondent failed to document review of MAPS to monitor Patient GW for drug abuse or diversion. MAPS reports would have revealed evidence of doctor shopping.

(v) In December 2016, Respondent did not record an examination of back or knee or a psychiatric evaluation despite complaints of knee and back pain and of sleep disturbance.

(w) Respondent prescribed Patient GW a high-risk combination of opioids and benzodiazepines without adequate documented justification or consideration of the particular risks of that therapeutic approach.

Patient RB

(x) Respondent failed to comment on a MAPS report revealing evidence of doctor shopping by Patient RB.

(y) Respondent prescribed large doses of opioids and benzodiazepines to Patient RB, who complained of shortness of breath.

(z) In May 2015, two days after an associate indicated that Patient RB's girlfriend was "abusively requesting" narcotics on his behalf, Respondent prescribed opioids and benzodiazepines to him.

Patient CH

(aa) Respondent failed to comment on a MAPS report revealing evidence of doctor shopping by Patient CH.

(bb) Respondent failed to obtain records from other providers.

(cc) Respondent failed to order UDSs to monitor Patient CH for drug abuse or diversion.

(dd) Respondent prescribed Patient CH a high-risk combination of opioids, benzodiazepines, and carisoprodol without adequate documented justification or consideration of the particular risks of that therapeutic approach.

Patient EW

(ee) Respondent failed to comment on a MAPS report revealing evidence of doctor shopping by Patient EW.

(ff) Respondent prescribed Patient EW a high-risk combination of opioids and benzodiazepines without documented consideration of the particular risks of that therapeutic approach.

(gg) Respondent prescribed opioids for Patient EW's complaint of finger pain despite an examination finding the extremity "within normal limits."

Patient NS

(hh) Respondent failed to comment on a MAPS report revealing evidence of doctor shopping by Patient EW.

(ii) Respondent prescribed Patient EW a high-risk combination of opioids, benzodiazepines, and carisoprodol without adequate documented justification or consideration of the particular risks of that therapeutic approach.

(jj) Respondent did not document an adequate history or examination regarding Patient NS's back pain, even though Patient NS complained that the pain was of a "10/10" intensity.

17. Despite conceding in an interview with a Department investigator that co-prescription of opioids and benzodiazepines carries a risk of respiratory depression, and stating that he no longer prescribes that combination of drugs to his patients, Respondent prescribed a combination of opioids and benzodiazepines to ***twenty-nine*** different patients since March 6, 2017.

COUNT I

Respondent's conduct constitutes a violation of a general duty, consisting of negligence or failure to exercise due care, or a condition, conduct, or practice that impairs, or may impair, the ability safely and skillfully to engage in the practice of the health profession in violation of MCL 333.16221(a).

COUNT II

Respondent's conduct fails to conform to minimal standards of acceptable, prevailing practice for the health profession in violation of MCL 333.16221(b)(i).

COUNT III

Respondent's conduct, as set forth above, constitutes selling, prescribing, giving away, or administering drugs for other than lawful diagnostic or therapeutic purposes, in violation of MCL 333.16221(c)(iv).

RESPONDENT IS NOTIFIED that, pursuant to MCL 333.16231(8), Respondent has 30 days from the date of receipt of this Complaint to answer it in writing and to show compliance with all lawful requirements for retention of the license. Respondent shall submit the written answer 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: 08/29, 2017

By: Kim Gaedeke, Director
Bureau of Professional Licensing

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