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

In the Matter of

ASM AKTER AHMED, M.D.
License No. 43-01-073086,

File No. 43-17-148261

Respondent.

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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.

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

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: 4/6, 2018

By: Cheryl Wykoff Pezon, Acting Director
Bureau of Professional Licensing

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ADMINISTRATIVE COMPLAINT

The Michigan Department of Licensing and Regulatory Affairs, by Cheryl Wykoff Pezon, Acting Director, Bureau of Professional Licensing, complains against Respondent Asm Akter Ahmed, 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 violations of the Public Health Code.

2. Respondent holds a Michigan license to practice medicine and holds a current controlled substance license.

3. 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 upon service of the accompanying *Order of Summary Suspension*.

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

5. Alprazolam (e.g. Xanax), a schedule 4 controlled substance, is a benzodiazepine used to treat anxiety disorders and panic disorder. Alprazolam is a commonly abused and diverted drug, particularly in its 1 mg and 2 mg dosages.

6. Carisoprodol 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.

7. Codeine preparations (e.g., codeine/promethazine syrup) are schedule 5 controlled substances prescribed for treating cough and related upper respiratory symptoms. Codeine/promethazine syrup is rarely indicated for any other health condition and is particularly ill-suited for long-term treatment of chronic pain. Codeine/promethazine syrup is a highly sought-after drug of abuse, and is known by the street names "lean," "purple drank," and "sizzurp."

8. Marijuana is a schedule 1 controlled substance. Tetrahydrocannabinol (THC) is marijuana's principal psychoactive constituent.

9. At all relevant times, Respondent practiced medicine in southeast Michigan at Visiting Physician Services from approximately 2014 to 2016, and at Bloomfield Medical Center from approximately 2016 until present. Respondent also operates and practices out of his own clinic in Detroit, Michigan.

10. 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 prescribed and dispensed in Michigan.

11. MAPS data for the period between January 1, 2015 and September 30, 2017 revealed that over 90% of the controlled substances Respondent authorized were for promethazine with codeine syrup (57.9%) and carisoprodol (35.0%), both commonly abused and diverted controlled substances.

12. 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 2016 and 2017:

| Drug | 2016 Rank Q2 | 2016 Rank Q3 | 2016 Rank Q4 | 2017 Rank Q1 | 2017 Rank Q2 | 2017 Rank Q3 | 2017 Rank Q4 |
|---|---|---|---|---|---|---|---|
| Carisoprodol 350 mg | 34 | 3 | 3 | 3 | 3 | 1 | 4 |
| Promethazine with Codeine Syrup | 30 | 3 | 5 | 4 | 2 | 2 | 2 |

13. Patients paid cash for 56.9% of the controlled substance prescriptions authorized by Respondent between January 1, 2015 and September 30, 2017. This rate is several times the state average of approximately 10% for cash payment and suggests that prescriptions were filled for illegitimate purposes.

14. In October 2016, the Department sent Respondent a "Doctor Shopper" notification, alerting Respondent that one of his patients appeared to be frequenting several prescribers to obtain controlled substances, likely for illicit purposes. Respondent did not return the survey that was included with the letter.

15. On February 8, 2018, in an interview with a Department investigator, Respondent provided the following information:

*Respondent's Clinic*

a. Respondent's clinic is open seven days a week, for about one hour per day. There are no appointments, as it is a drop-in clinic. Respondent treats approximately 5-6 patients a day.

b. Respondent does not regularly charge patients but does sometimes accept whatever a patient is willing to pay. The owner of Respondent's building does not charge Respondent rent.

*MAPS Data*

c. Up until about a year before the interview, Respondent did not use MAPS.[1] Currently, Respondent does not document in the medical record when he obtains MAPS reports on patients.

d. Respondent stated that he was unaware of how a high percentage of patients paying for controlled substance prescriptions in cash could be a red flag for diversion.

e. Respondent stated that his volume for prescribing promethazine with codeine increased in the third quarter of 2016 because he started an experiment in trying to help the opioid problem. Specifically, Respondent encouraged patients to obtain medical marijuana as a replacement for opioid pain medication and then prescribed them promethazine with codeine to treat the resulting cough.

f. Respondent acknowledged that his volume for prescribing carisoprodol increased in the third quarter of 2016, as he was attempting to wean patients off benzodiazepine medication, such as Xanax, and transition them to carisoprodol to treat their anxiety.

*Red Flags for Diversion*

g. Respondent was not familiar with prevailing guidelines on prescribing controlled substances, including those published by the state of Michigan and federal authorities.

h. Respondent was not familiar with morphine milligram equivalent daily dosing, federal recommendations warning against the concurrent prescribing of opioids and benzodiazepines, or the Holy Trinity.

i. Respondent was not aware that carisoprodol was a highly abused and commonly diverted controlled substance. He stated there are no addiction issues with it and did not believe it was sold on the street. In addition,

[1] Respondent registered with MAPS on April 3, 2017

Respondent stated that he does not have a clear idea of abuse issues with promethazine with codeine.

*Safeguards against Abuse and Diversion of Controlled Substances*

j. Respondent does not have any measures in place to prevent diversion and abuse of controlled substances.

k. Respondent screens patients for misuse and addiction risk by asking patients if they abuse medications.[2]

l. Respondent suspected some patients were abusing the controlled substances he prescribed and selling them on the street. For example, Respondent heard promethazine with codeine was selling for $100.00 on the street. To deter diversion, Respondent started charging suspected patients $100.00 for an office visit.

*Patient Care and Medical Practice*

m. Respondent does not document in the medical record what other controlled substances patients are prescribed or what he finds in MAPS reports.

n. Respondent does not obtain past medical records and does not do urine drug screens.

o. Respondent does not document directions, amounts prescribed, and strengths of medications prescribed. If Respondent prescribes the same amount of medications to a patient at a subsequent visit, he does not document the subsequent prescriptions.

p. Respondent claimed he offered medications other than carisoprodol as muscle relaxants, such as Flexeril, Baclofen, or Zanaflex, but patients would tell him these medications do not work and they wanted Xanax or carisoprodol as muscle relaxants.

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

17. An expert reviewed the individual medical files Respondent produced for patients M.A., L.J., R.K.1, S.K., R.K.2, D.L., W.S., and G.W.[3] The expert

[2] Respondent acknowledged that patients lie.

[3] Patients are identified by their initials to protect their identities.

discovered the following deficiencies in Respondent's management of patients' care, across files:

a. Respondent failed to document attempting physical therapy or manipulation therapy with patients, and only occasionally documented trying a nonsteroidal, anti-inflammatory drug to treat patients' pain.

b. Respondent failed to document conducting pain assessments or assessments of function, reviewing MAPS data, or conducting/ordering lab tests.

c. Respondent failed to conduct mental health assessments with attention to abuse, addiction, and diversion, where appropriate, and failed to document clarifying patients' understanding and expectation for treatments.

18. The expert found deficiencies in patient care in individual patient files. Examples include, but are not limited to, instances where Respondent:

a. Prescribed promethazine with codeine long-term to patient M.A., who was also receiving opioids from other prescribers, without checking MAPS until after the patient was discharged.

b. Failed to document insulin doses, monitoring, or insulin reactions in the medical record of patient M.A., who was insulin-dependent.

c. Failed to document the lisinopril dosage in the medical record of patient M.A., who was diagnosed with hypertension.

d. Failed to document an asthma treatment plan, pulmonary function, or peak flow measurements for patient M.A., who was diagnosed with chronic obstructive pulmonary disease and asthma.

e. Prescribed carisoprodol repeatedly to patient M.A., who presented with complaints of low back pain. Respondent claimed he was not treating pain, but medical marijuana is mentioned repeatedly throughout the patient's medical record, likely to treat pain.

f. Prescribed hydrocodone-acetaminophen to patient R.K.1 multiple times without meeting prevailing guidelines for prescribing opioids.

g. Treated patient D.L., diagnosed with human immunodeficiency virus (HIV), without addressing patient D.L.'s HIV treatment.

19. The expert also found it was highly unusual that Respondent tells his patients to get medical marijuana certifications, as Respondent claims he does not treat patients' pain.

20. Similarly, the expert found it was highly unusual that Respondent prescribes promethazine with codeine syrup to patients on a long-term basis, much longer than would be appropriate to treat an acute upper respiratory infection.

## COUNT I

Respondent's conduct constitutes a violation of a general duty, consisting of negligence or failure to exercise due care, including negligent delegation to or supervision of employees or other individuals, 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 constitutes obtaining, possessing, or attempting to obtain or possess a controlled substance or drug without lawful authority, and/or 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 all Complaint allegations. 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: 4/6/18, 2018

By: Cheryl Wykoff Pezon, Acting Director
Bureau of Professional Licensing

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