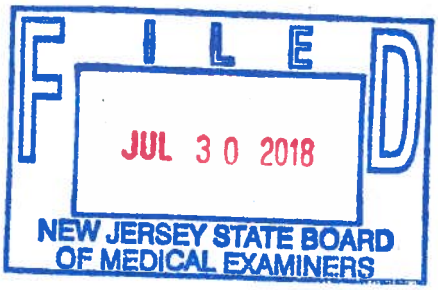
GURBIR S. GREWAL
ATTORNEY GENERAL OF NEW JERSEY
Division of Law, 5th Floor
124 Halsey Street
P.O. Box 45029
Newark, New Jersey 07101

By: Cristina E. Ramundo
Deputy Attorney General
Tel. (973) 648-4741
Attorney ID: 024562006



STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF MEDICAL EXAMINERS

IN THE MATTER OF THE SUSPENSION OR REVOCATION OF THE LICENSE OF **BRUCE COPLIN, M.D.** **LICENSE NO. 25MA05198300** TO PRACTICE MEDICINE AND SURGERY IN THE STATE OF NEW JERSEY	Administrative Action **VERIFIED COMPLAINT**

GURBIR S. GREWAL, Attorney General of the State of New Jersey, by Cristina Ramundo, Deputy Attorney General, with offices located at 124 Halsey Street, Fifth Floor, Newark, New Jersey 07101, by way of Verified Complaint, says as follows:

GENERAL ALLEGATIONS

1. Pursuant to N.J.S.A. 52:17A-4(h), Complainant, Gurbir S. Grewal, Attorney General of New Jersey ("Attorney General"), is charged with the duty and responsibility of enforcing the laws of the State of New Jersey, and, pursuant to N.J.S.A. 45:1-14 et seq., is empowered to initiate administrative disciplinary proceedings against persons licensed by the New Jersey State Board of Medical Examiners ("Board").

2. Pursuant to N.J.S.A. 45:9-1 et seq., the Board is charged with the duty and responsibility of regulating the practice of medicine and surgery in the State of New Jersey.

3. Pursuant to N.J.S.A. 45:1-22, the Board may enter a temporary order of suspension of licensure, pending the conclusion of plenary proceedings, upon consideration of a "duly verified application of the Attorney General" that alleges that the Respondent engaged in an act or practice that violates any act or regulation administered by the Board, provided, however, that the Attorney General's application "palpably demonstrates a clear and imminent danger to the public health, safety and welfare[.]"

4. The Respondent, Bruce Coplin, M.D., is a 61 year-old physician, who, at all times relevant hereto, has been licensed to practice medicine and surgery in the State of New Jersey, and possesses license number 25MA05198300. The current status of Respondent's license is "Active". The Respondent, who is board certified in physical medicine and rehabilitation, maintains an office for the practice of medicine at 7 Hospital Drive, Toms River, New Jersey 08755.

5. Between June 13, 2017 and November 20, 2017, the United States Drug Enforcement Administration ("DEA") and the New Jersey Enforcement Bureau of the Division of Consumer Affairs ("Enforcement Bureau") conducted ten (10) covert office visits to Respondent's office. The visits were conducted by Enforcement Bureau Investigator April Amisson, who went undercover as patient R.C., and a Confidential Source, C.H. Respondent prescribed CDS at each covert visit. (Certification of April Amisson, attached as Exhibit I to Certification of Cristina Ramundo, DAG (Ramundo Cert.)).

6. On February 13, 2018, the DEA and Enforcement Bureau executed a search warrant at Respondent's office.

7. Pursuant to the February 13, 2018 search, the DEA and the Enforcement Bureau obtained medical records of more than one hundred patients, including the patient records of R.C. and C.H., the undercover operatives. The medical records of R.C., C.H., S.H., R.H., M.S., A.C., K.N., and M.V.,[1] which are discussed at length below, were among the records obtained.

8. Among the CDS drugs Respondent commonly prescribed for these patients were: oxycodone hydrochloride, Percocet, morphine sulfate, fentanyl, zolpidem tartrate, carisoprodol, and OxyContin.

9. The DEA classifies CDS in their respective schedules based on whether they have a currently accepted medical use in treatment in the United States, their relative abuse potential, and likelihood of causing dependence when abused.

a. Schedule II substances have a high potential for abuse which may lead to severe psychological or physical dependence.

b. Schedule III substances may lead to moderate physical dependence or high psychological dependence.

c. Schedule IV substances have a lower potential for abuse relative to substances in Schedule III.

d. Schedule V substances have a low potential for abuse relative to substances listed in Schedule IV and consist primarily of preparations containing limited quantities of certain narcotics.

10. The CDS prescribed by Respondent, as the descriptions below establish, are dangerous medications with habit-forming potential to be utilized cautiously. The descriptions follow:

[1] Pursuant to Board policy, patient initials are being used throughout this Verified Complaint to preserve confidentiality. The identities of the patients are known to Respondent. These records are attached as Exhibits A through H to the Ramundo Cert. attached hereto.

a. Oxycodone hydrochloride, also referred to as "Oxycodone" or "Roxicodone", is an opioid analgesic, which is used for management of moderate to severe acute and chronic pain. As an opioid agonist, oxycodone hydrochloride has high abuse potential, which requires intensive monitoring, and has a risk of fatal overdose and death, even when taken as prescribed. During all times relevant hereto, it has been a Schedule II CDS, as defined in N.J.S.A. 24:21-6, N.J.A.C. 13:45H-10.1, and 21 C.F.R. § 1308.12.

b. Percocet is an opioid analgesic, which contains both oxycodone hydrochloride and acetaminophen, and is indicated for the relief of moderate to moderately severe pain. Serious, life-threatening, or fatal respiratory depression may occur with the use of this drug. During all times relevant hereto, it has been a Schedule II CDS, as defined in N.J.S.A. 24:21-6, N.J.A.C. 13:45H-10.1, and 21 C.F.R. § 1308.12.

c. Morphine sulfate, also referred to as MS Contin, is an opioid agonist, and is indicated for the relief of moderate-to-severe acute and chronic pain, preoperative sedation and as a supplement to anesthesia. Serious, life-threatening, or fatal respiratory depression, and a risk of fatal overdose and death may occur with the use of this drug. During all times relevant hereto, it has been a Schedule II CDS, as defined in N.J.S.A. 24:21-6, N.J.A.C. 12:45H10.1 and 21 C.F.R. § 1308.12.

d. Fentanyl is a synthetic opioid analgesic, and is indicated for relief of severe pain or to manage pain following surgery. As an opioid analgesic, fentanyl has a high abuse potential, which requires intensive monitoring, and has a risk of fatal overdose and death, even when taken as prescribed. Serious, life-threatening, or fatal respiratory depression may occur with the use of this drug. During all times

relevant hereto, it has been a Schedule II CDS, as defined in N.J.S.A. 24:21-6, N.J.A.C. 12:45H10.1 and 21 C.F.R. § 1308.12.

e. Zolpidem tartrate, commonly known by its trade name "Ambien", is a sedative, also called a hypnotic, used to treat insomnia. Zolpidem tartrate can cause physical and psychological dependence, and should be used with caution in patients with known, suspected, or a history of substance abuse. Moreover, concomitant use of opioids, with zolpidem tartrate, or other central nervous system depressants, including alcohol, may result in profound sedation, respiratory depression, coma, and death. During all times relevant hereto, it has been a Schedule IV CDS as defined in N.J.S.A. 24:21-8, N.J.A.C. 13:45H10.1, and 21 C.F.R. § 1308.15.

f. Carisoprodol, commonly known by its trade name "Soma", is a muscle relaxer and depressant used to relieve pain and discomfort caused by various muscle-related injuries. Since 2011, it has been a Schedule IV CDS as defined in N.J.S.A. 24:21-8, N.J.A.C. 13:45H10.1, and 21 C.F.R. § 1308.14.

g. Oxycodone hydrochloride (extended-release tablets), commonly known by its trade name "OxyContin", is an opioid agonist product indicated for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. (FDA package insert). During all times relevant hereto, OxyContin has been a Schedule II CDS as defined in N.J.S.A. 24:21-6, N.J.A.C. 13:45H10.1, and 21 C.F.R. § 1308.12.

h. Diazepam, commonly known by its trade name "Valium", is used to treat muscle spasms and seizures, as well as relieve anxiety. Diazepam is a benzodiazepine and

at all times relevant hereto has been a Schedule IV CDS as defined by N.J.S.A. 24:21-8, N.J.A.C. 13:45H10.1, and 21 C.F.R. § 1308.14.

i. Lorazepam, commonly known by its trade name "Ativan", is used to treat anxiety disorders. Lorazepam is a benzodiazepine and at all times relevant hereto has been a Schedule IV CDS as defined by N.J.S.A. 24:21-8, N.J.A.C. 13:45H10.1, and 21 C.F.R. § 1308.14.

COUNT I
Patient R.C.

11. The General Allegations are repeated and re-alleged as if set forth at length herein.

12. Patient R.C., a 37 year old female, was seen by Respondent from June 13, 2017 through November 9, 2017, for treatment of recurrent pain in the lower back. (Patient Record of R.C., Bates Stamp RC001 – RC043, attached as Exhibit A to Ramundo Cert.).

13. During R.C.'s first appointment with Respondent on June 13, 2017, R.C. complained of recurrent back injuries which produced flare-up back pain lasting 2 to 3 days at a time. (Ramundo Cert., Exhibit A, Bates Stamp RC029). Otherwise, R.C. reported that her back was in excellent shape with a pain scale of 0 and she was not taking any prescription or over-the-counter medications for pain. (Ramundo Cert., Exhibit A, RC029). Respondent's physical examination revealed a negative straight leg raising exam bilaterally, minimal tenderness, excellent flexibility and a normal neurological examination. Respondent diagnosed R.C. with a recurrent lumbar sprain and possible lumbar disk bulge. During this appointment, R.C. signed Respondent's "Pain Management Agreement," provided a urine specimen for a drug screen, and was asked to get an x-ray of her lumbar spine. (Ramundo Cert., Exhibit A, RC030). Respondent prescribed R.C. 30 dosage units of Percocet 7.5 mg, a Schedule II CDS. (Ramundo Cert., Exhibit A, RC030-RC031).

14. During Respondent's monthly treatment of R.C., Respondent repeatedly prescribed and increased the dosing frequency of CDS, despite R.C. presenting with no complaints of current pain and her report that she was "coping well" with taking pain medications once every four to six hours for pain episodes once or twice a month. (Ramundo Cert., Exhibit A, RC015-RC034; Exhibit J, Certification of Inv. April Amisson). Following the June 13, 2017 initial appointment, Respondent never conducted another physical examination of R.C. but rather noted in his progress notes that she was "stable" and had no limitations at the time of the visit. (Ramundo Cert., Exhibit A, RC015-RC034; Exhibit J, Amisson Cert.). Also her psychosocial status was always negative for any complaints or findings. (Ramundo Cert., Exhibit A, RC015 - RC034; Exhibit J, Amisson Cert.). At each visit after June 13, 2017, R.C. typically saw the Respondent for approximately two minutes, with some appointments being as short as one minute. (Ramundo Cert., Exhibit A, RC015 – RC034; Exhibit J, Amisson Cert.).

a. On July 12, 2017, despite her report that she had only taken about two-thirds of her prescribed Percocet for a flare-up which lasted a few days approximately three weeks prior to the visit, Respondent increased R.C.'s prescription of Percocet 7.5 mg from 30 to 60 dosage units. (Ramundo Cert., Exhibit A, RC023 – RC025). Based upon R.C.'s complaint that she cannot sleep, Respondent prescribes Ambien 5 mg, 30 pills to be taken once a day before bed. Respondent does not make a referral to a psychiatrist. (Ramundo Cert., Exhibit A, RC023 – RC025).

b. On August 9, 2017, Respondent increased the dosing frequency of Percocet 7.5 mg from 60 to 90 dosage units. (Ramundo Cert., Exhibit A, RC021- RC022).

c. On September 13, 2017, R.C. indicated she no longer wanted to take Tylenol (acetaminophen). (Ramundo Cert., Exhibit A, RC019- RC020). As a result, Respondent prescribed Oxycodone 10 mg, a Schedule II CDS, 90 dosage units to be taken three times a day. (Ramundo Cert., Exhibit A, RC019- RC020). Respondent's notes indicate that R.C.'s prescription for Ambien was "not needed." (Ramundo Cert., Exhibit A, RC019- RC020). However, Respondent inexplicitly prescribed Soma 350 mg 30 dosage units once a day before bed. (Ramundo Cert., Exhibit A, RC019 – RC020).

d. On October 11, 2017, Respondent continued to prescribe Oxycodone 10 mg, 90 dosage units. (Ramundo Cert., Exhibit A, RC017- RC018; Exhibit J, Amisson Cert.). Notably, when speaking with Respondent, R.C. said, "I had to sell like a couple of my pills to make my rent money last month." (Ramundo Cert., Exhibit A, RC017- RC018; Exhibit J, Amisson Cert.). Respondent merely replied, "Alright." (Ramundo Cert., Exhibit A, RC017- RC018; Exhibit J, Amisson Cert.). Even though R.C. admitted to violating her pain management agreement by selling her medication, Respondent failed to even discuss the diversion with R.C. and continued to prescribe this highly addictive drug. (Ramundo Cert., Exhibit A, RC017- RC018; Exhibit J, Amisson Cert.). Also, although Respondent indicated Ambien was "not needed" during the previous appointment and nothing in the record suggested R.C. had trouble sleeping, Respondent prescribed Ambien 5mg, 30 dosage units. (Ramundo Cert., Exhibit A, RC017- RC018; Exhibit J, Amisson Cert.).

e. On November 9, 2017, Respondent noted R.C. was "going up on medication every month" and had "drug seeking behavior." (Ramundo Cert., Exhibit A, RC015- RC016). Despite this observation, Respondent increased the dosing frequency of Oxycodone from 10 mg three times a day to four times per day, specifically 90 to 120 dosage units. (Ramundo Cert., Exhibit A, RC015- RC016). Respondent did not even discuss the drug seeking behavior with R.C. (Ramundo Cert., Exhibit A, RC015- RC016).

15. Respondent prescribed CDS to R.C. without a coherent treatment plan, failing to record and follow through with objectives and goals for pain management and/or opioid use. Over the course of Respondent's treatment of R.C. the prescribing of CDS escalated as shown in the following chart: (Ramundo Cert., Exhibit A, RC001- RC043).

Date Prescribed:	Drug:	Quantity:	Refills:
June 13, 2017	Percocet 7.5 mg	30	0
July 12, 2017	Ambien 5 mg	30	2
	Percocet 7.5 mg	60	0
August 9, 2017	Percocet 7.5 mg	90	0
September 13, 2017	Oxycodone 10 mg	90	0
	Soma 350 mg	30	2
October 11, 2017	Ambien 5 mg	30	2
	Oxycodone 10 mg	90	0
November 9, 2017	Oxycodone 10 mg	120	0
Total units prescribed:	750		

16. Despite this pattern of narcotic prescribing for R.C.'s complaint of low back pain at no time did Respondent obtain any diagnostic testing in order to determine the cause of R.C.'s complaints of pain. (Ramundo Cert., Exhibit A, RC001- RC043; Expert Report of Paul Abend, D.O. ("Abend Report") attached as Exhibit L to Ramundo Cert., at 4-5). Although he requested an X-ray of the lumbar spine at the initial appointment, Respondent never asked R.C. for the results of the x-ray for the duration of R.C.'s treatment. (Ramundo Cert., Exhibit A, RC001- RC043; Exhibit L, Abend Report at 4-5). Respondent never offered R.C. any alternative treatment modalities such as physical therapy, biofeedback, injections, electrical therapy, spinal cord stimulation, interventional pain management and/or a referral to a specialist. (Ramundo Cert., Exhibit A, RC001- RC043; Exhibit L, Abend Report at 4-5).

17. While Respondent maintained progress notes for each appointment with R.C., Respondent failed to include sufficient details to allow another treating physician to understand R.C.'s condition and treatment. (Ramundo Cert., Exhibit A, RC001- RC043).

18. Respondent failed to access and monitor R.C.'s prescriptions through the New Jersey Prescription Monitoring Program (PMP) on a quarterly basis during the time R.C. received prescriptions for Schedule II CDS for chronic pain as required by N.J.A.C. 13:45A-35.9. (Ramundo Cert., Exhibit A, RC001- RC043). Respondent only accessed R.C.'s PMP information on March 23, 2017, approximately three months before R.C. started treatment. (Ramundo Cert., Exhibit A, RC035- RC036).

19. Respondent failed to review the course of treatment, the progress toward treatment objectives, and any new information about the etiology of the pain with R.C., pursuant to N.J.A.C. 13:35-7.6(f). (Ramundo Cert., Exhibit A, RC001- RC043). Respondent also failed to make periodic reasonable efforts to taper R.C.'s use of CDS, especially when R.C. repeatedly presented with no

pain or physical limitations. (Ramundo Cert., Exhibit A, RC001- RC043). Respondent made no effort to reduce R.C.'s CDS prescription, even when R.C. told Respondent that she did not take all of her medication on July 12, 2017 or when R.C. told him that she had sold some of the prescribed CDS to pay for her rent. (Ramundo Cert., Exhibit A, RC017, RC024).

20. Respondent's failure to adequately treat R.C.'s complaints and monitor R.C.'s receipt and use of various CDS medications is a gross deviation from the standard of care, and raises significant doubts regarding Respondent's ability to properly monitor and treat patient medical conditions. (Ramundo Cert., Exhibit L, Abend Report at 4-6, 10-12).

21. Respondent's actions described herein constitute gross negligence that endangered the life, health, welfare or safety of R.C. in violation of N.J.S.A. 45:1-21(c); repeated acts of negligence in violation of N.J.S.A. 45:1-21(d); professional or occupational misconduct violation of N.J.S.A. 45:1-21(e); failure to comply with the provisions of an act or regulation administered by the Board in violation of N.J.S.A. 45:1-21(h), specifically failure to perform an appropriate physical examination prior to issuing a prescription in violation of N.J.A.C. 13:35-7.1; failure to comply with certain limitations on prescribing controlled substances and failure to reevaluate treatment plans in violation of N.J.A.C. 13:35-7.6; failure to access prescription monitoring information on a quarterly basis when prescribing Schedule II CDS pursuant to N.J.A.C. 13:45A-35.9; failure to keep adequate patient records pursuant to N.J.A.C. 13:35-6.5; the issuing of prescriptions for CDS indiscriminately or without good cause in violation of N.J.S.A. 45:1-21(m); and the failure to be of good moral character as required for licensing as a physician pursuant to N.J.S.A. 45:9-6.

22. Moreover, Respondent's indiscriminate prescribing of CDS and failure to properly monitor R.C.'s use of the prescribed CDS demonstrates poor medical judgment that places the

public's health, safety, and welfare in clear and imminent danger and warrants temporary suspension of his license to practice medicine pursuant to N.J.S.A. 45:1-22.

COUNT II
Patient C.H.

23. The General Allegations and those of Count I are repeated and re-alleged as if set forth at length herein.

24. Patient C.H., a 27 year old male, was seen by Respondent from August 28, 2017 through December 18, 2017, for "clicking," and stiffness in both shoulders. (Patient Record of C.H., Bates Stamp CH001 – CH029, attached as Exhibit B to Ramundo Cert.).

25. During C.H.'s first appointment with Respondent on August 28, 2017, C.H. complained of persistent bilateral shoulder pain controlled with Percocet periodically. (Ramundo Cert., Exhibit B, CH019). Over the preceding six months, C.H.'s pain became worse predominately on the right side. (Ramundo Cert., Exhibit B, CH019). Respondent's physical examination revealed some pain on abduction of the left shoulder and some weakness on forward flexion of the right shoulder. (Ramundo Cert., Exhibit B, CH019– CH020). Respondent diagnosed C.H. with impingement syndrome of both shoulders but worse on the left and a possible right side rotator cuff injury. (Ramundo Cert., Exhibit B, CH020). During this appointment, C.H. signed Respondent's "Pain Management Agreement," provided an oral fluid specimen for a drug screen, and was asked to get an x-ray of both shoulders to rule out "calcific tendonitis or other internal derangement." (Ramundo Cert., Exhibit B, CH019- CH020). C.H. was prescribed Percocet 10 mg, a Schedule II CDS, 60 pills to be taken twice a day. (Ramundo Cert., Exhibit B, CH021).

26. Respondent prescribed CDS to C.H. monthly without establishing or following through with a coherent treatment plan for C.H.'s bilateral shoulder pain. (Ramundo Cert., Exhibit B, CH001- CH029). Based on Respondent's notes, Respondent's treatment plan for C.H. relied

solely on medication. (Ramundo Cert., Exhibit B, CH001-CH029). Absent from the record is any evidence that Respondent recommended C.H. to seek an alternative to drugs, such as exercise, acupuncture, shoulder injections, or chiropractic treatment, for pain management. (Ramundo Cert., Exhibit B, CH001- CH029).

27. After August 28, 2017, during Respondent's monthly treatment of C.H., Respondent repeatedly prescribed and increased the dosing frequency of CDS despite never conducting another physical examination of C.H. (Ramundo Cert., Exhibit B, CH001- CH029). At each visit C.H. typically saw the Respondent for approximately two minutes, with some appointments being as short as one minute. (Ramundo Cert., Exhibit B, CH001- CH029).

28. The following is a chart of Respondent's prescribing of CDS to C.H.: (Ramundo Cert., Exhibit B, CH001- CH029).

Date Prescribed:	Drug:	Quantity:	Refills:
August 28, 2017	Percocet 10 mg	60	0
September 25, 2017	Oxycodone 10 mg	60	0
October 23, 2017	Oxycodone 10 mg	60	0
November 11, 2017	Oxycodone 10 mg	60	0
December 18, 2017	Oxycodone 10 mg	90	0
Total units prescribed:	330		

29. The prescribing, as depicted above, continued even after C.H. disclosed to Respondent on September 25. 2017, that he had diverted some of his medication. (Ramundo Cert., Exhibit B, CH013- CH014). Notably, on September 25, 2017, C.H. told Respondent he "ran a little short" on his medication because he had to return some pills that he previously "borrowed." (Ramundo Cert., Exhibit B, CH013). Respondent failed to address this statement or express any concerns of diversion with C.H. (Ramundo Cert., Exhibit B, CH013). Even though C.H. admitted to

violating his pain management agreement by diverting his medication, Respondent did not address the diversion with C.H. and continued to prescribe these highly addictive drugs. (Ramundo Cert., Exhibit B, CH013- CH014).

30. Despite this pattern of narcotic prescribing for C.H.'s complaint of bilateral shoulder pain at no time did Respondent obtain any diagnostic testing in order to determine the cause of C.H.'s complaints of pain. (Ramundo Cert., Exhibit B, CH001- CH029). Although he prescribed an x-ray of C.H.'s shoulders, Respondent never asked C.H. for the results of the x-ray for the duration of C.H.'s treatment. (Ramundo Cert., Exhibit B, CH001- CH029).

31. While Respondent maintained progress notes for each appointment with C.H., Respondent failed to include sufficient details to allow another treating physician to understand C.H.'s condition and treatment. (Ramundo Cert., Exhibit B, CH001- CH029).

32. Respondent failed to access and monitor C.H.'s prescriptions through the New Jersey Prescription Monitoring Program (PMP) on a quarterly basis during the time C.H. received prescriptions for Schedule II CDS for chronic pain as required by N.J.A.C. 13:45A-35.9. (Ramundo Cert., Exhibit B, CH001- CH029).

33. Respondent failed to review the course of treatment, the progress toward treatment objectives, and any new information about the etiology of the pain with C.H., pursuant to N.J.A.C. 13:35-7.6(f). (Ramundo Cert., Exhibit B, CH001- CH029). Respondent also failed to make periodic reasonable efforts to taper C.H.'s use of CDS, including the use of nonsteroidal anti-inflammatory agents. (Ramundo Cert., Exhibit B, CH001-CH029). Nothing in the record suggests that Respondent, beyond the first appointment on August 28, 2017, introduced C.H. to non-medicinal alternatives of pain relief such as physical therapy. (Ramundo Cert., Exhibit B, CH001- CH029).

34. Respondent's failure to adequately treat C.H.'s complaints and monitor C.H.'s receipt and use of various CDS medications is a gross deviation from the standard of care, and raises significant doubts regarding Respondent's ability to properly monitor and treat patient medical conditions. (Ramundo Cert., Exhibit L, Abend Report at 3-4, 10-12).

35. Respondent's actions described herein constitute gross negligence that endangered the life, health, welfare or safety of C.H. in violation of N.J.S.A. 45:1-21(c); repeated acts of negligence in violation of N.J.S.A. 45:1-21(d); professional or occupational misconduct violation of N.J.S.A. 45:1-21(e); failure to comply with the provisions of an act or regulation administered by the Board in violation of N.J.S.A. 45:1-21(h), specifically failure to perform an appropriate physical examination prior to issuing a prescription in violation of N.J.A.C. 13:35-7.1; failure to comply with certain limitations on prescribing controlled substances and failure to reevaluate treatment plans in violation of N.J.A.C. 13:35-7.6; failure to access prescription monitoring information before and while prescribing Schedule II CDS pursuant to N.J.A.C. 13:45A-35.9; failure to keep adequate patient records pursuant to N.J.A.C. 13:35-6.5; the issuing of prescriptions for CDS indiscriminately or without good cause in violation of N.J.S.A. 45:1-21(m); and the failure to be of good moral character as required for licensing as a physician pursuant to N.J.S.A. 45:9-6.

36. Moreover, Respondent's indiscriminate prescribing of CDS and failure to properly monitor C.H.'s use of the prescribed CDS demonstrates poor medical judgment that places the public's health, safety, and welfare in clear and imminent danger and warrants temporary suspension of his license to practice medicine pursuant to N.J.S.A. 45:1-22.

COUNT III
Patient S.H.[2]

[2] S.H. and R.H. are a married couple and were both patients of Respondent. R.H. will be discussed in Count IV below.

37. The General Allegations and those of the prior counts are repeated and re-alleged as if set forth at length herein.

38. Patient S.H., a 41 year old female, was seen by Respondent from November 15, 2012, through August 14, 2017, for the treatment of jaw and back pain. (Patient Record of S.H., Bates Stamp SH001– SH409, attached as Exhibit C to Ramundo Cert.).

39. On November 15, 2012, after receiving a referral letter from Doctor Sobti, Respondent diagnosed S.H. with recurrent jaw pain. From November 2012 to May 2013, the record is devoid of treatment or patient visits. On May 22, 2013, Respondent stated in an evaluation letter to Dr. Banks, that though an exam only found some degeneration on the left, the patient contended pain on both sides, and Respondent also noted she grinds her teeth at night. (Ramundo Cert., Exhibit C, SH349). On June 24, 2013, Respondent prescribed Oxy Contin 10 mg #60 (for "chronic pain"), Percocet 10/325 mg #120 (for "breakthrough pain"), and Valium 5 mg #30 (for "muscle spasms"). (Ramundo Cert., Exhibit C, SH347)

40. On July 22, 2013, a month later, Respondent increased the dosage of Oxy Contin to 20 mg #60 and clarified the diagnosis as "dislocation of the jaw and severe TMJ." (Ramundo Cert., Exhibit C, SH345).

41. Throughout Respondent's five year treatment of S.H., there were several changes in S.H.'s medication regimen:

a. On June 11, 2014, Respondent substituted M.S. Contin for Oxy Contin, and the new prescription was M.S. Contin 30 mg #60, and on December 3, 2014, Respondent increased the M.S. Contin prescription to 30 mg #90 for "extremely high" pain "due to predominantly her temporomandibular joint dysfunction." After

this change, the M.S. Contin prescription remained constant until discharge. (Ramundo Cert., Exhibit C, SH305-SH306; SH290).

b. On May 27, 2015, Respondent also replaced S.H.'s prescription of Valium with Ativan .5 mg #30. (Ramundo Cert., Exhibit C, SH276).

c. Also, on August 6, 2015, Respondent changed the prescription of Percocet to 5/325 PO #120, because S.H.'s insurance would not cover Percocet 10/325, and Respondent believed the solution was to decrease the potency but increase the dosage simultaneously.

d. On February 19, 2014, the patient complained of recurrent neck pain due to falling on her head, and Respondent added a prescription for Flexeril, a muscle relaxant, 5mg #90 for "muscle spasm" and ordered an MRI. A month later, the results came in for the scan and showed no injury (including "no significant disk bulges or herniated discs"), despite this, Respondent increased the Flexeril dosage to three times a day. After this change, the Flexeril prescription remained constant until January 2016, when it was discontinued.

e. On April 2, 2015, S.H. asked for Respondent to write her a prescription for Ambien because she could not get in touch with her psychiatrist, and Respondent complied, writing her a prescription for Ambien 10 mg #30. After this change, the Ambien prescription remained constant until November 2016, when it was increased.

f. On March 1, 2016, Respondent added a prescription for Soma 350 mg #30, though there was no explanation for this addition, and all other prescriptions were kept constant. Less than a month later, on March 22, Respondent increased the prescription to Soma 350 mg #60. A month after that increase, despite noting that

he was becoming concerned about S.H.'s drug seeking behavior, on April 20, Respondent increased the Soma prescription again to Soma 350 mg #90. After this change, the Soma prescription remained constant until discharge.

g. On October 26, 2016, Respondent, having become concerned about S.H.'s drug seeking behavior, took her off Ativan.

h. Despite this concern, on November 23, 2016, Respondent increased S.H.'s Ambien prescription to "Ambien CR 12.5 mg #30 for sleep," in response to a letter S.H. wrote him on October 4, 2016.

i. On December 26, 2016, S.H. complained of seizures, and the patient record of the visit indicated she'd had seizure activity for one month.

j. On April 10, 2017, the diagnosis began to include neck, back, and shoulder pain as well as jaw pain, though there was no evaluation for these new symptoms.

42. Beginning in March 2016, Respondent began to include notes in the patient file which expressed his concern for S.H.'s drug-seeking behavior as well as other third parties' concerns, such as pharmacists and the insurance company. Despite these concerns and despite red flags indicative of misuse or diversion, Respondent continued to prescribe highly addictive drugs to S.H.

a. On March 22, 2016, the same day that Respondent increased the dosage for S.H.'s Soma prescription, he added an addendum note to the patient's file in which he expressed concern for the patient's drug-seeking behavior. At this point, S.H. was on the following drugs: "Percocet 5/325 #240, M.S. Contin 30 #90, Ambien 10, Ativan 1 mg #30, and Soma 350 #60." (Ramundo Cert., Exhibit C, SH163).

b. On October 3, 2016, a CVS Pharmacist called with concerns about S.H. and her wife, R.H. The notes from the phone call indicate that the pharmacist was concerned

because S.H. and R.H. had consistently attempted to refill their prescriptions early, and the pharmacist was particularly worried since both S.H. and her wife had a similar diagnosis and similar medications. In response to this, Respondent included a chart note in S.H.'s patient file, agreeing that she and R.H. seemed to have "drug-seeking behavior when they are in the office here." (Ramundo Cert., Exhibit C, SH104).Therefore, he wrote that he planned to implement random urine drug screen tests, and if non-compliance was noted, he would discharge them from his care. (Ramundo Cert., Exhibit C, SH097).However, he only gave S.H. two tests after this, one in December 2016 and one in August 2017.

c. On October 27, 2016, Respondent once again spoke to a pharmacist who expressed concern that S.H. and R.H. were filling their prescriptions early and that their behavior could be the result of "diversion of medicine." However, Respondent noted that both S.H. and R.H. had a "reasonable diagnosis with regard to what they are on," and if he personally noticed any indications of early re-fills or diversion, he would immediately discharge both of them. Respondent also noted they both are on "probation" now. (Ramundo Cert., Exhibit C, SH099).

d. On November 15, 2016, S.H.'s insurance company, Amerigroup Real Solutions, stated that "claims of 10/27/2016 suggest that this patient filled multiple prescriptions for controlled substances within three months...regular monitoring is needed to ensure patient safety and minimize dependence." Additionally, it notes that "claims show this patient filled prescriptions for benzodiazepines, muscle relaxants, and opioids within 30 days of each other ... This combination of drugs increases the risk of overdose." (Ramundo Cert., Exhibit C, SH097).

e. Respondent noted in his patient visit record for January 18, 2017, that S.H. should "attempt to reduce M.S. Contin to 30 mg q 12 hours with the use of Percocet," and he also wrote in the addendum note, "hopefully" she will "adhere to this because she needs to." He also noted that S.H. did not "appear" to be taking her Soma prescription, and he considered taking her off of it. However, he continued to prescribe her Soma until August 14, 2017.

f. On February 20, 2017, Respondent included an addendum note to the patient visit form which outlined his concerns about "drug seeking behavior and possible diversion of medicine." He mentioned her personal letters to him, expressions of how many medications she was already on, rejection of her request for a re-start of her prescription for Ativan, descriptions of his discussions with her, and concern about monitoring S.H. and her wife. At this point, she was on "Percocet 5/325 #240, M.S. Contin 20 #90, Ambien 12.5 #30, and Soma 350 #120." (Ramundo Cert., Exhibit C, SH062).

43. Beginning in 2016, S.H. began to write letters to Respondent's office asking either for prescriptions to be written earlier than usual, asking for increased prescriptions, or asking to be given prescriptions for medications she was previously on.

44. Despite all these expressed concerns from Respondent and third parties and S.H.'s increased attempts to be prescribed more medications, Respondent continued to mark "no" for "concerned about misuse" on S.H.'s patient notes for each visit. Additionally, the only part of the patient chart that changed from visit to visit was the answers to the "coping with pain" section and sometimes the diagnosis. There were occasionally notes for the "physical exam" portion of the chart, but those did not include any details such as vital signs or standard check-ups.

45. Throughout her course of treatment, Respondent prescribed medication without a coherent treatment plan, failing to record and follow through with objectives and goals for pain management and/or opioid use.

46. Respondent prescribed various adjuvant medications, in inappropriate dosages, without regard to their interaction with opioid medications.

a. On May 22, 2013, S.H. was prescribed Valium 5mg #30, Percocet 10/325 #120, OxyContin 10mg #60, Lexapro, an antidepressant, 10 mg #30 and Abilify, an antipsychotic, 5mg #30. There was no blood work ordered by the Respondent to evaluate these drugs' effect on S.H.'s liver, kidney and heart. There was no discussion with S.H.'s psychiatrist about the drug interactions as the multiple medications had risks of tremors, death, cardiac arrhythmias and respiratory depression. (Ramundo Cert., Exhibit C, SH356-SH358; Exhibit L, Abend Report).

b. On or about February 19, 2014, S.H. fell and was diagnosed with a concussion with a positive loss of consciousness. Despite this Respondent, prescribed her Valium. OxyContin, Percocet and Flexeril. He maintained her on these medications regardless of postconcussive syndrome with no physical examination or vital signs being taken. (Ramundo Cert., Exhibit L, Abend Report).

47. Respondent gave S.H. several urine toxicology screens throughout treatment, but the screens were not given regularly. While Respondent administered these drug screens he failed to address the results with S.H., instead disregarding inconsistent urine samples that did not evidence that S.H. was compliant with his prescription regimen.

a. The test collected on August 25, 2015, after Respondent had been treating S.H., indicated that S.H. was "not compliant" with her oxycodone prescription, and the

report contained a note saying, "Test results indicate that this patient may not be taking drugs prescribed." Despite this result, Respondent continued prescribing CDS.

b. Respondent did not give the patient another drug screen until April 20, 2016, and the results indicated that S.H. was also "not compliant" with her Soma prescription, and the report again contained a note saying, "Test results indicate that this patient may not be taking drugs prescribed." Despite this, CDS continued to be prescribed.

c. The next test occurred on December 21, 2016, and S.H. was still "not compliant" with her Soma prescription, which the report concluded, may indicate that she is not taking those drugs. Despite this, CDS continued to be prescribed.

d. However, even though S.H. had failed all the drug screens, Respondent did not give her another drug screen for almost another year, on August 7, 2017. The results indicated that S.H. was compliant with Soma, but was noncompliant with morphine and oxycodone, and after these results, Respondent finally discharged her from his practice.

48. Respondent did take several monitoring measures throughout the treatment period, though these measures were not implemented regularly or consistently. Respondent had S.H. sign Pain Management Agreements on the following dates: May 22, 2013; January 21, 2014; February 2, 2016; and January 18, 2017. Respondent also performed several PMP checks throughout treatment, on May 3, 2013; April 11, 2016; April 28, 2016; and July 26, 2017.

49. Respondent discharged S.H. on August 14, 2017, after her fourth failed toxicology screen. Respondent's chart note stated that S.H., along with her wife R.H., have exhibited "drug

seeking behavior," and since her toxicology screen was negative for Morphine and Oxycodone, she is likely diverting these medications and therefore should be discharged immediately.

50. Respondent's failure to appropriately document S.H.'s pain or to offer her any alternative treatments other than the prescribing of CDS, coupled with his lack of a supported diagnosis or comprehensive treatment plan is a gross deviation from the standard of care. (Ramundo Cert., Exhibit L, Abend Report, p. 11).

51. Respondent's actions described herein constitute gross negligence that endangered the life, health, welfare or safety of S.H. in violation of N.J.S.A. 45:1-21(c); repeated acts of negligence in violation of N.J.S.A. 45:1-21(d); professional or occupational misconduct violation of N.J.S.A. 45:1-21(e); failure to comply with the provisions of an act or regulation administered by the Board in violation of N.J.S.A. 45:1-21(h), specifically failure to perform an appropriate physical examination and formulate a treatment plan prior to issuing a prescription in violation of N.J.A.C. 13:35-7.1A; failure to comply with certain limitations on prescribing controlled substances and failure to reevaluate treatment plans in violation of N.J.A.C. 13:35-7.6; failure to access prescription monitoring information on a quarterly basis when prescribing schedule II CDS medication pursuant to N.J.A.C. 13:45A-35.9; failure to keep adequate patient records pursuant to N.J.A.C. 13:35-6.5; the issuing of prescriptions for CDS indiscriminately or without good cause in violation of N.J.S.A. 45:1-21(m); and the failure to be of good moral character as required for licensing as a physician pursuant to N.J.S.A. 45:9-6.

52. Moreover, Respondent's indiscriminate prescribing of CDS and failure to properly monitor S.H.'s use of the prescribed CDS demonstrates poor medical judgment that places the public's health, safety, and welfare in clear and imminent danger and warrants temporary suspension of his license to practice medicine pursuant to N.J.S.A. 45:1-22.

COUNT IV

Patient R.H.

53. The General Allegations and those of the prior counts are repeated and re-alleged as if set forth at length herein.

54. Patient R.H., a 37 year old female and Medicaid recipient, was seen by Respondent from January 5, 2016 through August 14, 2017, for treatment of pain in the neck, right shoulder and arm, and lower back. (Patient Record of R.H., Bates Stamp RH001-RH132, attached as Exhibit D to Ramundo Cert.). R.H.'s spouse, S.H., was also Respondent's patient since 2012. (Ramundo Cert., Exhibit C, SH001-409).

55. On January 5, 2016, R. H. complained of recurrent neck pain which radiated to her right upper extremity, right arm pain and chronic lower back pain. (Ramundo Cert., Exhibit D, RH101-102). After a brief physical examination, a check of patient history, and a review of a Magnetic Resonance Imaging ("MRI") of R.H.'s cervical spine from 2012, Respondent diagnosed R.H. with right cervical radiculopathy, chronic right tennis elbow, localized lower back pain and multi-level degenerative cervical disk disease . (Ramundo Cert., Exhibit D, RH101-102). Respondent prescribed Ambien 5 mg #30 and Roxicodone 15 mg #60. (Ramundo Cert., Exhibit D, RH101-102).

56. Respondent ordered an MRI of R.H.'s lumbar spine. This MRI was done on January 13, 2016 and found that R.H. had "mild to moderate multilevel degenerative disc and facet changes with very [sic] degrees of neural foraminal narrowing." (Ramundo Cert., Exhibit D, RH099-100).

57. During Respondent's treatment of R.H., Respondent was warned on multiple occasions by R.H.'s insurance company and pharmacists about R.H.'s drug seeking behavior and

possible involvement in drug diversion. Respondent ignored these numerous warnings from third parties and instead continued to prescribe CDS to R.H.

a. On September 17, 2016, Amerigroup issued an alert to Respondent that R.H. had been "identified as potentially taking multiple behavioral health medications within the same therapeutic class that are prescribed by two or more providers." (Ramundo Cert., Exhibit D, RH063-66). This alert specifically highlighted Respondent's prescription of Ambien and Ativan. (Ramundo Cert., Exhibit D, RH063-66). After this alert, Respondent stopped prescribing Ativan. (Ramundo Cert., Exhibit D, RH061). Respondent also refrained from prescribing Ambien for about two months, but resumed R.H.'s Ambien prescription on November 23, 2016. (Ramundo Cert., Exhibit D, RH051-52). Respondent did not discuss this alert or possible drug seeking behavior with R.H. Instead, during her next appointment on September 28, 2016, Respondent added Soma 350 mg, 30 pills to R.H.'s prescription regimen and continued to prescribe Roxicodone 15mg, 120 pills. (Ramundo Cert., Exhibit D, RH54).

b. On October 3, 2016, a pharmacist contacted Respondent regarding R.H. and her spouse, S.P. R.H. and S.P. were "consistently trying to refill their meds [sic] early and they both live in the same household with similar meds [sic] and diagnosis." (Ramundo Cert., Exhibit D, RH060). In Respondent's notes, Respondent acknowledged his patients "appear to have drug seeking behavior when they are in the office here and in many instances are not appropriate. Therefore, random urine drug screens will be done." Respondent did not perform any random urine drug screens; instead, he performed two oral fluid drug screens on December 21, 2016

and August 7, 2017. Respondent also noted that "any aberrant drug behavior of the continuation of any noncompliance with their pain management agreements will be grounds for immediately discharging them from this office for any further management." (Ramundo Cert., Exhibit D, RH059). On October 26, 2016, despite acknowledging R.H.'s drug seeking behavior, Respondent increased R.H.'s Soma prescription from 350 mg #30 to #60 and continued R.H. on Roxicodone 15mg #120. (Ramundo Cert., Exhibit D, RH056-058).

c. On October 27, 2016, Respondent spoke again with a pharmacist regarding R.H. and S.H. The pharmacist was "still concerned about diversion of medication." Respondent expressed only limited concerns because he felt the patients had a "reasonable diagnosis" with regards to their medication. At the same time, Respondent indicated that "both of these patients are on probation at this time" and "any slipping up of medications or anything that would suggest any diversion of medication or aberrant drug behavior" would lead to discharge from Respondent's care. Respondent did not discuss this warning with R.H. (Ramundo Cert., Exhibit D, RH055).

d. On November 15, 2016, Amerigroup sent a second alert to Respondent regarding R.H.'s possible drug seeking behavior. This alert specifically highlighted Respondent's prescription of Roxicodone, Ambien, Ativan, and Soma. (Ramundo Cert., Exhibit D, RH053-54). Respondent continued to prescribe Roxicodone, Ambien and Soma following this alert. (Ramundo Cert., Exhibit D, RH011). Respondent did not discuss this alert with R.H., nor did he administer a urine drug

screen during R.H.'s subsequent appointment on November 23, 2016. (Ramundo Cert., Exhibit D, RH051).

e. On December 21, 2016, Respondent ordered an oral fluid drug screen. (Ramundo Cert., Exhibit D, RH014). This test was the first drug screen Respondent administered since he said he would conduct random drug screens on October 3, 2016. The results of the drug screen were consistent with R.H. taking marijuana but not taking Soma as prescribed, which is "non-compliant" with Respondent's treatment. (Ramundo Cert., Exhibit D, RH014; RH046-47). On the drug screen report, Respondent wrote "speak to patient" dated "12/30." (Ramundo Cert., Exhibit D, RH046-47). Respondent did not discuss this report with R.H nor did he alter his treatment plan. During R.H.'s next visit on January 18, 2017, Respondent asked R.H. to sign a pain management agreement. (Ramundo Cert., Exhibit D, RH044; RH003-004).

f. On July 14, 2016, Amerigroup sent a third warning that R.H. was potentially taking multiple behavioral health medications within the same therapeutic class, prescribed by two or more physicians. (Ramundo Cert., Exhibit D, RH026). Respondent did not document that he discussed this alert with R.H.

g. On July 25, 2017, Amerigroup sent yet another letter this time citing R.H.'s prescriptions for benzodiazepines, muscle relaxants, and opioids and plainly stating "This combination of drugs increases the risk of overdose." (Ramundo Cert., Exhibit D, RH022). Respondent continued his prescribing unheeded.

h. On August 7, 2017, Respondent prescribed Soma 350 mg, 60 pills and Ambien 12.5 mg, 30 pills to replace prescriptions that were issued on June 7, 2017 but

expired before R.H. could fill the prescriptions. (Ramundo Cert., Exhibit D, RH018-019). Respondent did not ask R.H. why she failed to fill the prescriptions before they expired. (Ramundo Cert., Exhibit D, RH018-019). Respondent also ordered an oral fluid drug screen. (Ramundo Cert., Exhibit D, RH015-019). The results of the drug screen were consistent with R.H. taking Soma but not Roxicodone as prescribed, which is "non-compliant" with the pain management agreement. (Ramundo Cert., Exhibit D, RH015-016).

i. On August 14, 2017, after four alerts from Amerigroup, two warnings from pharmacists, and two failed drug screens, Respondent finally discharged R.H. for not complying with Respondent's treatment plan. (Ramundo Cert., Exhibit D, RH013-014).

58. Respondent failed to regularly monitor R.H.'s drug use through the New Jersey Prescription Monitoring Program (PMP) to assure R.H.'s compliance with Respondent's treatment plan. Respondent failed to access R.H.'s PMP on a quarterly basis starting November 7, 2016 as required by N.J.A.C. 13:45A-35.9; in fact, Respondent only checked R.H.'s PMP once on September 19, 2016. (Ramundo Cert., Exhibit D, RH110-111).

59. The progress notes Respondent prepared for R.H. from February 2, 2016 to August 7, 2017 lack crucial details including vital signs and physical examination findings which would allow another treating physician to understand R.H.'s condition and treatment. (Ramundo Cert., Exhibit D, RH01-RH132).

60. Respondent prescribed CDS to R.H. without establishing or following through with a coherent treatment plan for pain management and reducing opioid use. Instead, Respondent demonstrated a pattern of continuing to prescribe CDS in spite of signs of potential drug seeking behavior, and/or drug diversion, as demonstrated, in part, as follows:

Illustrative of the frequency of R.H.'s receipt of prescription CDS in this timeframe is the following chart:

Date Prescribed:	Date Filled:	Drug:	Quantity:	Refills:
January 5, 2016	January 11, 2016	Valium 5 mg	2	0
	January 5, 2016	Roxicodone 15 mg	60	0
	January 6, 2016	Ambien 5 mg	30	1
February 2, 2016	February 5, 2016	Roxicodone 15 mg	90	0
	February 11, 2016	Ambien 10 mg	30	1
	March 10, 2016			
March 1, 2016	March 1, 2016	Roxicodone 15 mg	120	0
		Celebrex 200 mg (denied by insurance)	30	1
March 9, 2016		Voltaren 75 mg	60	0
March 22, 2016	March 28, 2016	Roxicodone 15 mg	120	0
	April 7, 2016	Ambien 10 mg	30	2
	May 4, 2016			
	May 31, 2016			
		Voltaren 75 mg	60	
	March 22, 2016	Ativan 0.5 mg	30	1
	April 18, 2016			
April 20, 2016	April 25, 2016	Roxicodone 15 mg	120	0
May 18, 2016	May 23, 2016	Roxicodone 15 mg	120	0
		Voltaren 75 mg	60	2
	May 23, 2016	Ativan 0.5 mg	30	2
	June 20, 2016			
	July 17, 2016			
June 6, 2016	June 20, 2016	Roxicodone 15 mg	120	0
		Ambien 10 mg	30	2
July 15, 2016		Ambien 10 mg	30	2

		Voltaren 75 mg	60	2
		Ativan 0.5 mg	30	2
August 4, 2016	August 4, 2016	Roxicodone 15 mg	120	0
August 18, 2016		Ativan 0.5 mg	30	2
August 31, 2016	September 3, 2016	Roxicodone 15 mg	120	0
	September 7, 2016	Ambien 12.5 mg	30	2
	October 5, 2016			
	November 2, 2016			
	September 7, 2016	Ativan 0.5 mg	60	2
	October 5, 2016			
	November 18, 2016			
September 28, 2016	September 30, 2016	Roxicodone 15 mg	120	0
		Soma 350 mg	30	2
October 26, 2016		Roxicodone 15 mg	120	0
	October 26, 2016	Soma 350 mg	60	1
	November 23, 2016			
November 23, 2016	November 26, 2016	Roxicodone 15 mg	120	0
	December 12, 2016	Ambien 12.5 mg	30	2
	January 8, 2017			
	February 4, 2017			
December 21, 2016	December 24, 2016	Roxicodone 15 mg	120	0
	December 21, 2016	Soma 350 mg	60	1
	January 20, 2017			
Total dosage units over approximately 20 month period				

61. Respondent's prescriptions for Roxicodone, Soma and Ambien remained constant from December 21, 2016 until the patient's discharge. (Ramundo Cert., Exhibit D, RH04-050).

62. Respondent continuously prescribed CDS for three or more months without a coherent treatment plan with objectives and goals for pain management or opioid use which made

reasonable efforts to prescribe alternative medications or alternative treatments to alleviate the pain or decrease the dosages of CDS. Rather, Respondent's treatment plan for R.H. relied solely on medication. Absent from the record is any evidence that Respondent recommended R.H. to seek an alternative to CDS, such as nonsteroidal medications, physical therapy, injections, topical medications, exercise, acupuncture, or chiropractic treatment, for pain management. (Ramundo Cert., Exhibit L, Abend Report, p. 10-11).

63. Respondent never performed any reassessments for R.H. or significantly altered R.H.'s treatment plan. Respondent failed to formulate a new treatment plan to help R.H. wean off her medications when R.H. indicated she was "trying to conceive soon" and was "considering weaning off" the current medications on March 25, 2017. (Ramundo Cert., Exhibit D, RH40). .

64. Respondent's failure to adequately treat R.H.'s complaints and monitor her receipt and use of various CDS medications is a gross deviation from the standard of care, and raises significant doubts regarding Respondent's ability to properly monitor and treat patient medical conditions. (Ramundo Cert., Exhibit L, Abend Report, p. 10-11)

65. Respondent's actions described herein constitute gross negligence that endangered the life, health, welfare or safety of R.H. in violation of N.J.S.A. 45:1-21(c); repeated acts of negligence in violation of N.J.S.A. 45:1-21(d); professional or occupational misconduct violation of N.J.S.A. 45:1-21(e); failure to comply with the provisions of an act or regulation administered by the Board in violation of N.J.S.A. 45:1-21(h), specifically failure to perform an appropriate physical examination and formulate a treatment plan prior to issuing a prescription in violation of N.J.A.C. 13:35-7.1A; failure to comply with certain limitations on prescribing controlled substances and failure to reevaluate treatment plans in violation of N.J.A.C. 13:35-7.6; failure to access prescription monitoring information on a quarterly basis when prescribing schedule II CDS medication pursuant to N.J.A.C. 13:45A-35.9; failure to keep adequate patient records pursuant to N.J.A.C. 13:35-6.5; the issuing of prescriptions for CDS indiscriminately or without good cause in violation of N.J.S.A. 45:1-21(m); and the failure to be of good moral character as required for licensing as a physician pursuant to N.J.S.A. 45:9-6.

66. Moreover, Respondent's indiscriminate prescribing of CDS and failure to properly monitor R.H.'s use of the prescribed CDS demonstrates poor medical judgment that places the

public's health, safety, and welfare in clear and imminent danger and warrants temporary suspension of his license to practice medicine pursuant to N.J.S.A. 45:1-22.

Count V
Patient M.S.

67. The General Allegations and those of the prior counts are repeated and re-alleged as if set forth at length herein.

68. Patient M.S., a 55 year old female, was seen by Respondent from August 3, 2013 through February 8, 2018, for treatment of chronic lower back pain and degenerative disk disease. (Patient Record of M.S., Bates Stamp MS001-MS188, attached as Exhibit E to Ramundo Cert.).

69. On August 28, 2013, M.S. complained of chronic back pain. Respondent's physical examination revealed generalized tenderness to the lumbar paraspinal muscles with decreased lumbar flexibility and a straight leg raising exam which was negative to about 65 degrees bilaterally. Respondent diagnosed M.S. with chronic lower back pain and degenerative joint disease.[3] During this appointment, M.S. provided an oral drug screen, signed a Pain Management Agreement, and was asked to go for a MRI scan of the lumbar spine. Respondent continued M.S.'s previous physician's prescribing of Fentanyl 100 mcg every 3 days and added Percocet 10/325 mg, one or two times a day for "breakthrough pain". Following the August 3, 2013 evaluation, Respondent documents no further contact with M.S. until April 1, 2015. (Ramundo Cert., Exhibit E, MS159-160).

70. Over the course of M.S.'s treatment, Respondent continued to prescribe Fentanyl 100 mcg every 3 days, which consisted of two boxes that contained ten patches, as well as 120 pills of Percocet 5/325 mg per month. On April 1, 2015, Respondent added OxyContin 10 mg #60 to M.S.'s prescription regimen. (Ramundo Cert., Exhibit E, MS158). Respondent increased the dosage of

[3] Respondent later switched his diagnosis to degenerative disk disease.

OxyContin to 15 mg and added Ambien 5 mg on October 22, 2015. Ramundo Cert., Exhibit E, MS150).

71. Respondent had no coherent treatment plan for M.S. other than to return to his office for follow-up appointments. Respondent did not administer any further diagnostic testing to diagnose M.S.'s continuing complaints of pain to support the ongoing use of CDS. (Ramundo Cert., Exhibit L, Abend Report, p. 8-9). Although he requested a MRI of the lumbar spine at the initial appointment, Respondent never asked M.S. for the results of the MRI for the duration of her treatment.

72. Respondent continued to prescribe CDS to M.S. without establishing or following

Fill Date:	Drug:	Quantity

through with any objectives or goals for pain management and/or reducing opioid use, and without referral to any orthopedic specialist. Respondent did not mention or recommend any orthopedic or physical therapy treatments. (Ramundo Cert., Exhibit L, Abend Report, p. 8-9).

73. Respondent consistently ignored signs of drug seeking behavior, and/or drug misuse and diversion, as demonstrated, in part, as follows:

a. On February 5, 2016, Respondent received notice from United Healthcare ("United") titled "Narcotic Drug Utilization Program" informing Respondent that M.S.'s medication regimen was of concern, identifying a period between October 1, 2015 through December 13, 2015 where M.S. received high daily dosages of opioids and the overlapping of two extended-release opioid-analgesics over an extended period of time. Specifically, in that three-month period, M.S. had obtained a combination of OxyContin 15 mg, Fentanyl 100 mcg, and Percocet. 5/325 mg. (Ramundo Cert., Exhibit E, MS159-160). Illustrative of the frequency of M.S.'s receipt of prescription CDS in this timeframe is the following chart:

Fill Date:	Drug:	Quantity:
10/04/15	Fentanyl 100 mcg (q patch 3 days)	2 boxes; 10
10/28/15	Percocet 5/325 mg	120
10/31/15	OxyContin CR 15 mg	60
11/21/15	Fentanyl 100 mcg (q patch 3 days)	2 boxes; 10
11/26/15	Percocet 5/325 mg	120
11/29/15	OxyContin CR 15 mg	60
12/17/15	Fentanyl 100 mcg (q patch 3 days)	2 boxes; 10
12/17/15	Percocet 5/325 mg	120
12/17/15	OxyContin CR 15 mg	60

b. Notwithstanding United's notice, Respondent saw M.S. and did not attempt to modify M.S.'s medication program, and did not look into options that required more intense monitoring and/or opioid rotation. Instead, Respondent continued to prescribe the same medications and dosages. (Ramundo Cert., Exhibit E, MS159-141).

c. On April 28, 2016, Respondent received another notice from United informing him that M.S.'s medication regimen was of concern, identifying a period between January 1, 2016 and March 31, 2016 where M.S. received high daily dosages of opioids and was prescribed overlapping extended-release opioid-analgesics over an extended period of time. (Ramundo Cert., Exhibit E, MS123-124).

d. On July 24, 2016, Respondent received yet another notice from United informing him that M.S.'s medication regimen was of concern, identifying a period between April 1, 2016 through June 30, 2016 where M.S. received high daily dosages of opioids and was overlapping two extended-release opioid-analgesics over an extended period of time. (Ramundo Cert., Exhibit E, MS111-114). Illustrative of the frequency of M.S.'s receipt of prescription CDS in this timeframe is the following chart:

01/14/16	Fentanyl 100 mcg (q patch 3 days)	2 boxes; 10
01/14/16	Percocet 5/325 mg	120
01/14/16	OxyContin CR 15 mg	60
01/14/16	Ambien 10 mg	30; 2 refills
02/15/16	Fentanyl 100 mcg (q patch 3 days)	2 boxes; 10
02/15/16	Percocet 5/325 mg	120
02/15/16	OxyContin CR 15 mg	60
03/14/16	Fentanyl 100 mcg (q patch 3 days)	2 boxes; 10
03/14/16	Percocet 5/325 mg	120
03/14/16	OxyContin CR 15 mg	60
03/14/16	Ambien 10mg	30; 2 refills
04/11/16	Fentanyl 100 mcg (q patch 3 days)	2 boxes; 10
04/11/16	Percocet 5/325 mg	120
04/11/16	OxyContin CR 15 mg	60
05/09/16	Fentanyl 100 mcg (q patch 3 days)	2 boxes; 10
05/09/16	Percocet 5/325 mg	120
05/09/16	OxyContin CR 15 mg	60
06/06/16	Fentanyl 100 mcg (q patch 3 days)	1 box; 5
06/06/16	Percocet 5/325 mg	60
06/06/16	OxyContin CR 15 mg	30
06/06/16	Ambien 10 mg	15
06/23/16	Fentanyl 100 mcg (q patch 3 days)	2 boxes; 10
06/23/16	Percocet 5/325 mg	120
06/23/16	OxyContin CR 15 mg	60
06/23/16	Ambien 10 mg	30; 2 refills

e. Once again, notwithstanding the reports from United, Respondent continued to treat M.S.'s chronic lower back pain and degenerative disk disease with increasing dosages of CDS. (Ramundo Cert., Exhibit E, MS115-116).

f. On June 6, 2016, M.S. informed Respondent's office that she would not be able to attend her appointment, yet Respondent allowed M.S.'s brother to pick up her monthly prescriptions. These prescriptions included those for OxyContin 15 mg, Fentanyl 100 mcg, and Percocet 5/325 mg.

g. On February 25, 2017, Respondent again received notice from United informing him that M.S.'s medication regimen was of concern, identifying a period between October 1, 2016 through December 31, 2016 where M.S. received high daily dosages of opioids and was prescribed overlapping extended-release opioid-

analgesics over an extended period of time. Specifically, in that three-month period, M.S. obtained a combination of Fentanyl 100 mcg and Percocet 5/325 mg in the total amount of 750 dosage units.

74. Respondent failed to monitor M.S.'s drug use through the New Jersey Prescription Monitoring Program (PMP). On July 7, 2017, Respondent conducted his only PMP look-up of M.S., failing to do a PMP look-up on a quarterly basis. M.S. continued to be prescribed CDS from July 24, 2017 through February 8, 2018 without Respondent conducting another PMP look-up.

75. Respondent's failure to adequately treat M.S.'s orthopedic complaints or monitor her various CDS medications resulted in essentially no changes to M.S.'s symptoms after four years of treatment. Respondent's treatment is a gross deviation from the standard of care for a physician, and raises significant doubts regarding Respondent's ability to properly monitor and treat his patients' medical conditions.

76. Respondent's actions described herein constitute gross negligence that endangered the life, health, welfare or safety of M.S. in violation of N.J.S.A. 45:1-21 (c); repeated acts of negligence in violation of N.J.S.A. 45:1-21 (d); professional or occupational misconduct in violation of N.J.S.A. 45:1-21 (e); failure to comply with the provisions of an act or regulation administered by the Board in violation of N.J.S.A. 45:1-21(h), specifically failure to perform an appropriate history, physical examination, and formulate a treatment plan prior to issuing a prescription in violation of N.J.A.C. 13:35-7.1A; failure to comply with certain limitations on prescribing controlled substances and failure to reevaluate treatment plans in violation of N.J.A.C. 13:35-7.6; the issuing of prescriptions for CDS indiscriminately or without good cause in violation of N.J.S.A. 45:1-21(m); and the failure to be of good moral character as required for licensing as a physician pursuant to N.J.S.A. 45:9-6.

77. Moreover, Respondent's indiscriminate prescribing of CDS and failure to properly monitor and/or treat M.S.'s underlying medical conditions, demonstrates poor medical judgment that places the public's health, safety, and welfare in clear and imminent danger and warrants temporary suspension of his license to practice medicine pursuant to N.J.S.A. 45:1-22.

Count VI
Patient A.C.

78. The General Allegations and those of all prior counts are repeated and re-alleged as if set forth at length herein.

79. Patient, A.C., a 52 year old male, was seen by Respondent initially on April 24, 2009. The most recent period of treatment began on January 4, 2017 through February 1, 2018 for a severely comminuted fracture of the right ankle. (Patient Record of A.C., Bates Stamp AC001-AC097, attached as Exhibit F to Ramundo Cert.).

80. On April 24, 2009, Respondent diagnosed A.C. with a severely comminuted fracture of the right ankle. A.C. was involved in a motor vehicle collision and surgery was deferred because of vascular issues that could have caused him to lose his leg. When reevaluated on January 4, 2017, Respondent found that A.C. had decreased range of motion of the right ankle. Respondent diagnosed A.C. with a right ankle injury with severe pain, neuropathy, limited range of motion and an internal derangement of the ankle. Respondent mentions that A.C. has been on medications for years and Respondent prescribed Roxicodone 30mg, 200 pills, for chronic pain management. (Ramundo Cert., Exhibit F, AC068-070).

81. Over the course of A.C.'s treatment, Respondent would continue to routinely prescribe him Roxicodone 30 mg, between 180 to 200 pills, as well as Ambien 10 mg for sleep, on a nearly monthly basis, and without a coherent treatment plan. The only consistent recommendation

was for A.C. to return to Respondent's office in a month for a reassessment. Respondent does not administer any further diagnostic testing meant to effectively diagnose A.C.'s continuing complaints of pain to support his ongoing use of CDS. (Ramundo Cert., Exhibit F, AC001-097).

82. Respondent continued to prescribe CDS to A.C. without establishing or following through with any objectives or goals for pain management and/or legitimately reducing opioid use, and without referral to any orthopedic specialist to address purported worsening symptoms. Respondent never offered A.C. any alternative treatment modalities such as interventional pain management such as a spinal stimulator or regenerative medicine or acupuncture. (Ramundo Cert., Exhibit F, AC001-097).

83. Respondent demonstrated a pattern of continuing to prescribe CDS in spite of signs of potential drug seeking behavior, and/or drug misuse and abuse, as demonstrated, in part, as follows:

a. On January 26, 2017, Respondent recommended that patient attend an inpatient detoxification program to reduce his medication dosage, but only transitioned A.C. from Roxicodone 30 mg, 200 pills, to Roxicodone 30 mg, 180 pills. Notwithstanding that he recommended "inpatient detoxification,"[4] Respondent continued prescribing him Roxicodone 30 mg, 180 pills. Respondent also prescribed Ambien 10 mg, 10 pills with 3 refills, for sleep. (Ramundo Cert., Exhibit F, AC074).

b. On April 10, 2017, Respondent noted A.C.'s complaints that he was running out of medication too early and stated that A.C. was taking an "excessive dose" of his medication even with the previous reduction. (Ramundo Cert., Exhibit F, AC058). Notwithstanding his notation that A.C. was on an excessive dose and was unable to

[4] The record is silent as to whether A.C. ever attended an inpatient detoxification program.

regulate his medication appropriately, Respondent continued to prescribe A.C. Roxicodone 30 mg, 180 pills. (Ramundo Cert., Exhibit F, AC057).

84. Respondent failed to monitor A.C.'s drug use through the New Jersey Prescription Monitoring Program (PMP). On March 5, 2018, Respondent conducted his only PMP look-up of M.S., failing to do a PMP look-up on a quarterly basis while prescribing him CDS. (Ramundo Cert., Exhibit F, AC001-097).

85. Respondent failed to test A.C.'s liver, kidney, and heart functioning despite the chronic, long term prescribing of Roxicodone, which is necessary given the multiple medications prescribed. (Ramundo Cert., Exhibit L, Abend Report, p. 5-6; 11).

86. Respondent's failure to adequately treat M.S.'s orthopedic complaints or monitor his various CDS medications is a gross deviation from the standard of care for a physician, and raises significant doubts regarding Respondent's ability to properly monitor and treat patients' medical conditions. (Ramundo Cert., Exhibit L, Abend Report, p. 5-6; 11).

87. Respondent's actions described herein constitute gross negligence that endangered the life, health, welfare or safety of A.C. in violation of N.J.S.A. 45:1-21 (c); repeated acts of negligence in violation of N.J.S.A. 45:1-21 (d); professional or occupational misconduct in violation of N.J.S.A. 45:1-21 (e); failure to comply with the provisions of an act or regulation administered by the Board in violation of N.J.S.A. 45:1-21(h), specifically failure to perform an appropriate history, physical examination, and formulate a treatment plan prior to issuing a prescription in violation of N.J.A.C. 13:35-7.1A; failure to comply with certain limitations on prescribing controlled substances and failure to reevaluate treatment plans in violation of N.J.A.C. 13:35-7.6; the issuing of prescriptions for CDS indiscriminately or without good cause in violation of N.J.S.A. 45:1-21(m); and the failure to be of good moral character as required for licensing as a physician pursuant to N.J.S.A. 45:9-6.

88. Moreover, Respondent's indiscriminate prescribing of CDS and failure to properly monitor and/or treat A.C.'s underlying medical conditions, demonstrates poor medical judgment that places the public's health, safety, and welfare in clear and imminent danger and warrants temporary suspension of his license to practice medicine pursuant to N.J.S.A. 45:1-22.

Count VII
Patient K.N.

89. The General Allegations and those of all prior counts are repeated and re-alleged as if set forth at length herein.

90. Patient K.N., a 49 year old male, was seen by Respondent from January 19, 2015 through February 1, 2016, for treatment of chronic lower back pain with lumbar degenerative disk disease that was produced from a fall that caused a femoral fracture of the right lower extremity requiring intramedullary rodding. (Patient Record of K.N., Bates Stamp KN001-070, attached as Exhibit G to Ramundo Cert.).

91. On January 19, 2015, after a scant physical examination, Respondent diagnosed K.N. with chronic pain caused by an open reduction and internal fixation of a femoral fracture, gait dysfunction, and chronic lower back pain, as well as anxiety and depression. (Ramundo Cert., Exhibit G, KN042-046).

92. Respondent classified K.N's condition as "totally disabled." Respondent attempted a urine drug screen but was unable to administer it to K.N. Respondent had K.N. sign a pain management agreement stipulating compliance with pain medications. (Ramundo Cert., Exhibit G, KN001-002; KN042-046). Respondent then prescribed K.N. Percocet 10/325 mg, 120 pills with instructions to return in a month for reassessment. (Ramundo Cert., Exhibit G, KN042-046). Prior to his initial visit with Respondent, K.N. had been prescribed Percocet 10/325 mg, 60 pills from December 4, 2014 to January 9, 2015. (Ramundo Cert., Exhibit G, KN047-53). Respondent

doubled the amount of Percocet without documenting why such an increase in dosage was necessary to treat K.N.'s pain.

93. Over the course of K.N.'s treatment, Respondent continuously prescribed Percocet 10/325 mg, 120 pills, at one point adding Flexeril 10 mg, 30 pills with 1 refill, and Ambien 10 mg, 30 pills with 2 refills, on a monthly basis with no coherent treatment plan. (Ramundo Cert., Exhibit G, KN001-0702). The only consistent recommendation was for K.N. to return to the office in one month for re-examination. (Ramundo Cert., Exhibit G, KN001-070).

94. Respondent further prescribed CDS to K.N. without establishing or following through with any objectives or goals for pain management, and/or reducing opioid use, and without a referral to an orthopedic specialist or psychiatrist to address the purported worsening symptoms. (Ramundo Cert., Exhibit L, Abend Report, p. 2-3; p.10-11). Respondent did not offer any alternative treatment modalities such as physical therapy, a TENS unit or biofeedback. (Ramundo Cert., Exhibit L, Abend Report, p. 2-3; p.10-11).

95. On February 01, 2016, Respondent prescribed K.N. Percocet 10/325 mg, 120 pills and Ambien 10 mg, 30 pills with 2 refills; K.N. died eight days later. (Ramundo Cert., Exhibit G, KN013-15).

96. Respondent's failure to adequately treat K.N.'s orthopedic complaints, psychosocial status, or monitor his various CDS medications is a gross deviation from the standard of care for a physician, and raises significant doubts regarding Respondent's ability to properly monitor and treat patients' medical conditions. (Ramundo Cert., Exhibit L, Abend Report, p. 2-3; p.10-12).

97. Respondent's actions described herein constitute gross negligence that endangered the life, health, welfare or safety of K.N. in violation of N.J.S.A. 45:1-21 (c); repeated acts of negligence in violation of N.J.S.A. 45:1-21 (d); professional or occupational misconduct in violation of N.J.S.A.

45:1-21 (e); failure to comply with the provisions of an act or regulation administered by the Board in violation of N.J.S.A. 45:1-21(h), specifically failure to perform an appropriate history, physical examination, and formulate a treatment plan prior to issuing a prescription in violation of N.J.A.C. 13:35-7.1A; failure to comply with certain limitations on prescribing controlled substances and failure to reevaluate treatment plans in violation of N.J.A.C. 13:35-7.6; the issuing of prescriptions for CDS indiscriminately or without good cause in violation of N.J.S.A. 45:1-21(m); and the failure to be of good moral character as required for licensing as a physician pursuant to N.J.S.A. 45:9-6.

98. Moreover, Respondent's indiscriminate prescribing of CDS and failure to properly monitor and/or treat K.N.'s underlying medical conditions, demonstrates poor medical judgment that places the public's health, safety, and welfare in clear and imminent danger and warrants temporary suspension of his license to practice medicine pursuant to N.J.S.A. 45:1-22.

Count VIII
Patient M.V.

99. The General Allegations and those of all prior counts are repeated and re-alleged as if set forth at length herein. (Patient Record of M.V., Bates Stamp MV001-236, attached as Exhibit H to Ramundo Cert.).

100. M.V., a 39 year old male, was seen by Respondent from January 31, 2007 through January 23, 2018. (Ramundo Cert., Exhibit H, MV001-236).

101. M.V. sought treatment from Respondent for chronic neck and shoulder pain caused by a possible rotator cuff tear and subsequent arthroscopy. (Ramundo Cert., Exhibit H, MV195-196). Respondent diagnosed M.V. with chronic neck and shoulder pain with radicular symptoms in both extremities, paresthesia in both hands, and a syrinx at the C6-7 vertebrae. (Ramundo Cert., Exhibit H, MV195-196). M.V. had previously only been prescribed Celebrex 200mg daily. (Ramundo Cert., Exhibit H, MV195-196). After the initial evaluation, Respondent prescribed Ambien CR 12.5

mg at night for sleep and Percocet 7.5/325 twice a day for moderate to severe pain. (Ramundo Cert., Exhibit H, MV195-196).

102. Respondent demonstrated a pattern of continuing to prescribe CDS in spite of signs of potential drug seeking behavior, and/or drug misuse and abuse, as demonstrated, in part, as follows:

a. On May 29, 2015, CVS Clinical Services sent a letter to Respondent informing him that the medication dispensed to M.V. was too great in quantity, and that the medication dispensed must be for less than the restricted quantity. (Ramundo Cert., Exhibit H, MV192-193). Respondent completed a formulary exception/prior authorization request form stating that M.V. suffered from chronic cervicaglia and lumbago with radiculopathy of the lumbar spine, an expansion of his previous diagnosis. (Ramundo Cert., Exhibit H, MV180-187). Respondent included on the form that the expected length of therapy was six months to one year; however, M.V. remained on Soma 350 mg from May 21, 2015 until December 6, 2017. (Ramundo Cert., Exhibit H, MV001-192).

b. On January 26, 2017, Respondent received a communication from CVS Clinical Services confidential drug utilization review program, which contacted Respondent because it had identified the combined use of opioids that cause serious side effects, including: drowsiness, respiratory depression, confusion, tremor, seizure risk and death. (Ramundo Cert., Exhibit H, MV135). CVS Clinical Services recommended that Respondent taper or discontinue one of the medications prescribed to M.V., or prescribe M.V. a safer alternative. (Ramundo Cert., Exhibit H, MV135). Respondent continued to prescribe M.V. Roxicodone 30 mg, 120 pills, Ambien 10 mg, 30 pills, Morphine Sulfate ER 30mg, 30 pills, and Fiorocet

tabs, a pain reliever and sedative, 20 pills, notwithstanding the recommendation of CVS Clinical Services. (Ramundo Cert., Exhibit H, MV134). Illustrative of Respondent's indiscriminate prescribing of CDS is the following chart:

Fill Date	Drug:	Quantity
12/19/16	Morphine Sulfate ER 30 mg	30
12/19/16	Roxicodone 30 mg	120
12/19/16	Soma 350 mg	120/ 2 refills
12/19/16	Fioricet tabs	20
01/12/17	Morphine Sulfate ER 30 mg	30
01/12/17	Roxicodone 30 mg	120
01/12/17	Fioricet tabs	20
02/09/17	Ambien 10 mg	30/ 2 refills
02/09/17	Roxicodone 30 mg	120
02/09/17	Morphine Sulfate ER 30 mg	30

c. On March 2, 2017, CVS Clinical Services once again sent a letter to Respondent informing him that the medication dispensed to M.V. was too great in quantity, and that the medication dispensed must be for less than the restricted quantity. (Ramundo Cert., Exhibit H, MV131). On March 6, 2017 Respondent reduced the dosage of M.V.'s Morphine Sulfate extended release to 15 mg and Soma 350 mg to three times daily, but then increased the dosage of Roxicodone 30 mg to four times daily. (Ramundo Cert., Exhibit H, MV130).

d. On July 18, 2017, CVS Clinical Services conducted a review of M.V.'s medical utilization patterns indicating M.V.'s risk of drug-induced adverse events. (Ramundo Cert., Exhibit H, MV112-114). Respondent completed a Controlled Substance Review Prescriber Response Form, which had an action plan that included a reevaluation of M.V.'s therapy that also includes a discussion of the possible concerns listed at the next appointment. (Ramundo Cert., Exhibit H, MV111). Despite this, Respondent's July 27, 2017 follow-up note does not

include a discussion or reevaluation of drug therapy for M.V.'s conditions. (Ramundo Cert., Exhibit H, MV109). Illustrative of Respondent's indiscriminate prescribing of CDS is the following chart:

Fill Date	Drug:	Quantity
05/18/17	Morphine Sulfate ER 15 mg	30
05/18/17	Ambien 10 mg	30/ 2 refills
05/18/17	Roxicodone 30 mg	120
06/12/17	Fioricet tabs	20
06/12/17	Morphine Sulfate ER 15 mg	30
06/12/17	Roxicodone 30 mg	120
06/12/17	Soma 350 mg	120/ 2 refills
07/03/17	Roxicodone 30 mg	120
07/03/17	Fioricet tabs	20
07/03/17	Morphine Sulfate ER 15 mg	30

e. On January 31, 2018, Respondent yet again received notice from CVS Clinical Services drug utilization program because it identified M.V. as a patient who was receiving concurrent drug therapy that when combined can lead to serious side effects such as drowsiness, confusion, tremor, seizure risk, respiratory depression and death. (Ramundo Cert., Exhibit H, MV016-019). CVS Clinical Services recommended that Respondent taper or discontinue one or more of the medications or provide a safer alternative for one or more agents. (Ramundo Cert., Exhibit H, MV016-019). Illustrative of Respondent's indiscriminate prescribing of CDS is the following chart:

Fill Date:	Drug:	Quantity:
11/06/17	Roxicodone 30 mg	120
11/06/17	Fioricet tabs	20/ 2 refills
11/06/17	Morphine Sulfate ER 15 mg	30
12/06/17	Morphine Sulfate ER 15 mg	30
12/06/17	Roxicodone 30 mg	120
12/06/17	Soma 350 mg	90/ 2 refills

12/21/17	Zolpidem 10 mg	30/ 2 refills
12/21/17	Roxicodone 30 mg	120
12/21/17	Morphine Sulfate ER 15 mg	30
01/23/18	Roxicodone 30 mg	120
01/23/18	Fioricet tabs	20/ 2 refills
01/23/18	Morphine Sulfate ER 15 mg	30

103. Respondent's failure to adequately treat M.V.'s complaints and monitor M.V.'s receipt and use of various CDS medications is a gross deviation from the standard of care and raises significant doubts regarding Respondent's ability to properly monitor and treat his patients' medical conditions. (Ramundo Cert., Exhibit L, Abend Report, p. 11).

104. Respondent's actions described herein constitute gross negligence that endangered the life, health, welfare or safety of M.V. in violation of N.J.S.A. 45:1-21 (c); repeated acts of negligence in violation of N.J.S.A. 45:1-21 (d); professional or occupational misconduct in violation of N.J.S.A. 45:1-21 (e); failure to comply with the provisions of an act or regulation administered by the Board in violation of N.J.S.A. 45:1-21(h), specifically failure to perform an appropriate history, physical examination, and formulate a treatment plan prior to issuing a prescription in violation of N.J.A.C. 13:35-7.1A; failure to comply with certain limitations on prescribing controlled substances and failure to reevaluate treatment plans in violation of N.J.A.C. 13:35-7.6: the issuing of prescriptions for CDS indiscriminately or without good cause in violation of N.J.S.A. 45:1-21(m); and the failure to be of good moral character as required for licensing as a physician pursuant to N.J.S.A. 45:9-6.

105. Moreover, Respondent's indiscriminate prescribing of CDS and failure to properly monitor and/or treat M.V.'s underlying medical conditions, demonstrates poor medical judgment that places the public's health, safety, and welfare in clear and imminent danger and warrants temporary suspension of his license to practice medicine pursuant to N.J.S.A. 45:1-22.

Count IX

106. The General Allegations and those of all prior counts are repeated and re-alleged as if set forth at length herein.

107. On February 13, 2018, the DEA and Enforcement Bureau executed a search warrant at Respondent's office. Respondent was on vacation and not present at the time the warrant was executed; however, the office was open. (Certification of Kathleen Cefalu, attached as Exhibit J to Ramundo Cert.).

108. According to the office staff, no arrangements were made for a covering physician in Respondent's absence; however, patients could make arrangements to pick-up prescriptions. (Certification of Kathleen Cefalu, attached as Exhibit J to Ramundo Cert.).

109. During the search, a New Jersey Prescription Blank (NJPB) pad was found pre-signed with Respondent's signature. In addition, multiple NJPBs were written for CDS, specifically Oxycodone, dated between February 7, 2018 and February 13, 2018. The NJPBs were filled out in various patients' names and were in sealed envelopes. (Certification of Kathleen Cefalu, attached as Exhibit J to Ramundo Cert.).

110. The office staff admitted that the prescriptions were filled out by the staff, in Respondent's absence, and the envelopes were awaiting pickup by patients. The staff further stated that Respondent authorized the staff to write CDS prescriptions for patients in his absence. Additionally, individuals other than the patient were allowed to pick up the CDS prescriptions on behalf of a patient by presenting identification. (Certification of Kathleen Cefalu, attached as Exhibit J to Ramundo Cert.).

111. Respondent's actions described herein constitute gross negligence that endangered the life, health, welfare or safety of his patients in violation of N.J.S.A. 45:1-21 (c); repeated acts of

negligence in violation of N.J.S.A. 45:1-21 (d); professional or occupational misconduct in violation of N.J.S.A. 45:1-21 (e); failure to comply with the provisions of an act or regulation administered by the Board in violation of N.J.S.A. 45:1-21(h), specifically N.J.A.C.13:35-7.1A, which requires a physician to examine a patient's condition prior to dispensing drugs or issuing a prescription.

112. Moreover, Respondent's carelessness in the prescribing of CDS and failure to evaluate his patients or be present in the office when CDS is being distributed, demonstrates poor medical judgment that places the public's health, safety, and welfare in clear and imminent danger and warrants temporary suspension of his license to practice medicine pursuant to N.J.S.A. 45:1-22.

WHEREFORE, Complainant demands the entry of an Order:

1. Temporarily suspending Respondent's license to practice medicine and surgery in the State of New Jersey pending the conclusion of a plenary hearing in this matter, pursuant to N.J.S.A. 45:1-22;

2. Suspending or revoking the Respondent's license to practice medicine and surgery in the State of New Jersey following a plenary hearing;

3. As the offenses in this Complaint constitute subsequent offense of the Board's rules and regulations, assessing increased civil penalties against Respondent for each and every separate unlawful act as set forth in the individual counts above, pursuant to N.J.S.A. 45:1-22(b) and N.J.S.A. 45:1-25(a).

4. Requiring Respondent to pay costs, including investigative costs, attorney's fees and costs, expert and fact witness fees and costs, costs of trial, and transcript costs, pursuant to N.J.S.A. 45:1-25(d); and

5. Ordering such other and further relief as the Board of Medical Examiners shall deem just and appropriate under the circumstances.

GURBIR S. GREWAL
ATTORNEY GENERAL OF NEW JERSEY

By: _____
Cristina E. Ramundo
Deputy Attorney General

Dated: July 30, 2018