

THE MEDICAL LICENSING BOARD OF INDIANA  
CAUSE NO. 2018MLB 0033

IN THE MATTER OF THE LICENSE OF )  
 )  
JOHN GREENMAN, M.D. )  
 )  
LICENSE NO: 01034958A )  
ACTIVE )



**ADMINISTRATIVE COMPLAINT**

This Complaint is brought against the medical license of John Greenman, M.D. (“Respondent”), by the State of Indiana (“Petitioner”), by counsel, Deputy Attorney General Aaron T. Milewski, on behalf of the Office of the Indiana Attorney General, pursuant to Indiana Code § 25-1-7-7, Ind. Code § 25-1-5-3, Ind. Code art. 25-22.5, the Administrative Orders and Procedures Act, Ind. Code ch. 4-21.5-3, and Ind. Code ch. 25-1-9. In support of this Complaint the Petitioner alleges and states:

**FACTS**

1. Respondent is a licensed medical doctor in the State of Indiana, having been granted Medical License Number 01034958A on February 27, 1986, by the Medical Licensing Board of Indiana (“Board”).
2. Respondent’s address on file with the Board is 117 S. Main Street, Bluffton, IN 46714.
3. Respondent practices medicine at Wells Medical Services, in Bluffton, IN.

**Opioid Prescribing Requirements – 848 IAC 5-6**

4. On November 1, 2014, 844 IAC 5-6, the Opioid Prescribing Requirements of the Standards of Professional Conduct and Competent Practice of Medicine (“Rule 6”) went into effect.

5. The purpose of Rule 6 was to establish standards and protocols for physicians in the prescribing of opioid controlled substances for pain management treatment.

6. The imposition of the requirements of Rule 6 are triggered when;

- a. A patient has been prescribed more than sixty (60) opioid-containing pills a month for more than three (3) consecutive months. 844 IAC 5-6-3(c)(1); or
- b. A morphine equivalent dose (“MED”) of more than fifteen (15) milligrams per day for more than three (3) consecutive months. 844 IAC 5-6-3(c)(2).<sup>1</sup>

7. After Rule 6 has been triggered, specific requirements for the continued prescribing of opioid controlled substances for pain management go into effect, specifically:

- a. The physician shall do the physician’s own evaluation and risk stratification of the patient at the initial evaluation of the patient. 844 IAC 5-6-4(a)(1-5).<sup>2</sup>
- b. The physician shall discuss with the patient the potential risks and benefits of opioid treatment, as well as the expectations related to prescription requests and proper medication use. 844 IAC 5-6-5(1-7).
- c. The physician and patient shall review and sign a “Treatment Agreement” which shall be retained as a part of the patient’s chart. 844 IAC 5-6-5(8).
- d. The physician shall not prescribe opioids without periodic scheduled visits. Visits for patients with a stable medication regimen shall occur face to face at least every four (4) months. For patients requiring changes to the medication plan, visits shall be scheduled at least every two (2) months until the medication and treatment have been stabilized. 844 IAC 5-6-6(a).

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<sup>1</sup> 844 IAC 5-6-3 lists other triggers for the imposition of the requirements of Rule 6, however those additional triggers are not applicable in this matter.

<sup>2</sup> The “initial evaluation” shall take place after the patient has been prescribed more than sixty (60) opioid containing pills a month or more than fifteen (15) MEDs a day for three (3) consecutive months. 844 IAC 5-6-3(d).

- e. During the visits the physician shall evaluate patient progress and compliance with the treatment plan and set clear expectations along the way, such as attending physical therapy, counseling or other treatment options. 844 IAC 5-6-6(b).
- f. The physician shall run an INSPECT report at the outset of an opioid treatment plan and at least annually thereafter. 844 IAC 5-6-7.
- g. The physician shall perform or order a drug monitoring test at any time the physician determines it is medically necessary. In determining the medical necessity of a drug monitoring test, Rule 6 provides eighteen (18) factors the physician shall consider. 844 IAC 5-6-8.
- h. If the drug monitoring test reveals inconsistent medication use patterns or the presence of illicit substances, a review of the treatment plan shall be required. Documentation of the revised treatment plan and discussion with the patient must be recorded in the patient's chart 844 IAC 5-6-8(e).
- i. When a patient's opioid dose reaches an MED of more than sixty (60) milligrams per day, a face to face review of the treatment plan and patient evaluation must be scheduled. 844 IAC 6-6-9.
- j. If the physician elects to continue providing opioid treatment at more than 60 MED per day, a revised treatment plan must be developed and documented in the patient chart, including an assessment of increased risk for adverse outcomes, including death. 844 IAC 6-6-9.

8. Since Rule 6 has gone into effect, Respondent has consistently and repeatedly failed to abide by almost each and every requirement imposed by Rule 6.

**Patient A**

9. Patient A is a fifty-four (54) year old male patient of Respondent.

10. The requirements of Rule 6 went into effect for Respondent's care of Patient A on or about February 1, 2015, after Respondent had prescribed to Patient A.; at least four hundred (400) opioid containing pills per month at an average MED of over 400 MME per day for more than three (3) consecutive months.

11. Respondent continued to provide opioid pills in a similar dose and amount to Patient A under the requirements of Rule 6 until August 2017.

12. Respondent's medical care, as documented by his medical chart, for Patient A fails to conform to the requirements of 844 IAC 5-6, where Respondent failed to:

- a. document that each and every requirement of the initial evaluation required by 844 IAC 5-6-4(a)(1-5) ever took place;
- b. record an assessment of increased risk for adverse outcomes, including death, as required by 844 IAC 5-6-9, when Respondent chose to continue to prescribe a MED of more than 60MME per day to the patient;
- c. record that the patient/physician discussion required by 844 IAC 5-6-5(1-7) ever took place;
- d. complete a "Treatment Agreement" as required under 844 IAC 5-6-5(8);
- e. document that Respondent evaluated Patient A's progress and compliance with the treatment plan at the visits required by 844 IAC 5-6-6(a and b);
- f. properly evaluate the need for urine drug testing by repeatedly ignoring the factors listed in 848 IAC 5-6-8(b)(1-18) to determine when a drug monitoring screen would be medically necessary; and

g. document whether the patient's INSPECT report was consistent with Respondent's knowledge of the patient's controlled substance use history as required by 844 IAC 5-6-7.

13. During Respondent's care of Patient A, the patient had at least one (1) drug monitoring test that indicated he was negative for one of the opioids prescribed by Respondent. Respondent failed to document a revised treatment plan or discussion with the patient after an inconsistent drug monitoring test required by 844 IAC 5-6-8(e).

**Patient B**

14. Patient B is a fifty-seven (57) year old male patient of Respondent.

15. The requirements of Rule 6 went into effect for Respondent's care of Patient B on or about December 10, 2015, after Respondent had prescribed to Patient B; at least three hundred (300) opioid containing pills per month at an average MED of over 250MME per day for more than three (3) consecutive months.

16. Respondent continued to provide opioid pills in a similar dose and amount to Patient B under the requirements of Rule 6 until November 2017.

17. Respondent's medical care, as documented by his medical chart, for Patient B fails to conform to the requirements of 844 IAC 5-6, where Respondent failed to:

a. document that each and every requirement of the initial evaluation required by 844 IAC 5-6-4(a)(1-5) ever took place;

b. record an assessment of increased risk for adverse outcomes, including death, as required by 844 IAC 5-6-9, when Respondent chose to continue to prescribe a MED of more than 60MME per day to the patient;

- c. record that the patient/physician discussion required by 844 IAC 5-6-5(1-7) ever took place;
- d. complete a "Treatment Agreement" as required under 844 IAC 5-6-5(8);
- e. document that Respondent evaluated Patient B's progress and compliance with the treatment plan at the visits required by 844 IAC 5-6-6(a and b);
- f. properly evaluate the need for urine drug testing by repeatedly ignoring the factors listed in 848 IAC 5-6-8(b)(1-18) to determine when a drug monitoring screen would be medically necessary; and
- g. document whether the patient's INSPECT report was consistent with Respondent's knowledge of the patient's controlled substance use history as required by 844 IAC 5-6-7.

18. On April 7, 2016, May 6, 2016, and August 10, 2017, Patient B submitted drug monitoring tests which were negative for methadone and other prescribed controlled substances. At the time of each of those negative drug monitoring tests, Patient B had active prescriptions for methadone in the amount of 210MME daily MED. Respondent failed to document a revised treatment plan or discussion with the patient after inconsistent drug monitoring tests as required by 844 IAC 5-6-8(e).

19. Patient B also submitted one drug monitoring test which was positive for THC and methamphetamine.

20. In September 2017, Patient B sold 10mg diazepam pills and 30mg oxycodone pills to a Cooperating Individual ("CI") of the Wells Co. Sheriff's Department. Patient B had active prescriptions from Respondent for the specific dosage of diazepam at the time he sold the pills.

21. On or about December 12, 2017, Patient B was charged with three (3) counts of felony drug dealing in Wells Co.

**Patient C**

22. Patient C is a forty year (40) year old former female patient of Respondent.

23. The requirements of Rule 6 went into effect for Respondent's care of Patient C on or about February 3, 2016, after Respondent had prescribed to Patient C; at least 240 opioid containing pills per month at an average MED of over 200MME for more than three (3) consecutive months.

24. Respondent continued to provide opioid pills to Patient C under the requirements of Rule 6 through October 2017.

25. Respondent's medical care, as documented by his medical chart, for Patient C fails to conform to the requirements of 844 IAC 5-6, where Respondent failed to:

- a. document that each and every requirement of the initial evaluation required by 844 IAC 5-6-4(a)(1-5) ever took place;
- b. record an assessment of increased risk for adverse outcomes, including death, as required by 844 IAC 5-6-9, when Respondent chose to continue to prescribe a MED of more than 60MME per day to the patient;
- c. record that the patient/physician discussion required by 844 IAC 5-6-5(1-7) ever took place;
- d. complete a "Treatment Agreement" as required under 844 IAC 5-6-5(8);
- e. document that Respondent evaluated Patient C's progress and compliance with the treatment plan at the visits required by 844 IAC 5-6-6(a and b);

f. properly evaluate the need for urine drug testing by repeatedly ignoring the factors listed in 848 IAC 5-6-8(b)(1-18) to determine when a drug monitoring screen would be medically necessary; and

g. document whether the patient's INSPECT report was consistent with Respondent's knowledge of the patient's controlled substance use history as required by 844 IAC 5-6-7.

26. From March 2016 to October 2017, Respondent continued to provide Patient C with monthly opioids regularly in excess of 250 pills a month with a daily MED of 200MME.

27. During that time period, Patient C had at least three (3) drug monitoring tests that indicated she was negative for one or more prescribed opioids. Respondent failed to document a revised treatment plan or discussion with the patient after inconsistent drug monitoring tests as required by 844 IAC 5-6-8(e).

28. From April 24, 2017 to September 18, 2017, Patient C went more than four (4) months without a face to face visit with Respondent while she was receiving opioids in excess of a daily MED of 200MME. During that period without a face to face visit, Patient C filled prescriptions for over eight hundred (800) opioid containing pills.

29. On July 28, 2017, Patient C filled one of Respondent's prescriptions for 60 tablets of Morphine ER 30mg. On July 31, 2017, Patient C sold 10 Morphine ER 30mg tablets to a CI of the Adams Co. Sheriff's Department.

30. On August 17, 2017, Patient C filled one of Respondent's prescriptions for 60 tablets of Morphine ER 60mg. On that same day, Patient C sold five (5) Morphine ER 60mg tablets to a CI of the Adams Co. Sheriff's Department. Patient C was charged with dealing narcotics as a result of those sales.



31. On November 10, 2017, Respondent discharged Patient C from his clinic after learning of the criminal charges.

**Patient D**

32. Patient D, the mother of Patient C, is a sixty-four (64) year old female former patient of Respondent.

33. An October 6, 2015 entry in Patient D's chart at Wells Medical Services, shows that Patient D was discharged by a pain management physician after a drug monitoring test showed Patient D was negative for prescribed opioids.

34. On October 7, 2015, Respondent refused to provide opioids to Patient D after the patient provided inconsistent information regarding current opioid prescriptions.

35. On November 4, 2015, Respondent began prescribing Patient D opioids exceeding 100MME per day.

36. The requirements of Rule 6 first went into effect for Respondent's care of Patient D on or about February 5, 2016, after Respondent had prescribed to Patient D; at least 180 opioid containing pills per month with an MED of at least 135MME per day for more than three (3) consecutive months. Patient D's opioid pill supply from Respondent ended on or about March 2, 2016.

37. Respondent's medical care, as documented by his medical chart, for patient Patient D fails to conform to the requirements of 844 IAC 5-6, where Respondent failed to:

- a. document that each and every requirement of the initial evaluation required by 844 IAC 5-6-4(a)(1-5) ever took place;

- b. record an assessment of increased risk for adverse outcomes, including death, as required by 844 IAC 5-6-9, when Respondent chose to continue to prescribe a MED of more than 60MME per day to the patient;
- c. record that the patient/physician discussion required by 844 IAC 5-6-5(1-7) ever took place;
- d. complete a "Treatment Agreement" as required under 844 IAC 5-6-5(8);
- e. properly evaluate the need for urine drug testing by ignoring the factors listed in 848 IAC 5-6-8(b)(1-18) to determine when a drug monitoring screen would be medically necessary;
- g. document whether the patient's INSPECT report was consistent with Respondent's knowledge of the patient's controlled substance use history as required by 844 IAC 5-6-7.

38. From February 2016 until February 2017, Patient D received opioids from a second physician, until she was discharged by that physician after her drug screens were negative for the prescribed opioids.

39. From March 2017 until July 2017, Patient D received opioids from a third physician. That physician twice recorded that Patient D exhibited signs of drug diverting behavior.

40. Respondent never required Patient D to submit to a drug monitoring test while he was prescribing opioids to her.

41. On July 26, 2017, Patient D returned to Respondent and was prescribed 60 tablets of 15mg OxyContin and 120 Tablets of Oxycodone/acetaminophen 7.5/325mg. Patient D filled those prescriptions the same day.

42. On July 27, 2017, a CI of the Adam's Co. Sheriff's Department accompanied Patient D's grandson to the home of Patient D. While in Patient D's home, the CI received five (5) oxycodone/acetaminophen 7.5/325mg pills from Patient D in exchange for \$35.00.

43. The grandson, also a patient of Respondent, was subsequently charged with aiding, inducing, or causing dealing in a narcotic drug, a level 4 felony.

#### **Patient E**

44. Patient E is a thirty-two (32) year old male former patient of Respondent.

45. The requirements of Rule 6 went into effect for Respondent's care of Patient E no later than August 14, 2016, after Respondent prescribed to Patient E; 120 tablets of opioid containing pills per month at an average MED of at least 30MME per day for more than three (3) consecutive months.

46. On or about September 7, 2016, Respondent began prescribing Patient E opioid containing pills exceeding an MED of 60MME per day, and continued to provide that amount in subsequent months.

47. Respondent continued to provide opioid pills to Patient E under the requirements of Rule 6 through March 2018.

48. Respondent's medical care, as documented by his medical chart, for Patient E fails to conform to the requirements of 844 IAC 5-6, where Respondent failed to:

- a. document that each and every requirement of the initial evaluation required by 844 IAC 5-6-4(a)(1-5) ever took place;
- b. record an assessment of increased risk for adverse outcomes, including death, as required by 844 IAC 5-6-9, when Respondent chose to continue to prescribe a MED of more than 60MME per day to the patient;

- c. record that the patient/physician discussion required by 844 IAC 5-6-5(1-7) ever took place;
- d. complete a "Treatment Agreement" as required under 844 IAC 5-6-5(8);
- e. document that Respondent evaluated Patient E's progress and compliance with the treatment plan at the visits required by 844 IAC 5-6-6(a and b);
- f. properly evaluate the need for urine drug testing by repeatedly ignoring the factors listed in 848 IAC 5-6-8(b)(1-18) to determine when a drug monitoring screen would be medically necessary; and
- h. document whether the patient's INSPECT report was consistent with Respondent's knowledge of the patient's controlled substance use history as required by 844 IAC 5-6-7.

49. On May 13, 2016, July 8, 2016, September 18, 2017, and January 3, 2018, Patient E submitted drug monitoring tests which revealed inconsistent medication use patterns or the presence of illicit substances. Respondent failed to document a revised treatment plan or discussion with the patient after inconsistent drug monitoring tests as required by 844 IAC 5-6-8(e).

#### **Patient F**

50. Patient F is a fifty-five year old male patient of Respondent.

51. The requirements of Rule 6 went into effect for Respondent's care of Patient F no later than February 3, 2015, after Respondent prescribed to Patient F; more than 200 opioid containing pills per month for more than three (3) consecutive months.

52. Respondent first prescribed opioid containing pills to Patient F under Rule 6 through June 2015.

53. From February 2, 2016 through January 2018, Respondent again regularly prescribed opioid containing pills to Patient F in excess of 60 pills a month and over an MED of 60MME per day for several periods of more than three (3) months.

54. Respondent's medical care, as documented by his medical chart, for Patient F fails to conform to the requirements of 844 IAC 5-6, where Respondent failed to:

- a. document that each and every requirement of the initial evaluation required by 844 IAC 5-6-4(a)(1-5) ever took place;
- b. record an assessment of increased risk for adverse outcomes, including death, as required by 844 IAC 5-6-9, when Respondent chose to continue to prescribe a MED of more than 60MME per day to the patient;
- c. record that the patient/physician discussion required by 844 IAC 5-6-5(1-7) ever took place;
- d. complete a "Treatment Agreement" as required under 844 IAC 5-6-5(8);
- e. document that Respondent evaluated Patient F's progress and compliance with the treatment plan at the visits required by 844 IAC 5-6-6(a and b);
- f. properly evaluate the need for urine drug testing by repeatedly ignoring the factors listed in 848 IAC 5-6-8(b)(1-18) to determine when a drug monitoring screen would be medically necessary; and
- g. document whether the patient's INSPECT report was consistent with Respondent's knowledge of the patient's controlled substance use history as required by 844 IAC 5-6-7.

55. On November 20, 2017, Patient F submitted a drug monitoring test which revealed inconsistent medication use patterns or the presence of illicit substances. Respondent failed to

document a revised treatment plan or discussion with the patient after inconsistent drug monitoring tests as required by 844 IAC 5-6-8(e).

**Patient G**

56. Patient G is a fifty (50) year old female patient of Respondent.

57. The requirements of Rule 6 went into effect for Respondent's care of Patient G on or about April 7, 2016, after Respondent prescribed to Patient G; 90 opioid containing pills per month at an MED of 33.75MME per day for more than three (3) consecutive months.

58. On or about June 27, 2016, Respondent began prescribing Patient G opioid containing pills exceeding an MED of 60MME per day.

59. Respondent continued to provide opioid pills to Patient G under the requirements of Rule 6 through April 2018.

60. Respondent's medical care, as documented by his medical chart, for Patient G fails to conform to the requirements of 844 IAC 5-6, where Respondent failed to:

- a. document that each and every requirement of the initial evaluation required by 844 IAC 5-6-4(a)(1-5) ever took place;
- b. record an assessment of increased risk for adverse outcomes, including death, as required by 844 IAC 5-6-9, when Respondent chose to continue to prescribe a MED of more than 60MME per day to the patient;
- c. record that the patient/physician discussion required by 844 IAC 5-6-5(1-7) ever took place;
- d. complete a "Treatment Agreement" as required under 844 IAC 5-6-5(8);
- e. document that Respondent evaluated Patient G's progress and compliance with the treatment plan at the visits required by 844 IAC 5-6-6(a and b);

f. properly evaluate the need for urine drug testing by repeatedly ignoring the factors listed in 848 IAC 5-6-8(b)(1-18) to determine when a drug monitoring screen would be medically necessary; and

g. document whether the patient's INSPECT report was consistent with Respondent's knowledge of the patient's controlled substance use history as required by 844 IAC 5-6-7.

61. On October 2, 2017 and February 14, 2018, Patient G submitted drug monitoring tests which revealed inconsistent medication use patterns or the presence of illicit substances. Respondent failed document a revised treatment plan or discussion with the patient after inconsistent drug monitoring tests as required by 844 IAC 5-6-8(e).

#### **Patient H**

62. Patient H is a forty-six (46) year old female patient of Respondent.

63. The requirements of Rule 6 went into effect for Respondent's care of Patient H on or about June 11, 2015, after Respondent prescribed to Patient H; 120 opioid containing pills per month at an MED of 30MME per day for more than three (3) consecutive months.

64. Respondent continued to provide opioid pills to Patient H under the requirements of Rule 6 through January 2017.

65. Respondent's medical care, as documented by his medical chart, for Patient H fails to conform to the requirements of 844 IAC 5-6, where Respondent failed to:

a. document that each and every requirement of the initial evaluation required by 844 IAC 5-6-4(a)(1-5) ever took place;

- b. record that the patient/physician discussion required by 844 IAC 5-6-5(1-7) ever took place;
- c. complete a "Treatment Agreement" as required under 844 IAC 5-6-5(8);
- d. document that Respondent evaluated Patient H's progress and compliance with the treatment plan at the visits required by 844 IAC 5-6-6(a and b);
- e. properly evaluate the need for urine drug testing by repeatedly ignoring the factors listed in 848 IAC 5-6-8(b)(1-18) to determine when a drug monitoring screen would be medically necessary;
- g. document whether the patient's INSPECT report was consistent with Respondent's knowledge of the patient's controlled substance use history as required by 844 IAC 5-6-7; and
- h. require that Patient H ever submit to a drug monitoring test during the time she was being prescribed opioids by Respondent as required by 844 IAC 5-6-8(a).

**Patient I**

- 66. Patient I is a thirty-eight (38) year old female patient of Respondent.
- 67. The requirements of Rule 6 went into effect for Respondent's care of Patient I on or about June 3, 2015, after Respondent prescribed to Patient I; 120 opioid containing pills per month at an MED of 30MME per day for more than three (3) consecutive months.
- 68. Respondent continued to provide opioid pills to Patient I under the requirements of Rule 6 through April 2018.
- 69. Respondent's medical care, as documented by his medical chart, for Patient I fails to conform to the requirements of 844 IAC 5-6, where Respondent failed to:



- a. document that each and every requirement of the initial evaluation required by 844 IAC 5-6-4(a)(1-5) ever took place;
- c. record that the patient/physician discussion required by 844 IAC 5-6-5(1-7) ever took place;
- d. complete a "Treatment Agreement" as required under 844 IAC 5-6-5(8);
- e. document that Respondent evaluated Patient I's progress and compliance with the treatment plan at the visits required by 844 IAC 5-6-6(a and b);
- f. properly evaluate the need for urine drug testing by repeatedly ignoring the factors listed in 848 IAC 5-6-8(b)(1-18) to determine when a drug monitoring screen would be medically necessary; and
- g. document whether the patient's INSPECT report was consistent with Respondent's knowledge of the patient's controlled substance use history as required by 844 IAC 5-6-7.

70. October 10, 2017, Patient I submitted a drug monitoring test which revealed inconsistent medication use patterns or the presence of illicit substances. Respondent failed to document a revised treatment plan or discussion with the patient after an inconsistent drug monitoring test as required by 844 IAC 5-6-8(e).

#### **Patient J**

71. Patient J is a forty-seven year old male former patient of Respondent.

72. The requirements of Rule 6 went into effect for Respondent's care of Patient J on or about December 7 2016, after Respondent prescribed to Patient J; 120 opioid containing pills per month with a MED of 60MME a day for more than three (3) consecutive months.

73. On February 1, 2017, Respondent began prescribing opioid containing pills to Patient J with a MED of 75MME per day.

74. Respondent prescribed opioid containing pills to Patient J under Rule 6 through December 2017.

75. Respondent's medical care, as documented by his medical chart, for Patient J fails to conform to the requirements of 844 IAC 5-6, where Respondent failed to:

- a. document that each and every requirement of the initial evaluation required by 844 IAC 5-6-4(a)(1-5) ever took place;
- b. record an assessment of increased risk for adverse outcomes, including death, as required by 844 IAC 5-6-9, when Respondent chose to continue to prescribe a MED of more than 60MME per day to the patient;
- c. record that the patient/physician discussion required by 844 IAC 5-6-5(1-7) ever took place;
- d. complete a "Treatment Agreement" as required under 844 IAC 5-6-5(8);
- e. document that Respondent evaluated Patient J's progress and compliance with the treatment plan at the visits required by 844 IAC 5-6-6(a and b);
- f. properly evaluate the need for urine drug testing by repeatedly ignoring the factors listed in 848 IAC 5-6-8(b)(1-18) to determine when a drug monitoring screen would be medically necessary; and
- g. document whether the patient's INSPECT report was consistent with Respondent's knowledge of the patient's controlled substance use history as required by 844 IAC 5-6-7.

76. On January 4, 2017 and May 26, 2017, Patient J. submitted to drug monitoring tests which revealed inconsistent medication use patterns or the presence of illicit substances, specifically, both tests were negative for the prescribed oxycodone with acetaminophen. Respondent failed to document a revised treatment plan or discussion with the patient after inconsistent drug monitoring tests as required by 844 IAC 5-6-8(e);

77. On or about December 12, 2017, Patient J was charged with two (2) counts of drug dealing in Wells Co. It was alleged that in September 2017, Patient J sold or delivered .5mg alprazolam pills and 325mg hydrocodone pills to a CI.

#### Patient K

78. Patient K is a thirty-eight (38) year old female former patient of Respondent.

79. The requirements of Rule 6 went into effect for Respondent's care of Patient K on or about December 16, 2016, after Respondent prescribed to Patient K; 90 opioid containing pills per month with a MED of 33.75MME a day for more than three (3) consecutive months.

80. On October 30, 2017, Respondent began prescribing opioid containing pills to Patient K with a MED of 75MME per day.

81. Respondent prescribed opioid containing pills to Patient K under Rule 6 through November 2017.

82. Respondent's medical care, as documented by his medical chart, for Patient K fails to conform to the requirements of 844 IAC 5-6, where Respondent failed to:

- a. document that each and every requirement of the initial evaluation required by 844 IAC 5-6-4(a)(1-5) ever took place;

- b. record an assessment of increased risk for adverse outcomes, including death, as required by 844 IAC 5-6-9, when Respondent chose to continue to prescribe a MED of more than 60MME per day to the patient;
- c. record that the patient/physician discussion required by 844 IAC 5-6-5(1-7) ever took place;
- d. complete a "Treatment Agreement" as required under 844 IAC 5-6-5(8);
- e. document that Respondent evaluated Patient K's progress and compliance with the treatment plan at the visits required by 844 IAC 5-6-6(a and b);
- f. properly evaluate the need for urine drug testing by repeatedly ignoring the factors listed in 848 IAC 5-6-8(b)(1-18) to determine when a drug monitoring screen would be medically necessary; and
- g. document whether the patient's INSPECT report was consistent with Respondent's knowledge of the patient's controlled substance use history as required by 844 IAC 5-6-7.

83. On September 17, 2017, Patient K filled a prescription for .5mg alprazolam from Respondent. On September 20 2017, Patient K sold .5mg alprazolam pills to a CI of the Wells Co. Sheriff's Department.

84. On or about December 12, 2017, Patient K was charged with two (2) counts of drug dealing in Wells Co.

#### **Patient L**

85. Patient L is a fifty-eight year old female former patient of Respondent.

86. The requirements of Rule 6 went into effect for Respondent's care of Patient L on or about February 23, 2016, after Respondent prescribed to Patient L; 120 opioid containing pills per month with a MED of 45 to 60MME a day for more than three (3) consecutive months.

87. Respondent prescribed opioid containing pills to Patient L under Rule 6 through June 2016.

88. Respondent's medical care, as documented by his medical chart, for Patient L fails to conform to the requirements of 844 IAC 5-6, where Respondent failed to:

- a. document that each and every requirement of the initial evaluation required by 844 IAC 5-6-4(a)(1-5) ever took place;
- b. record that the patient/physician discussion required by 844 IAC 5-6-5(1-7) ever took place;
- c. complete a "Treatment Agreement" as required under 844 IAC 5-6-5(8);
- d. document whether the patient's INSPECT report was consistent with Respondent's knowledge of the patient's controlled substance use history as required by 844 IAC 5-6-7.

89. On three (3) occasions in September and October 2017, Patient L sold a total of thirty-seven (37) .5mg alprazolam pills to CIs of the Wells Co. Sheriff's Department. Patient L had an active prescription for .5mg alprazolam from Respondent at the times she sold the pills.

90. On or about December 12, 2017, Patient L was charged with three (3) counts of drug dealing in Wells Co.

**Patient M**

91. Patient M was a fifty-five year old patient of Respondent.

92. The requirements of Rule 6 went into effect for Respondent's care of Patient M no later than November 25, 2015, after Respondent prescribed Patient M; 270 opioid containing pills per month with a MED of 360MME per day for at least the three (3) pervious months.

93. Respondent prescribed the same combination of opioid containing pills to Patient M under Rule 6 through June 2016.

94. Respondent's medical care, as documented by his medical chart, for Patient M fails to conform to the requirements of 844 IAC 5-6, where Respondent failed to:

- a. document that each and every requirement of the initial evaluation required by 844 IAC 5-6-4(a)(1-5) ever took place;
- b. record an assessment of increased risk for adverse outcomes, including death, as required by 844 IAC 5-6-9, when Respondent chose to continue to prescribe a MED of more than 60MME per day to the patient;
- c. record that the patient/physician discussion required by 844 IAC 5-6-5(1-7) ever took place;
- d. complete a "Treatment Agreement" as required under 844 IAC 5-6-5(8);
- e. document that Respondent evaluated Patient M's progress and compliance with the treatment plan at the visits required by 844 IAC 5-6-6(a and b);
- f. properly evaluate the need for urine drug testing by repeatedly ignoring the factors listed in 848 IAC 5-6-8(b)(1-18) to determine when a drug monitoring screen would be medically necessary; and

h. document whether the patient's INSPECT report was consistent with Respondent's knowledge of the patient's controlled substance use history as required by 844 IAC 5-6-7.

95. On October 28, 2015, May 9, 2016, and May 31, 2016, drug monitoring tests showed that Patient M was negative for at least one of the opioids Respondent was prescribing to her. Respondent failed to document a revised treatment plan or discussion with the patient after inconsistent drug monitoring tests as required by 844 IAC 5-6-8(e).

96. On June 29, 2016, Respondent wrote two (2) prescriptions for Patient M. One for 180 tablets of 20mg Oxycodone, and one for 90 tablets of 60mg Morphine Sulfate ER. Patient M filled those prescriptions the same day. Patient M also submitted to a drug monitoring test that day which later showed she was positive for heroin on June 29, 2016.

97. Three days later on July 2, 2016, Patient M died of acute oxycodone, cyclobenzaprine, fentanyl and morphine intoxication. The Coroner's Investigation Report regarding Patient M's death states that two medication bottles were found near the body of Patient M; one of morphine and one of oxycodone.

98. A review of Patient M's INSPECT report shows that she was not receiving opioid prescriptions from any other providers in the state of Indiana near the time of her death.

#### **Patient N**

99. Patient N is a twenty-four (24) year old female former patient of Respondent.

100. On March 8, 2017, Respondent began to prescribe alprazolam to Patient N on monthly basis. The scripts filled for March and April 2017 were for sixty (60) alprazolam 1mg tablets. From May to September 2017, Respondent provided Patient N with one hundred twenty (120) alprazolam 1mg tablets each month.

101. On July 24, 2017, Respondent provided Patient N with twenty-one (21) hydrocodone-acetaminophen 7.5/325mg tablets. Patient N filled that prescription the same day.

102. Also on July 24, 2017, Patient N knowingly sold six (6) hydrocodone-acetaminophen 7.5/325mg tablets to a CI of the Wells Co. Sheriff's Department.

103. On July 27, 2017, Patient N filled a prescription from Respondent for one hundred twenty (120) alprazolam 1mg tablets. The next day, July 28, 2017, Patient N first sold fifty (50) alprazolam 1mg tablets, and then again that day sold another five (5) alprazolam 1mg tablets to a CI of the Wells Co. Sheriff's Department.

104. On September 13, 2017, Patient N submitted to a drug monitoring test at Respondent's office which showed that she was negative for alprazolam and hydrocodone-acetaminophen, both of which were active prescriptions from Respondent.

105. On December 12, 2017, Patient N was charged with three counts of drug dealing in Wells Co., IN as a result of her sale of the hydrocodone-acetaminophen and alprazolam.

#### **Patient O**

106. Patient O is a forty-five (45) year old male former patient of Respondent.

107. From September 19, 2017 to January 8, 2018, Respondent provided Patient O with monthly prescriptions for one hundred twenty (120) clonazepam 1mg tablets.

108. On October 16, 2017, Patient O filled a prescription from Respondent for one hundred twenty (120) clonazepam 1mg tablets. On October 24, 2017, Patient O sold nine (9) clonazepam 1mg tablets to a CI of the Wells Co. Sheriff's Department.

109. On December 12, 2017, Patient O was charged with drug dealing in Wells Co., IN as a result of his sale of clonazepam.



### Patient P

110. Patient P is a twenty-four (24) year old male former patient of Respondent.

111. Respondent began treating Patient P on December 17, 2015. At that time, Respondent diagnosed him as a heroin addict after he was hospitalized in November 2015 for a heroin and cocaine overdose.

112. In September 2016, Patient P was again hospitalized for a heroin overdose. While hospitalized for the overdose, Patient P tested positive for benzodiazepines along with other illicit substances. In September 2016, Patient P had no active prescription for any benzodiazepines from any provider in the state of Indiana.

113. In October 2016, Patient P was diagnosed with poly substance abuse including IV heroin use by a physician at Parkview Hospital.

114. On November 3, 2016, Respondent began prescribing 2mg diazepam – 1 tablet tid-qid to Patient P. The prescriptions for diazepam continued monthly through September 2017.

115. On December 11, 2016, Patient P submitted to a drug monitoring test which showed he was positive for benzodiazepines and marijuana.

116. Patient P's chart shows that on January 24 and January 25, 2017, a CVS pharmacy twice refused to fill Patient P's prescription for alprazolam due to his diagnosis of heroin use and polysubstance abuse.

117. On March 13, 2017, Patient P requested that Respondent increase his dosage of alprazolam. Respondent increased the dose to 5mg tablets tid.

118. On August 30, 2017, Patient P filled a prescription from Respondent for one hundred (100) diazepam 5mg tablets. The next day, August 31, 2017, Patient P sold ten (10) 5mg diazepam tablets to a CI of the Wells Co. Sheriff's Department.

119. On December 12, 2017, Patient P was charged with drug dealing in Wells Co., IN as a result of his sale of diazepam.

### **CONCLUSION**

120. Respondent wrote over four hundred (400) prescriptions totaling more than fifty thousand (50,000) opioid containing pills in contravention of the rules of the Medical Licensing Board.

### **VIOLATION I**

121. Paragraphs 1 through 119 are incorporated herein by reference.

122. Respondent's conduct as described above constitutes a violation of Ind. Code § 25-1-9-4(a)(3) in that Respondent has knowingly violated any state statute or rule, or federal statute or regulation, regulating the profession in question. Specifically, Respondent violated the requirements of 844 IAC 5-6-4, when he failed to perform evaluations and risk stratifications in the initial evaluations of one or more patients receiving opioid containing pills under the requirements of Rule 6.

### **VIOLATION II**

123. Paragraphs 1 through 119 are incorporated herein by reference.

124. Respondent's conduct as described above constitutes a violation of Ind. Code § 25-1-9-4(a)(3) in that Respondent has knowingly violated any state statute or rule, or federal statute or regulation, regulating the profession in question. Specifically, Respondent failed to discuss the specific issues required by 844 IAC 5-6-5(1-7) with one or more patients receiving opioid containing pills under the requirements of Rule 6.

### **VIOLATION III**

125. Paragraphs 1 through 119 are incorporated herein by reference.

126. Respondent's conduct as described above constitutes a violation of Ind. Code § 25-1-9-4(a)(3) in that Respondent has knowingly violated any state statute or rule, or federal statute or regulation, regulating the profession in question. Specifically, Respondent violated the requirements of 844 IAC 5-6-4(8), when he failed to review and sign a "Treatment Agreement" for one or more patient's receiving opioid containing pills under the requirements of Rule 6, and failed to retain a copy of the agreement in the patient charts.

#### **VIOLATION IV**

127. Paragraphs 1 through 119 are incorporated herein by reference.

128. Respondent's conduct as described above constitutes a violation of Ind. Code § 25-1-9-4(a)(3) in that Respondent has knowingly violated any state statute or rule, or federal statute or regulation, regulating the profession in question. Specifically, Respondent violated the requirements of 844 IAC 5-6-6(a), when he prescribed opioids to one or more patient's receiving opioid containing pills under the requirements of Rule 6 without a face to face visit at least every four (4) months

#### **VIOLATION V**

129. Paragraphs 1 through 119 are incorporated herein by reference.

130. Respondent's conduct as described above constitutes a violation of Ind. Code § 25-1-9-4(a)(3) in that Respondent has knowingly violated any state statute or rule, or federal statute or regulation, regulating the profession in question. Specifically, Respondent violated the requirements of 844 IAC 5-6-6(b), when he failed to evaluate the patient progress and compliance with the patient's treatment plan at visits required by 844 IAC 5-6-6(a) for one or more patients receiving opioid containing pills under the requirements of Rule 6.

#### **VIOLATION VI**

131. Paragraphs 1 through 119 are incorporated herein by reference.

132. Respondent's conduct as described above constitutes a violation of Ind. Code § 25-1-9-4(a)(3) in that Respondent has knowingly violated any state statute or rule, or federal statute or regulation, regulating the profession in question. Specifically, Respondent violated the requirements of 844 IAC 5-6-7, when he failed to document in the patient chart whether an INSPECT report was consistent with his knowledge of the patient's controlled substance history at the beginning of a treatment plan and annually thereafter for one or more patients receiving opioid containing pills under the requirements of Rule 6.

#### **VIOLATION VII**

133. Paragraphs 1 through 119 are incorporated herein by reference.

134. Respondent's conduct as described above constitutes a violation of Ind. Code § 25-1-9-4(a)(3) in that Respondent has knowingly violated any state statute or rule, or federal statute or regulation, regulating the profession in question. Specifically, Respondent violated the requirements of 844-5-6-8(a), when he failed determine a drug monitoring test was medically necessary in one or more patients exhibiting the factors listed in 844-5-6-8(b)(1-18).

#### **VIOLATION VIII**

135. Paragraphs 1 through 119 are incorporated herein by reference.

136. Respondent's conduct as described above constitutes a violation of Ind. Code § 25-1-9-4(a)(3) in that Respondent has knowingly violated any state statute or rule, or federal statute or regulation, regulating the profession in question. Specifically, Respondent violated the requirements of 844-5-6-8(e), when he failed to conduct a review of the current treatment plan after a drug monitoring test revealed inconsistent medication use patterns or the presence of illicit

substances for one or more patients receiving opioid containing pills under the requirements of Rule 6.

#### **VIOLATION IX**

137. Paragraphs 1 through 119 are incorporated herein by reference.

138. Respondent's conduct as described above constitutes a violation of Ind. Code § 25-1-9-4(a)(3) in that Respondent has knowingly violated any state statute or rule, or federal statute or regulation, regulating the profession in question. Specifically, Respondent violated the requirements of 844-5-6-8(e), when he failed document in the patient chart a revised treatment plan and discussion with the patient after a drug monitoring test revealed inconsistent medication use patterns or the presence of illicit substances for one or more patients receiving opioid containing pills under the requirements of Rule 6.

#### **VIOLATION X**

139. Paragraphs 1 through 119 are incorporated herein by reference.

140. Respondent's conduct as described above constitutes a violation of Ind. Code § 25-1-9-4(a)(3) in that Respondent has knowingly violated any state statute or rule, or federal statute or regulation, regulating the profession in question. Specifically, Respondent violated the requirements of 844-5-6-9 when he failed to document in the patient chart a revised assessment and treatment plan after continuing to provide opioid therapy at a MED of more than 60MME a day for one or more patients receiving opioid containing pills under the requirements of Rule 6.

#### **VIOLATION XI**

141. Paragraphs 1 through 119 are incorporated herein by reference.

142. Respondent's conduct as described above constitutes a violation of Ind. Code § 25-1-9-4(a)(3) in that Respondent has knowingly violated any state statute or rule, or federal statute

or regulation, regulating the profession in question. Specifically, Respondent violated the requirements of 844-5-6-9 when he failed to schedule a face to face review of the treatment plan and patient evaluation after providing opioids at a MED of more than 60MME a day for one or more patients receiving opioid containing pills under the requirements of Rule 6.

#### **VIOLATION XI**

143. Paragraphs 1 through 119 are incorporated herein by reference.

144. Respondent's actions constitute a violation of Ind. Code § 25-1-9-4(a)(9) in that Respondent has, except as otherwise provided by law, knowingly prescribed, sold, or administered any drug classified as a narcotic, addicting, or dangerous drug to a habitué or addict as evidenced by Respondent repeatedly providing alprazolam to Patient David D. despite his knowledge that David D. suffered from polysubstance abuse and while ignoring indications of continued addiction.

#### **VIOLATION XII**

145. Paragraphs 1 through 119 are incorporated herein by reference.

146. Respondent's conduct as described above constitutes a violation of Ind. Code § 25-1-9-4(a)(4)(B) in that Respondent has continued to practice although Respondent has become unfit to practice due to failure to keep abreast of current professional theory or practice as evidenced by his repeated and consistent failure to abide by the standards and protocols set forth by this Board for the prescribing of opioid controlled substances for pain management.

**WHEREFORE**, Petitioner demands an order against the Respondent that:

1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case;  
and;
3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,  
Curtis T. Hill, Jr.,  
Indiana Attorney General  
Attorney Number: 13999-20



By: \_\_\_\_\_  
Aaron T. Milewski  
Deputy Attorney General  
Attorney Number: 24310-29

Office of the Indiana Attorney General  
8005 Castleway Dr.  
Indianapolis, IN 46250  
317-915-5343

**CERTIFICATE OF SERVICE**

I certify that a copy of the foregoing "Complaint" has been served upon the Respondent at the address listed below, by United States mail, first class postage prepaid, on September 5<sup>th</sup>, 2018.

Dr. John Greenman  
117 S. Main Street  
Indianapolis, IN 46714



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Aaron T. Milewski  
Deputy Attorney General  
Attorney No.: 24310-29