COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1396

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWALTH OF KENTUCKY HELD BY GREGORY B. WHITE, M.D., LICENSE NO. 26944, 1300 S. BURKHARDT ROAD, EVANSVILLE, INDIANA 47715

ORDER OF REVOCATION

At its March 21, 2013, meeting, the Kentucky Board of Medical Licensure (hereinafter "the Board"), acting by and through its Hearing Panel B, took up this case for final action. The members of Panel B reviewed the Complaint; the Hearing Officer's recommended Findings of Fact, Conclusions of Law and Recommended Order; an Order Correcting Typographical Error, filed of record February 5, 2013; the licensee's Exceptions, filed of record February 19, 2013; and a memorandum from the Board's Assistant General Counsel, dated February 20, 2013.

Having considered all the information available and being sufficiently advised, Hearing Panel B ACCEPTS the hearing officer's recommended Findings of Fact and Conclusions of Law and ADOPTS those Findings of Fact and Conclusions of Law and INCORPORATES them BY REFERENCE into this Order. (Attachment) Hearing Panel B FURTHER ACCEPTS AND ADOPTS the hearing officer's Recommended Order. In accordance with that Recommended Order, Hearing Panel B ORDERS:

1. The license to practice medicine held by Gregory B. White, M.D., is hereby REVOKED and he may not perform any act which constitutes the "practice of medicine," as that term is defined by KRS 311.550(10) – the diagnosis, treatment, or correction of any and all human conditions, ailments, diseases, injuries, or infirmities by any and all means, methods, devices, or instrumentalities – in the Commonwealth of Kentucky;

2. The provisions of KRS 311.607 SHALL apply to any petition for reinstatement filed by the licensee; and

3. The Board SHALL NOT consider any petition for reinstatement filed by the licensee unless and until the licensee has fully reimbursed the Board the costs of the proceedings in the amount of $17,015.69.

SO ORDERED, this 29th day of March, 2013.

Randel C. Gibson DO
RANDEL C. GIBSON, D.O.
CHAIR, HEARING PANEL B

CERTIFICATE OF SERVICE

I certify that the original of the foregoing Order of Revocation was delivered to Michael S. Rodman, Executive Director, Kentucky Board of Medical Licensure, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222; a copy was mailed to Thomas J. Hellmann, Esq., P.O. Box 676, 415 West Main Street, Frankfort, Kentucky 40602-0676; and copies were mailed via certified-mail return receipt requested to the licensee, Gregory B. White, M.D., 1300 S. Burkhardt Road, Evansville, Indiana 47715, and his counsel, Marvin L. Coan, 1700 Kentucky Life Building, 239 South Fifth Street, Louisville, Kentucky 40202-3268 on this 29th day of March, 2013.

Leanne K. Diakov
Leanne K. Diakov
Assistant General Counsel
Kentucky Board of Medical Licensure
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EFFECTIVE DATE AND APPEAL RIGHTS

Pursuant to KRS 311.593(1) and 13B.120, the effective date of this Order will be thirty (30) days after this Order of Revocation is received by the licensee or the licensee's attorney, whichever shall occur first.

The licensee may appeal from this Order, pursuant to KRS 311.593 and 13B.140-.150, by filing a Petition for Judicial Review in Jefferson Circuit Court within thirty (30) days after this Order is mailed or delivered by personal service. Copies of the petition shall be served by the licensee upon the Board and its General Counsel. The Petition shall include the names and addresses of all parties to the proceeding and the agency involved, and a statement of the grounds on which the review is requested, along with a copy of this Order.

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FINDINGS OF FACT, CONCLUSIONS OF LAW, AND RECOMMENDED ORDER

The Kentucky Board of Medical Licensure brought this action against the license of Gregory B. White, M.D., charging him with several violations of the statutes governing the practice of medicine. The hearing officer held the administrative hearing on October 9-11, and November 2, 2012. The Board was represented by Hon. Leanne Diakov, and Dr. White was represented by Hon. Marvin L. Coan.

After considering the evidence admitted at the hearing and arguments of counsel, the hearing officer finds that White is guilty of the charges against him, and the hearing officer recommends the Board take any appropriate action against White's license as a result of his violations of the statutes governing the practice of medicine. In support of that recommendation the hearing officer submits the following findings of fact, conclusions of law, and recommended order.

FINDINGS OF FACT

The Findings of Fact have been separated into two parts due to the quantity of evidence that was admitted at the administrative hearing. Part I includes a review of White's background and experience and of the charges in the *Complaint*. Part I also

presents the hearing officer's findings related to the medical care provided by White for the patients at issue in this action. Part II consists of a review of White's business relationship with the owner of the two clinics where he was employed during the time period at issue in this case and a review of several aspects of the operation of those clinics that relate to and reflect upon White's prescription practices.

PART I

A) White's Professional Background and Experience

1. Dr. Gregory B. White graduated from the University of Louisville's medical school in 1980. He went on to specialize in anesthesiology and completed his residency at the Indiana University Medical Center in 1984. Exhibit 1, attached exhibit 3, curriculum vitae.

2. White was certified by the American Board of Anesthesiology in 1988, but he is not board certified in pain management. Id.

3. He has been licensed to practice medicine in Kentucky since 1989, and he has held various positions as an anesthesiologist and has performed some interventional pain management at hospitals and clinics in Western Kentucky and Southern Indiana. Id.

4. White has also served as the director of anesthesia services at several different hospitals and as the director of three pain management centers. Id.

5. As a staff anesthesiologist White had earned $510,000 per year, and as the

director of anesthesia services, his pay increased to $610,000 per year. DVD of October 9, 2012, administrative hearing [hereinafter DVD I], 10:34 a.m.

6. Beginning in 2008 White had a series of serious health problems, including a heart attack, stroke, and seizure, that forced him to step down from his position as director of anesthesia services and to resign from his position as a practicing anesthesiologist. DVD I 10:21-10:26 a.m., 11:06 a.m., and 3:32 p.m.

7. After resigning as a staff anesthesiologist, White began looking for employment opportunities outside of western Kentucky and southern Indiana due to restrictions in his employment contract. DVD I, 10:33 a.m.

8. Through Vista Staffing Solutions, a physician placement service, he found employment at Central Kentucky Bariatric and Pain Management, which was owned by Will Singleton and is located in Georgetown, Kentucky (hereinafter "the Georgetown Clinic"). During most of the time period at issue in this action, however, White worked at a second pain management clinic owned by Singleton, the Grant County Wellness Center [hereinafter "the Grant County Center" or "the Center"], located in Dry Ridge, Kentucky DVD I, 10:31 a.m, 10:37 a.m.

B) The Board's Charges Against White

9. The Board's charges in this action arose out of an investigation of the Georgetown Clinic that had begun after the Board received an anonymous grievance that the Georgetown Clinic was operating as a "pill mill."

10. At the administrative hearing various witnesses offered their own definition of the term "pill mill," but the hearing officer finds there was general agreement that the term refers to a medical practice in which the physician provides controlled substances in exchange for cash with the physician having little or no regard for whether the patient has an actual medical condition that warrants treatment with controlled substances.

11. At the beginning of its investigation, the Board requested the Office of Inspector General for the Cabinet for Health and Family Services to review KASPER reports for White and the other physicians who had worked at the Georgetown Clinic. Exhibit 1, attached exhibits 1 and 2.

12. Stephen C. Johnson, an employee in the Inspector General's office, identified twenty-seven of White's patients who received prescriptions for oxycodone and who matched the profile of persons that divert or misuse pain medications. Johnson selected the charts based on characteristics such as the age of the patient, the similarity in patients' last name, the distance traveled to the clinic, and the use of multiple pharmacies to fill prescriptions. Exhibit 1, attached exhibit 2.

13. The Board then obtained the medical records for those patients and provided the records to the Board's consultant, Dr. Jay Grider. He is board certified in Anesthesiology and Pain Management and was qualified at the administrative hearing as an expert in Anesthesiology and Pain Management. DVD II, 9:36 and 9:42 a.m.; Exhibit 35.

14. Grider reviewed the medical records and issued a report dated April 4, 2012, that found substantial deficiencies in the care and treatment that White provided to his patients. Exhibit 1, attached exhibit 4.

15. Based largely upon Grider's report, the Board issued the *Complaint* against White. The *Complaint* alleges that he failed to conform to acceptable and prevailing medical practices, that he prescribed controlled substances with the knowledge that they would not be used or were not likely to be used medicinally or for accepted therapeutic purposes, that his practice demonstrated gross negligence in the diligence required of physicians practicing medicine, and that his practice constituted a danger to the patients and the public. *Complaint*, page 2.

16. In support of those assertions, the *Complaint* presented a summary of deficiencies in White's medical practice that Grider included in his report to the Board:

- In all medical records reviewed Dr. White provided a layman's diagnosis of "low back pain neck pain," which demonstrates a lack of critical evaluation of the patient;
- History of CC [Chief Complaint] was completely absent and not included;
- There was no evidence of ongoing physical exams;
- In virtually all cases, treatment was the same: a prescription for short-acting oxycodone in 15 and 30 mg doses usually in combination with valium and occasionally with Soma;
- KASPER numbers were recorded but never was there an action taken based upon KASPER reports; and
- The licensee prescribed in a cash-only non-referral environment and in a manner consistent with a cash-for-opioids scheme and inconsistent with a legitimate medical practice.

Complaint, page 2.

17. Based upon those allegations, the Board charged White with violating KRS 311.595(9), as illustrated by KRS 311.597(1)(a), (3), and (4). *Complaint*, page 3.

C) **Grider's Summary of His Review of White's Patient Records**

18. The Board provided Grider with medical records for twenty-seven of White's patients. Exhibit 1, attached exhibit 4, page 1146.

19. In a letter dated April 4, 2012, Grider provided the Board with a narrative summary of his findings from his review of White's medical records. Grider stated that he performed a detailed review and completed Expert Review Worksheets for fourteen of the patients' medical records. He performed a cursory review of the remaining thirteen, which "showed identical prescribing and minimal documentation" that had been found in the detailed review of the other fourteen medical records. Id.

20. The fourteen Expert Review Worksheets state that White treated the patients for three medical conditions: low back pain, low back and neck pain, or knee pain. Exhibit 1, attached exhibit 4, pages 1148-1202.

21. Although White's patient notes did describe conditions such as "pain in low back," he did not use such terms exclusively for his medical diagnosis. Exhibit 5, page 30. Instead, he diagnosed his patients with conditions such as lumbar radiculopathy, meniscal tear, or muscle spasms to support the prescriptions issued to patients.

22. At the hearing, Grider clarified his objection to White's use of layman's terminology. Grider stated that he had difficulty understanding whether White was

presenting his own diagnosis or the patient's history of chief complaint. DVD II, 10:08-10:09 a.m.

23. More significantly, Grider's reported that layman's terms "are fine for a history of chief complaint," but Grider's real concern was the "lack of critical evaluation of the patient" that is suggested by use of layman's terms in the patient notes. Exhibit 1, attached exhibit 4, page 1146.

24. Grider found the most consistent deficiency in White's documentation was with his physical examinations. Grider described the initial physical examinations as cursory with no in-depth review of the patients' medical conditions. DVD II, 10:10 a.m.

25. The patient records shows that for most follow-up visits, White didn't perform any physical examination of the patient, much less an examination or evaluation of the medical condition that served as the basis for the prescription medications.

26. In addition, White's diagnosis for some medical conditions didn't match his clinical finding. White diagnosed several patients as suffering from radiculopathy, which suggests a sensory or motor dysfunction, but he also found the patients to be neurologically intact rather than impaired. DVD II, 10:10 a.m.

27. For twelve of the fourteen patients, White prescribed oxycodone IR 15 mg and 30 mg, either by themselves or in combination with Soma or benzodiazepine. One of the two remaining patients was treated with Vicoprofen and benzodiazepine and the other was treated with methadone and benzodiazepine. Exhibit 1, attached exhibit 4.

28. Grider testified that he couldn't understand a clinical approach that started with prescriptions for opioids. DVD II, 10:23 a.m.

29. Grider described a prescription regimen that consistently included oxycodone 15 mg and 30 mg as "very concerning," especially for patients who reported they were not taking any opioids. DVD II, 10:11 a.m.

30. Grider found the lack of variety in the therapy or the treatment plan to be unusual, and the clear pattern that developed in White's treatment of his patients was one of the most concerning issues for Grider. DVD II, 10:17 a.m., 10:24 a.m.

31. White's expert witness, Dr. Gary L. Reasor, agreed that the combination of the two different strengths of short-acting oxycodone appeared to be White's "preferred medication regimen." Reasor also stated that the "current medical practice" is to use a long-acting pain medication that is supplemented by a short-acting medication for breakthrough pain. He justified White's use of two short-acting medications by accepting his assertion that the patients couldn't afford the cost of long-acting medications, but White's stated concern for the patient's ability to pay is inconsistent with the refusal of his medical practice to accept health insurance. Exhibit 39, page 7.

32. Although there were MRIs in virtually all of the patient charts, there was not a consistent link between the diagnosis and the information in the MRI, and rarely was there any other type of diagnostic testing in the medical records. DVD II, 10:09 a.m.

33. The standard of care for a new patient in a pain management practice requires that the physician perform a comprehensive physical examination and a

psychological evaluation. The physician must also obtain a family and patient history of substance abuse in order to assess the patient's risk for abuse and diversion of the prescribed medications. The physician must take this history without regard to whether the patient has been previously screened by another medical practice. DVD II, 10:25-10:26 a.m.

34. The treating physician must also update imaging studies for the patient and must refer the patient to surgeons, other medical specialists, or to physical therapy as necessary. DVD II, 10:27 a.m.

35. The physician must establish and clearly identify treatment goals for the patient since achieving even small goals can have a huge benefit for the patient and can show that the treatment is on track. DVD II, 10:27 a.m.

36. Most of these requirements were absent from White's patient records.

37. White never tried other modalities, such as physical therapy, to treat a patient's medical condition. DVD II, 10:22 a.m.

38. White occasionally prescribed muscle relaxants but he never tried them in isolation. Instead, he used them in conjunction with the prescriptions for oxycodone 15 mg and 30 mg. DVD II, 10:22 a.m.

39. White prescribed Valium to a number of patients for the treatment of muscle spasms. Grider asserted that the medication is not the first line agent for treatment of that condition, but Valium can be used in some limited situations. He also noted, however, that White's use of Valium in combination with oxycodone could be lethal for

an obese patient, such as Patient B, but there's not indication in the medical records that White ever considered that potential outcome. DVD II, 3:03-3:04 p.m.

40. Reasor asserted that Valium was an acceptable medication for the short term control of muscle spasms, but he also asserted "Dr. White could have tried to use other muscle relaxants when possible," without indicating any instance in which White tried alternative medications. Exhibit 39, page 7.

41. In response to the Board's investigation, White had asserted that he prescribed Valium in order to wean patients off of Xanax. Exhibit 1, letter from Marvin Coan dated May 14, 2013, attached exhibit F, page 2; DVD I, 2:04 p.m.; DVD II, 10:11 a.m. For the majority of the patients for whom White initiated treatment with Valium, however, the patients had not been taking Xanax.

42. The evidence admitted at the hearing indicated that White reviewed KASPER reports, but Grider stated that if White reviewed KASPER reports as part of his treatment of his patients, he did poor job documenting that fact. In addition, there was no evidence in the medical records that he made treatment decisions based upon KASPER reports. DVD II, 3:01 p.m.

43. White did use urine drug screens in his medical practice, but there was virtually no independent lab confirmation of the drug screens. In addition, the drug screen reports consisted simply of sheets of paper on which information was circled without any lab values or the actual tests results. Although there was no evidence presented of any misconduct in completing the drug screen reports, their reliability was

largely dependent upon the integrity of the office staff. DVD II, 10:12 a.m.; see for example Exhibit 17, pages 49-54.

44. Although it is acceptable to use urine drug screen tests in the medical practice on some occasions, the standard of care requires that the physician have periodic independent testing that provide quantified lab results to confirm the screening tests. DVD II, 10:14 a.m.

45. The hearing officer's own review of the patient records confirmed Grider's findings and assessment related to the information contained in or lacking from White's medical records and patient notes.

46. For all fourteen patient charts for which Grider performed an in-depth review, he found White's diagnosis, treatment, and records to be below the minimum standards of acceptable and prevailing medical practice in Kentucky, and Grider's overall opinion for the fourteen patients was that White's care and treatment was clearly below the minimum standards. Exhibit 1, attached exhibit 4.

47. As a result of his consistent use of one treatment plan for all of his patients, White was grossly negligent in the diligence required in a pain management medical practice. DVD II, 10:21 a.m.

48. At the administrative hearing White confirmed that his clinic accepted only cash for MRIs, but he asserted that was due to the facility never obtaining insurance coverage. He also asserted that occasionally the clinic had accepted payment by credit

card, but he stated he had little knowledge of the clinic's finances because he was not involved in that aspect of the business. DVD I, 10:59-11:00 a.m.

49. A physician may accept cash payments for medical care, especially for patients who can't afford healthcare insurance coverage, but a physician's refusal to accept anything but cash when a patient has medical insurance coverage raises ethical issues for a physician. In Kentucky, the prevailing practice among physicians is to accept payment through medical insurance. DVD II, 10:19 a.m.

D) A Review of Patient C's Medical Records

50. Although there were some slight variations among the Expert Review Worksheets, the Grider's notes for Patient C are fairly representative of his opinion regarding White's care and treatment of all of the patients.

51. Patient C was a fifty-eight year old male who was seen by White for low back and neck pain and who was treated initially with Percocet 10/325 mg and oxycodone IR 15 mg in combination with Soma. Exhibit 1, attached exhibit 4, page 1160. Eventually oxycodone 30 mg was substituted for the Percocet. Exhibit 5, page 2. In support of his determination that White displayed a pattern of gross ignorance, gross negligence and/or gross incompetence, Grider stated in his worksheet:

> There is little to no physical exam documented. The standard of history of chief complaint[,] and evaluation of patient function[,] attempts to use intervention and rehabillitative [sic] physical therapy are completely lacking. The UDS [Urine Drug Screen] does not appear to be from a Laboratory and could just be a checked box by anyone in the clinic.

Exhibit 1, attached exhibit 4, page 1162.

52. In response to the section in the Expert Review Worksheet asking for the correct minimal standard of practice for Patient C, Grider stated:

> I would document better history of chief complaint, would document a physical exam[.] I would document a treatment plan that would include a rehabilitative component[.] I would never prescribe two short acting opioids in combination with Soma[.]

Id.

53. As for his opinion on how the Board should address the deficiencies in White's care for Patient C, Grider stated:

> I believe based on the cash nature of this practice and the prescribing habits, documentation and utilization of the same combination of short acting oxycodone repeatedly without documentation of therapeutic benefit is below the standard of care. [T]his practice falls very short of the standard of care and should be immediately stopped[.]

Exhibit 1, attached exhibit 4, page 1163.

54. Finally, Grider identified in the Expert Review Worksheet the immediate danger posed by White's medical practice:

> I believe that this practice constitutes prescription of controlled substances for no legitimate medical practice based on the cash basis and requirement of MRI (from that facility) as a component of care[.]

Exhibit 1, attached exhibit 4, page 1163.

55. A review of White's medical records for Patient C shows that he was first seen by White on July 25, 2011, for low back pain radiating down his right leg and two outside toes. He reported that the last time he had been prescribed medications was "20 years ago" but that he "self medicates" by taking three Lorcet per day. He had a recent

MRI that indicated lumbar radiculopathy due to spinal stenosis. Exhibit 5, pages 27, 30 and 45.

56. White performed a physical examination of the patient, but the records don't indicate that White performed a neuromuscular examination, which would have been specifically germane to the treatment of patient's back pain. DVD II, 3:13-3:15 p.m. Exhibit 5, page 30.

57. White's notes do not include a history of the chief complaint and state that neurologically the patient was "intact gross," which finding is below the standard of care since it's inconsistent with the diagnosis of lumbar radiculopathy. Exhibit 5, page 30; DVD II, 10:44 a.m.

58. White's assessment states that Patient C had "R lumbar radiculopathy," and White's plan was to refer the patient to a specialist in Lexington for a second opinion on the spinal stenosis. Exhibit 5, page 30.

59. The referral paperwork was not completed until December 2011, approximately five months after White's initial examination, apparently due to the center not having the proper forms. Exhibit 5, pages 5 and 14.

60. In the meantime, White issued prescriptions to Patient C for Percocet 10/325 mg, four times per day; Mobic, 15 mg, once a day; and Soma 350 mg at bedtime. Exhibit 5, page 30.

61. Grider stated that Soma is "a particularly troubling medication"due to its

high addiction potential, and virtually all pain societies recommend not prescribing the medication for muscle spasms. DVD II, 10:45 a.m.

62. The next month Patient C reported that his pain control was good, 3/10, except that he had increased pain while working. The records don't indicate that White performed any type of physioal examination or assessment of the medical condition he was treating, but he added oxycodone 15 mg, four times a day, to the other prescription medications. Exhibit 5, page 23.

63. By November 16, 2011, White had changed Patient C's prescriptions to oxycodone 15 mg and 30 mg, twice a day, and Soma at bedtime. Patient C still had refills available for Mobic. Again, the medical records don't indicate that White performed any type of physical examination or assessment of the patient's back pain to justify the prescription medications. Exhibit 5, pages 6 and 14.

64. The change in the prescribed medications was a "dramatic increase," since during the two previous office visits, Patient C reported his pain levels as 2/10 and 3/10. DVD II, 10:46 a.m.; Exhibit 5, pages 20 and 17 respectively.

65. Furthermore, the November 2011 increase in medication for treatment of chronic pain was not justified by the patient's report of acute right shoulder pain caused by the patient taking down a fence. DVD II, 3:26 p.m.; Exhibit 5, page 14.

66. White's own expert witness, Dr. Gary L. Reasor, characterized White's follow-up examinations for Patient C as poorly charted and with little documentation. Reasor stated the records did not meet the standard for acceptable and prevailing

follow-up evaluations of the patient. DVD of October 11, 2012, administrative hearing [hereinafter DVD III], 11:09-11:11 a.m.

67. Since White's initial and follow-up examinations of the other patients are similar to those for Patient C, Reasor's own determination as to deficiencies in White's medical practice regarding Patient C apply equally to White's examinations of the other patients.

68. Although the patient records indicate the referral for Patient C was faxed to Dr. Tibbs on December 8, 2011, the records do not show that Patient C was seen at the Grant County Center after November 16, 2011. Exhibit 5, page 5.

69. The review of the medical records for Patient C highlight three of the deficiencies noted by Grider in the narrative summary that accompanied his Expert Review Worksheets: the failure to have an adequate history of chief complaint, the failure to conduct appropriate and adequate physical examinations, and similar treatment plans consisting of prescriptions for oxycodone 15 mg and 30 mg in combination with medications such as Soma. Exhibit 1, attached exhibit 4, page 1146.

E) Grider's Review of Other Patient Records

70. The same pattern of deficiencies in the care and treatment noted by Grider for Patient C can be found in a review of the other patient records. The cumulative effect of the review of those records shows that White was not operating the Grant County Center in order to provide medical care to patients who were suffering from legitimate complaints of chronic pain. Instead, he conducted his medical practice in a

manner that allowed patients to obtain controlled substances in exchange for cash with little or no regard for whether the patients had actual medical conditions that warranted treatment with controlled substances.

71. Patient M was forty-two years old and presented with lower back, neck, and ankle pain on July 26, 2011. He had previously been treated at a pain clinic in Columbus, Ohio. White performed a physical examination and found the patient to be neurologically intact, but the White's notes don't indicate that he examined the lower back. White diagnosed the patient as suffering from lumbar radiculopathy based upon a radiology report that had been issued two years earlier after an automobile accident. The report of the lumbar spine found the patient to have "mild spurs" and "no disc space narrowing or compression fracture." Exhibit 15, pages 31 and 60.

72. White's notes indicate he planned to obtain an MRI of the lumbar spine, and in the meantime, he prescribed oxycodone 30 mg every six hours, oxycodone 15 mg three times a day, and Mobic 15 mg once a day. Exhibit 15, page 31.

73. Included with White's records for Patient M are earlier treatment records from the patient's chiropractor that Grider stated contained the type of detailed examination that White should have been performing for all of his patients. Grider found it "particularly disturbing" that the chiropractor's records had greater detail and consistency than any records written by White for his patients. DVD II, 11:26 a.m.

74. Grider noted that the chiropractor rated the patient's symptoms of pain as mild on each examination conducted in April 2011, and on every occasion, the

chiropractor performed a comprehensive examination that included tests of the patient's range of motion, strength, and reflexes, and tests of specific body systems. DVD II, 11:26 a.m., Exhibit 15, pages 65-76.

75. Grider also found it "disturbing" that the chiropractor and White had such different assessments of the severity of Patient M's pain with no effort by White to reconcile their assessments. The chiropractor classified the pain as mild, but White appeared to accept the patient's report of pain levels as moderate to severe and prescribed oxycodone in response. DVD II, 11:29 a.m.; Exhibit 15, pages 13, 16, 19, 22, and 25.

76. Although Grider found substantial deficiencies on White's care and treatment of Patient M, Reasor did not provide in his own expert report an opinion regarding Grider's review of the medical records for Patient M. Exhibit 1, attached exhibit 4, pages 1200-1201; Exhibit 39.

77. Patient O was another patient who, like Patient C, reported she was self-medicating with controlled substances prior to being treated by White. She was forty-eight years old when she first saw White on July 13, 2011, for lower back pain that radiated down the leg as the result of a motorcycle accident two years earlier. She reported taking Percocet 5 mg that she had received from the emergency room and Oxycontin 30 mg twice a day that White noted she received "from street sans MD." Exhibit 17, pages 27 and 32.

78. White performed a physical examination of the patient, but White wrote no notes that would suggest he examined or performed any evaluation of the patient's back condition. Exhibit 17, page 32.

79. The patient answered "no" to questions related to her receiving any treatment other than medications for the back condition. Exhibit 17, pages 37-38.

80. She told White that she had an MRI taken at the University of Kentucky on April 12, 2011, but she did not present the MRI to White until December 1, 2011. Exhibit 17, pages 11 and 32.

81. In the meantime, White diagnosed Patient O with lumbar radiculopathy, while finding her to be neurologically intact, and he began prescribing her medications similar to those prescribed to Patient C: oxycodone 30 mg every twelve hours, oxycodone 15 mg, three times per day, and Soma 350 mg twice a day for muscle spasms. Exhibit 17, page 32.

82. White acknowledged at the administrative hearing that he prescribed controlled substances to Patient O without the support of an MRI, which was contrary to his stated practice in an earlier letter to the Board, but White stated he issued the prescriptions based upon his own clinical judgment. DVD I, 12:27 p.m.; Exhibit 1, attached exhibit 3, page 1137.

83. In August 2011, White substituted Valium 10 mg twice a day for the Soma to treat her muscle spasms since the Soma was making the patient nauseated, and he added Mobic once a day in the morning. In response to the patient's complaints of

increased pain in September 2011, White changed Patient O's pain medications from oxycodone 30 mg twice a day to four times per day and maintained her on oxycodone 15 mg three times a day, Valium 10 mg twice a day, and Mobic once a day. Exhibit 17, pages 23 and 26.

84. In November 2011, her medications were decreased to oxycodone 30 mg three times per day, oxycodone 15 mg twice a day, and Soma 350 mg twice a day for muscle spasms, which White had decided to "try again" to treat that condition. Exhibit 17, page 17.

85. On December 1, 2011, the last time White saw Patient O, she apparently presented the April 2011 MRI, but White makes no mention of that fact in his patient note and does not record that he examined the patient. White maintained the patient on the same prescriptions but again substituted Valium 10 mg once a day for the Soma, which the patient again reported was causing her to be over-sedated. Exhibit 17, pages 11 and 14.

86. There is no indication in any of the patient records that White performed any type of examination of the patient after her first visit, much less an examination or evaluation of her back condition.

87. Reasor did not provide in his own expert report an opinion regarding Grider's review of the medical records for Patient O. Exhibit 39.

88. White's treatment of Patient O supported Grider's findings that White failed to provide a critical evaluation of his patients, failed to have a history of the

patients' chief complaint, and failed to conduct ongoing physical examinations, while at the same time providing similar prescriptions for controlled substances to his patients.

89. Patient D was thirty-two years old when he was first seen at the Georgetown Clinic on March 18, 2011, by Dr. Edwin Brott. He diagnosed Patient D with cervical and lumbar radiculopathy, ordered new MRIs, and prescribed oxycodone 30 mg every six hours, Valium 10 mg three times a day, and Naprosyn 375 mg twice a day. Exhibit 6, pages 14-16 and 45.

90. At the administrative hearing Grider noted the consistency in the prescription practices among the several physicians who worked at the Georgetown Clinic, which he described as unusual, and Patient D is an example of White following those same prescription practices. DVD II, 1:26 p.m.

91. The February 21, 2011, report from the MRI of the cervical spine indicated no pathology, but when White saw Patient D for the first time on May 13, 2011, he added a prescription for oxycodone 15 mg, three times per day, to the medications that had been prescribed by Brott. Exhibit 6, pages 36, 58; DVD II, 10:47 a.m. This is an example of Grider's general conclusion in his narrative summary that White failed to perform a critical evaluation of the diagnostic testing. Exhibit 1, attached exhibit 4, page 1146.

92. The patient records do not indicate that White performed a physical examination of Patient D during any office visit. Exhibit 6, pages 24, 27, 30, 33, and 36.

93. Furthermore, no additional testing was ordered to support the diagnosis of radiculopathy. DVD II, 10:48 a.m.

94. On May 13, 2011, White added oxycodone 15 mg three times a day and increased the Naprosyn to 500 mg twice a day for pain that was "moderately controlled." Exhibit 6, page 36.

95. White maintained that drug regimen for Patient D in June, July, and August, but on September 30, 2011, the patient was discharged due to his failure to obtain an updated MRI. Exhibit 6, pages 18 and 21.

96. Grider stated that White's treatment with controlled substances and the escalation of the medications were not justified by Patient D's benign pathology in the only MRI in the patient's file. DVD II, 10:53 a.m.

97. In defense of White's care and treatment for the Patient D, Reasor asserted that White's records contain a medical diagnosis for the patient, but Reasor does not address the lack of information in the records to support the diagnosis. Exhibit 39, page 6. Reasor also noted that there are urine drug screens in the file and that the patient was eventually discharged. Those facts, however, don't address the deficiencies in White's care and treatment of the patient that were noted by Grider in his report.

98. Patient F was twenty-four years old at the time White first examined him on June 13, 2011, for pain in the back, left hip, thigh, leg, and foot. White patient notes indicate that he performed a physical examination of the patient, but there's no indication that he conducted an examination related to the patient's specific complaint

of pain. White diagnosed lumbar radiculopathy while also reporting the patient was intact neurologically. White also listed left knee pain resulting from an ACL tear as an addendum to his diagnosis, and there is a July 2009 MRI report for the knee in the file. Exhibit 8, pages 42 and 63; DVD II, 10:59 a.m.

99. White's treatment plan included an MRI of the lumbar spine, but in the meantime, he started Patient F on oxycodone 15 mg five times a day and Valium 10 mg three times a day for muscle spasms. Exhibit 8, pages 2, 39 and 42.

100. At the administrative hearing, Reasor stated that Valium is not the first choice for the treatment of muscle spasms, and the prevailing practice is not to use that medication if the patient, like Patient F, had not been taking it. DVD III, 11:00 a.m.

101. Grider's concern for this patient centered on the amount of medication prescribed when the patient reported that he was not currently taking any medications. Exhibit 8, page 39; DVD II, 10:57 a.m.

102. Grider also noted that while White was prescribing a significant quantity of controlled substances to this young patient, White performed no substance abuse evaluation for him. DVD II, 10:57 a.m.

103. On Patient F's second office visit on July 13, 2011, White ordered an MRI of the lumbar spine and increased the prescriptions to oxycodone 30 mg every twelve hours and oxycodone 15 mg three times a day. The Valium 10 mg was decreased to just twice a day. White's notes don't indicate that he performed any type of examination of the patient's back. Exhibit 8, page 36.

104. The results of the MRI performed on July 26, 2011, however, indicated that Patient F had a "normal lumbar spine." Exhibit 8, page 59.

105. When Patient F was next seen on August 10, 2011, his pain control was "good," but the patient complained of left knee pain and pain in right chest and back. Exhibit 8, page 33.

106. White increased the oxycodone 30 mg prescription from every 12 hours to every 8, and kept the oxycodone 15 mg at three per day, and the Valium 10 mg to two per day. Exhibit 8, page 33.

107. In September 2011, Patient F reported that the pain was now in his left buttock and leg, and White prescribed the same medications as before. Exhibit 8, page 30.

108. In October 2011, the patient reported the same left buttock and leg pain, and White maintained the same prescriptions for controlled substances and ordered an MRI of the left knee. Exhibit 8, page 27.

109. The urine drug screen that had been performed on October 6, 2011, was negative for the prescribed benzodiazepines, but White did not order a blood test, which was contrary to his stated practice to confirm negative urine drug screens with a blood test. Exhibit 1, attached exhibit 3, page 1137.

110. A new MRI of the left knee was performed on October 30, 2011, which was five months after treatment had been initiated for left knee pain, and the MRI indicated a tear in the ACL and medial meniscus. White continued Patient F on the same

prescriptions for oxycodone, but lowered the Valium 10 mg to once a day for sleep since the patient no longer had muscle spasms. Exhibit 8, pages 24 and 57.

111. On December 5, 2011, during the time period that the Board began its investigation, White maintained the same prescriptions as the previous visit, but referred the patient to an orthopedic surgeon for further evaluation. Exhibit 8, page 21, 64.

112. On January 2, 2012, Patient F was dismissed from the practice because he refused to have the evaluation of his left knee. Exhibit 8, pages 15 and 18; DVD I, 1:45 p.m.

113. White's treatment of Patient F highlights the extent to which White's medical care was driven by the patient's ability to present an MRI suggesting a painful medical condition rather than by a determination that long-term pain medications were necessary to treat the condition.

114. In his critique of Grider's assessment of White's care and treatment of Patient F, Reasor merely noted that Grider had no objection to White's medical diagnoses, that the patient signed pain management agreement, and that there are urine drug screens in the medical records. Exhibit 39, page 6. Again, those facts don't address the deficiencies found by Grider related to White's care and treatment of the patient.

115. Patient W was a twenty-one year old resident of Rowan County, Kentucky, when he began seeing White on May 26, 2011. Exhibit 25, page 36.

116. The patient had been in a car wreck two years earlier and presented with complaints of pain in his "whole back" and in his left knee. He provided an MRI report from a physician in Pikeville, Kentucky, dated September 22, 2009, that indicated a meniscal tear in the left knee and "mild bulging of the discs at L4-5 and L5-S1 with no disc herniation at any visualized level." Exhibit 25, pages 31, 53-54.

117. Grider reported that the MRI indicated a "relatively benign" back condition. DVD II, 1:20 p.m.

118. Patient W was not currently taking any medications, but he reported that he had been previously prescribed oxycodone 15 mg and 30 mg and Klonopin 1 mg by a physician in Florida who "was closed down last month." Exhibit 25, pages 33, 36, and 40.

119. The patient did not indicate he had received any treatment for his medical conditions other than controlled substances. Exhibit 25, pages 41-42.

120. White diagnosed Patient W as suffering from internal derangement of the left knee and lumbar radiculopathy, and his treatment consisted of prescriptions for oxycodone 30 mg every six hours, oxycodone 15 mg three times a day, and Valium 10 mg twice a day. Exhibit 25, page 36.

121. Grider noted that the Valium was prescribed as a "withdrawal prophylaxis" even though the patient reported he was not currently taking any medications. Exhibit 25, page 33 and 36; DVD II, 1:22 p.m.

122. In June 2011, White increased the dosage of Valium to three times per day in response to the patient's complaint of muscle spasms in the lower back. Exhibit 25, page 30.

123. On that same date, the patient's urine drug screen was negative for Valium, but no mention was made of that fact in White's patient note, and White's notes do not address why the 50% increase in Valium was appropriate in light of the negative drug screen. Exhibit 25, pages 30 and 57; DVD II, 1:22 p.m.

124. When Patient W reported on the next office visit in July 2011 that the muscle spasms were "controlled for now," White decreased the Valium 10 mg to the original dosage of twice a day. Exhibit 25, page 27.

125. In August 2011, the muscle spasms were "better controlled," but White maintained the same prescription for Valium in response to the patient's complaint of insomnia and in order to "prevent muscle spasm." Exhibit 25, page 24.

126. In August 2011, White ordered an updated MRI which was performed at Bluegrass MRI, and the resulting report was almost identical to the earlier report. DVD II, 1:23 p.m.; Exhibit 25, pages 51-52.

127. Grider noted that the patient did not report any new medical condition that would require a new MRI of the lumbar spine, and the patient's current medical condition was not significant enough to obtain a second MRI. DVD II, 1:25 p.m.

128. On September 22, 2011, White recorded that the recent MRI found "small annular bulges L4-5, L5-S1," which presumably was offered to support the latest

prescriptions for oxycodone 30 mg every six hours, oxycodone 15 mg twice a day, and Valium 10 mg twice a day. Exhibit 25, page 21.

129. When the patient failed to appear for his October 13, 2011, appointment, which White had rescheduled to an earlier date because he was going on vacation, White reassessed the August 2011 MRI and decided that the back condition "was not severe enough to warrant continued narcotic analgesic therapy." White therefore dismissed Patient W as a patient. Exhibit 25, pages 15 and 18.

130. Grider noted, however, that Patient W had originally been treated for both back and knee pain. Yet, there was no further examination or discussion of that condition after the first examination or any mention of that condition in the dismissal letter. Exhibit 25, page 15.

131. Reasor did not provide in his own expert report an opinion regarding Grider's review of the medical records for Patient W. Exhibit 39.

132. Thus, Patients F and W represent examples of two of Grider's general objections to White's pain management practice. There was virtually identical therapy for all patients, and there was a lack of individual thought for the treatment of the patients. Those deficiencies represent a departure from the acceptable and prevailing standards for the practice of pain management. DVD II, 1:25-1:27 p.m.; Exhibit 1, attached exhibit 4, page 1146.

133. The hearing officer notes that Patients F and W also represent examples of

how the presentation of an MRI by the patient seemed to provide a sufficient basis for White to issue prescriptions for controlled substances.

134. Grider described White's care and treatment of Patient H as "concerning" due to the fact that the patient acknowledged a history of IV drug use. Exhibit 10, page 38, DVD II, 11:05 a.m.

135. Patient H was a thirty year old female whose medical file contains a 2008 report from an MRI performed in Florida on her left knee, but White began treating her for pain in the right knee. Exhibit 10, pages 38 and 59.

136. For a patient with past drug use, the standard of care requires the physician to utilize all conservative therapies before prescribing controlled substances, and a psychological evaluation must be performed since it is the key to help guide the therapy. DVD II, 11:08 a.m.

137. White tried none of those, and despite the patient reporting that she currently was taking no medications, on June 16, 2011, White began prescribing Patient H oxycodone 15 mg four times per day. The patient's prescriptions for controlled substances increased to oxycodone 30 mg and 15 mg three times per day by December 1, 2011. Exhibit 10, pages 6 and 35.

138. When he first began treating Patient H, White did not refer her to an orthopedic specialist for evaluation of her knee pain.

139. On two separate occasions the patient reported increased pain due to falls, but such acute pain does not support an increase in medications to treat chronic pain.

Furthermore, White made no findings regarding the patient's chronic pain that would support an increase in the pain medications. Exhibit 10, pages 20 and 24; DVD II 4:02-4:04 p.m.

140. An MRI ordered by White and performed on October 20, 2011, noted "borderline patella alta" in the left knee, and on December 1, 2011, the last time White saw the patient, which was almost six months after he began prescribing pain medications, he referred her to an orthopedic surgeon for surgery on her knee. Exhibit 10, pages 17, 20, 53-54, and 59.

141. White's patient notes do not state why the patient wasn't referred to an orthopedic surgeon at an earlier date.

142. Patient H is another example of White not following his stated practice of ordering a blood test if the patient failed a urine drug screen. Exhibit 1, attached exhibit 3, page 1137.

143. Patient H had tested positive on her last two office visits for unprescribed benzodiazepines. DVD I, 1:47-1:48 p.m.; Exhibit 10, pages 55-56. White, however, did not order a blood test performed to confirm the results of the urine drug screen, and he acknowledged at the administrative hearing that several other patients, including Patients F, L, and R, were not required to have a blood test performed after failing a urine drug screen. DVD I, 1:46-1:56 p.m.

144. Reasor asserted that White treated Patient H appropriately based upon his general assertions that White kept close track of the patient, that she did not have a

drug relapse, and that she was compliant with the treatment provided by White. Exhibit 39, page 7. Those assertions, however, are not supported by the patient's medical records since she tested positive for unprescribed medications.

145. Based upon the hearing officer's review of the medical records and the other evidence admitted to the record, he finds that Grider's findings and conclusions regarding the deficiencies in White's medical practice as set forth in his narrative summary and his Expert Review Worksheets are fully supported by the patient records.

PART II

A review of White's medical records does not present a complete picture of his medical practice or a full explanation for his prescription practices. The Board presented extensive evidence regarding the business relationship between White and Singleton and the operation of the two clinics where he worked. The evidence showed that White was a willing participant in a scheme to maximize the income of the clinics by issuing prescriptions for controlled substances to patients with little regard for whether the prescribed medications would be used for a legitimate medicinal or accepted therapeutic purpose.

F) The Circumstances of White Employment by Will Singleton

146. In the spring of 2011, White became aware of the opening at the Georgetown Clinic through a company named Vista Staffing Solutions. After he completed the paperwork for the position, however, Vista's malpractice insurance underwriter refused to provide coverage for White, apparently due to his medical

conditions. Consequently, Vista would not place him at the Georgetown Clinic. DVD I, 10:30-10:31 a.m. and 3:56 p.m.

147. At that point, Singleton, who knew of White's interest in the position, interviewed him, and decided to hire White directly without the involvement of the placement service. DVD I, 10:31 and 10:35 a.m.

148. White asserted that he was unaware at the time that Vista couldn't obtain malpractice insurance for him, but he never provided the explanation Vista offered for not placing him at the clinic. DVD I, 10:35 a.m.

149. White testified that he had intended to perform acute interventional pain management at the Grant County Center, and he acknowledged that never offered those services due to the fact he was unable to obtain malpractice insurance. DVD I, 10:28-10:31 a.m.

150. Thus, White had to know when he started at the Georgetown Clinic, or shortly thereafter, that his inability to obtain malpractice insurance was the reason Singleton was able to hire him without the involvement of Vista Staffing Solutions. As a result, White understood from the very beginning of his employment at the Georgetown Clinic that his employment prospects as an anesthesiologist, or in a similarly high paying medical position, were severely limited due to the malpractice insurance carrier's refusal to provide coverage for him.

151. White began working at the Georgetown Clinic on May 1, 2011. DVD I, 10:31 a.m.

152. White acknowledged that he did not check into Singleton's background prior to taking the position, and White did not know that Singleton had lawsuits pending against him and had been terminated from his position as a nurse. DVD I, 10:35. a.m.

G) **White's Duties and Responsibilities at the Grant County Center**

153. Although White began his employment at the Georgetown Clinic, Singleton had actually hired him to be the medical director of the Grant County Center, which was to open on May 16, 2011, in Dry Ridge, Kentucky. Thus, White's work at the Georgetown Clinic served as his orientation prior to moving to the Grant County Center on its opening day. DVD I, 10:28 and 10:32 a.m., 4:01 p.m.

154. Singleton agreed to pay White $1,600 per day for five days of work per week, for a yearly income of approximately $416,000. DVD I, 10:34 a.m.

155. White worked at the Grant County Center on Monday through Thursday, and at the Georgetown Clinic on Fridays because the Grant County Center was closed on that day. DVD I, 10:37.

156. Shortly after opening the Grant County Center, Singleton set up an MRI facility in a semi-trailer on the property that operated under the name "Bluegrass Diagnostics," and White became a partner in that business with a 25% interest. DVD I, 11:05 a.m.

157. As medical director of the Grant County Center, White was in charge of the facility, but he downplayed his own responsibilities over the operation of the Center by

asserting his only managerial duty was to order supplies, such as urine drug screen tests. DVD I, 10:37 a.m.

158. Singleton himself was responsible for the hiring and firing the employees of the Grant County Center. DVD I, 10:38 a.m.

159. White was the only physician on staff at the Center, and his job responsibilities included mostly clinical work. DVD I, 10:28-10:29 a.m.

160. White testified that because he could not obtain malpractice insurance for interventional pain management, his practice at the Grant County Center was limited to treating chronic pain patients with prescription medications. DVD I, 10:29 a.m.

H) White's Personal Relationship with Will Singleton

161. White described Singleton as "not a very pleasant person," and as loud, boisterous, and a bully. DVD I, 10:53-10:54 a.m.

162. White felt intimidated by Singleton and did not want him at the Grant County Center while White was working. DVD I, 10:53-10:54 a.m.

163. White asserted that Singleton made unilateral decisions regarding the operation of the Grant County Center, and White asserted he had no role in making policies for the Center, including medical policies. DVD I, 10:53 a.m.

164. Singleton would give White "suggestions" on what prescriptions to write for patients, and Singleton established written guidelines for the Center. DVD I, 10:53 a.m.

165. White stated that he tried to follow Singleton's suggestion to stay within the guidelines, but he also asserted he never went beyond what he considered to be a safe practice of medicine. DVD I, 10:53 a.m.

166. White testified that Singleton never coerced him into doing something he didn't want to do. DVD I, 10:54 a.m.

167. Thus, irrespective of Singleton's abrasive or overbearing personality, White has never asserted that any of his decisions regarding the care and treatment of patients were due to intimidation or coercion by Singleton.

I) The Opening Day at the Grant County Center

168. In December 2010, which was prior to Singleton opening the Georgetown Clinic, he contacted Eileen Fowler about opening a pain management clinic in Dry Ridge, Kentucky. DVD I, 3:51-3:52 p.m.

169. Fowler lives in Dry Ridge and is a registered nurse with experience in critical care and emergency room medicine. She had previously worked with Singleton at several Lexington, Kentucky, hospitals. Id.

170. Singleton and Fowler reached an agreement by which she would serve as the nurse and floor manager of the Grant County Center in exchange for a 30% ownership interest in the business. DVD I, 3:53 p.m.

171. Based upon subsequent events, it appears that Fowler's husband was also employed by the Grant County Center, but it was unclear at the hearing what his duties and responsibilities were at that facility.

172. Fowler's interest in opening the Grant County Center was due in part to reports from physicians about the need for a legitimate pain management facility in northern Kentucky, and upon reaching the agreement to go into business with Singleton, she began writing the policies for the Center and procedures for epidurals, trigger point injections, and back exercises. DVD I, 3:54 and 4:09 p.m.

173. In early May 2011, Fowler worked at the Georgetown Clinic for two days as part of her own orientation in anticipation of the opening of the Grant County Center. DVD I, 3:52 p.m.

174. She met White during her orientation at the Georgetown Clinic. DVD I, 4:08 p.m.

175. She told Singleton that the Grant County Center was not going to be operated as a pill mill like the Georgetown Clinic, where patients received only prescriptions for medications to treat their medical conditions, and he told her the Grant County Center would be run the way she wanted and according to her written policies. DVD I, 4:13 and 4:22 p.m.

176. On the opening day of the Grant County Center White saw nine patients. DVD I, 4:01 p.m.

177. Fowler did the initial assessment of the patients and took their histories and vital signs. DVD I, 4:02 p.m.

178. The patients were required to have MRIs to support their complaints of pain, and the majority of the patients were not Kentucky residents. DVD I, 4:02 p.m.

179. The last patient of the day, who Fowler described as a "young girl," did not have an MRI, and the Grant County Center did not yet have fax capability. Consequently, Singleton drove the patient to Georgetown where he could receive a copy of her MRI from a Florida clinic, and Singleton returned with her to the Center where she was seen by White. DVD I, 4:02 and 4:19 p.m.

180. During the day, one patient called several times to report that he could not get a pharmacy to fill his prescription. DVD I, 4:04 p.m.

181. Fowler realized that White did not prescribe any epidurals, trigger point injections, or exercises for any of the patients. DVD I, 4:01 p.m.

182. As a result, Fowler was angry that the clinic was not being operated as Singleton had promised, as a true pain management clinic that would take insurance and would provide interventional treatment. DVD I, 4:12 and 4:15 p.m.

183. She called Singleton on the telephone while he was out visiting local pharmacies, and she told him of her dissatisfaction with the operation of the clinic. They agreed to talk later. DVD I, 4:04 p.m.

184. Before she and Singleton had the opportunity to speak, Fowler left the office for the day, but five minutes later, Singleton called and fired both her and her husband. Later, that same day, he fired everyone else she had hired for the Center. DVD I, 4:05 p.m.

185. At the administrative hearing, White suggested that Fowler was not a credible witness due to the fact that she is currently suing Singleton for breach of

contract and for fraud regarding her partnership interest in the clinic and his failure to operate the clinic in accordance with their agreement. DVD I, 4:06 p.m.

186. Irrespective of Fowler's pending claims against Singleton, the hearing officer found her testimony to be credible. White did not contest the substance of her factual allegations regarding her own relationship with Singleton or her plans for the operation of the Grant County Center. In fact, she was able to clarify that White's inability to obtain malpractice insurance was the reason Vista Staffing Solutions did not place White in the position and how Singleton was then able to hire White directly without the involvement of the placement service.

187. Fowler also provided insight into the operations of the Georgetown Clinic and how Singleton transferred the policies and practices from that facility to the Grant County Center.

188. In spite of the turmoil and staff turnover on the opening day of the Center, White never suggested that he was aware of any controversy regarding whether the Georgetown Clinic or the Grant County Center was operating as a pill mill, and he never acknowledged, addressed, or rejected those concerns at anytime during his employment either at either facility.

189. In fact, since the Grant County Center was set up to operate in the same matter as the Georgetown Clinic, if White did not have any objection to how the Georgetown Clinic was being operated during his two week orientation at that facility,

there's no reason to believe he would have any objection to the manner in which the Grant County Clinic was being operated.

J) **The Workload at the Grant County Center**

190. White's work hours were supposed to be 9 a.m. to 6 p.m., but since he was seeing an average of 40-50 patients per day, he often worked longer hours. DVD I, 10:50 a.m.

191. At one point, there was no physician working at the Georgetown Clinic, and Singleton decided to send all of those patients to the Grant County Center. DVD I, 10:51 a.m.

192. As a result, and until a replacement was hired a month later for the Georgetown Clinic, White worked as late as 1 a.m. to see all of the patients for the day. DVD I, 10:51 a.m.

193. White disagreed with Singleton's decision to send the patients from the Georgetown Clinic to the Grant County Center, but at the hearing White stated, "What are you going to do except what is required to take care of patients." DVD I, 10:51 a.m.

194. At the least, White's viewpoint suggests the degree to which he was willing allow Singleton to control all aspects of the operation of the Grant County Center.

195. Neither the Grant County Center nor the Georgetown Clinic accepted medical insurance, which the Board's investigator, Jonathan Marshall, described in his experience as the most common characteristic of pill mills. DVD I, 4:51 p.m.

196. At the Grant County Center the patients were required to pay $300 cash for the first visit and $250 for each visit thereafter. DVD II, 9:07 a.m.

197. Patients were required to make a cash payment of $450 for an MRI at Bluegrass Diagnostics. DVD I, 10:56 a.m.

198. The MRIs were sent to Louisville to be read, with the results faxed to the Grant County Center within twenty-four hours. DVD I, 11:01 a.m.

K) The Grant County Center's Parking Lot

199. Due to the high volume of patients seen at the Grant County Center, an employee of the Center was assigned to monitor the parking lot. DVD I, 10:39-10:40 a.m.

200. The Grant County Center has a fairly small parking lot, and White didn't want people waiting in their cars for patients to complete their office visits and did not want a large number of cars in the lot. DVD I, 10:39 a.m.

201. White stated that next door to the Grant County Center another physician had been operating what White himself considered to be a "pill mill," and the other physician's lot had many cars "with people exchanging things all the time." DVD I, 10:39 a.m.

202. White stated that he "didn't want that to be part of our modus operandi." DVD I, 10:39 a.m.

203. Consequently, White stated that one of the duties assigned to the person monitoring the parking lot was to make sure there were no needles, IV drug use, or signs of "shenanigans." DVD I, 10:40 a.m.

204. In order to decrease the number of cars parked at the Grant County Center, the patients' family members were instructed to drive to the local Wal-Mart after dropping off the patient and to wait there until the person was ready to be picked up. DVD I, 10:40 a.m.

205. Eventually, Ray Powell was hired to be the office manager, and White testified that Powell was placed in charge of "making sure the parking lot was cleaned up and people weren't out there doing things they shouldn't be doing." DVD I, 10:41 a.m.

206. White believed that Powell did a good job as the parking lot attendant. DVD I, 10:42.

207. Thus, White acknowledged his own concern that the Grant County Center may look like it was operating as a pill mill, but he never indicated that his concern led him to review his own conduct or prescribing practices to determine whether patients may be lying about their complaints of pain or may be selling or trading their prescribed medications.

L) The Requirement of an MRI to Receive Controlled Substances

208. The most notable aspect of the operation of the Grant County Center is the extent to which the presentation of an MRI by the patient was the primary requirement for the issuance of controlled substances, although some patients were prescribed pain medications before they presented an MRI.

209. White himself stated that patients were required to present an MRI to support their complaints of pain, and if a patient did not have an MRI, White would not prescribe controlled substances. DVD I, 12:17 p.m. The evidence admitted at the administrative hearing did not support his assertion.

210. If White decided the MRI did not warrant treatment, the patient would not be refunded any money, but instead, the patient would be given thirty days to obtain additional information to justify the issuance of controlled substances. DVD II, 5:24 p.m.

211. White testified that he allowed patients to present an MRI from another state at their initial office visit, but they were required to obtain an updated MRI performed in Kentucky prior to their second visit. DVD I, 11:46 a.m. The evidence admitted at the hearing did not support that assertion. Patients Y presented with a May 2010 Florida MRI on May 16, 2011, and was not required to have a follow-up MRI until October 2011. Exhibit 27, pages 34, 50, 67-70.

212. White allegedly instituted the policy because patients had been caught presenting fake MRIs, but White acknowledged the policy wasn't put in place until after the Board began its investigation of his medical practice. DVD I, 11:47 a.m.

213. The patients were directed to obtain yearly updates of their MRIs, which was a requirement that had been instituted by Singleton. Exhibit 1, attached exhibit 3, page 1137; DVD I, 12:16-12:17 a.m.

214. White acknowledged that Singleton told the staff to notify the patients that

they were to obtain their MRIs from Bluegrass Diagnostic, but White stated he didn't follow that requirement himself because he thought it was illegal. DVD III, 3:56 p.m.

215. White never asserted that he attempted to confront Singleton about the directive or attempted to overturn the requirement in light of his own ownership interest in Bluegrass Diagnostic.

M) The Investigators' Visits to Singleton's Clinics

216. Paula York has worked for thirteen years as an investigator in the Office of Inspector General for the Cabinet for Health and Family Services, and she generally visits physician offices about one or two times per month. DVD I, 3:31 and 3:33 p.m.

217. On the morning of December 14, 2011, she and Jonathan Marshall, a Board investigator, visited the Georgetown Clinic to interview Singleton and Dr. Godofsky, the physician who was currently employed at the clinic, about the complaint that had been made to the Board. DVD I, 3:31.

218. Marshall recalled that the parking lot at the Georgetown Clinic was full, with a number of people milling around. Inside the office, people stood shoulder to shoulder with a "tremendous" line to get into the facility. DVD I, 4:37 p.m.

219. Marshall had been in thirty to thirty-five pill mills during his work with an FBI task force in south Florida in 2006, and the number of people in the parking lot and waiting room of the Georgetown Clinic was similar to what he had seen at those pill mills. DVD I, 4:32 p.m. and 4:36-4:37 p.m.

220. After interviewing Singleton and Godofsky, York and Marshall drive to the Grant County Center to interview White about the complaint. DVD I, 3:31 p.m.

221. Singleton followed in his own vehicle a few minutes later. DVD I, 4:37 p.m.

222. York and Marshall met with White for approximately one hour, and according to York, there were only two or three persons in the waiting room when they arrived. DVD I, 3:40.

223. Marshall, however, recalled the parking lot and reception area at the Grant County Center as being very crowded on that occasion, but he could have been mistaken since he made several separate visits to the Center. DVD I, 4:41-4:42 p.m.

224. Marshall stated that the MRI semi-trailer that was being operated at the Grant County Center was also a common characteristic of pill mills in other states. DVD I, 5:12 p.m.

225. York returned to the Grant County Center on January 4, 2012, to make sure White's KASPER account had been set up and to confirm he had adequate access to the information. DVD I, 3:33-3:34 p.m.

226. Upon her arrival, the parking lot was filled with cars, some double and triple parked. Surrounding businesses had signs posted that stated there was no parking except for customers. DVD I, 3:35 p.m.

227. The Center's waiting room was packed with people standing shoulder to shoulder, and she had to wait twenty minutes to get up to the receptionist's window to ask for the office manager. DVD I, 3:35 p.m.

228. She had never before encountered such an environment in a pain management clinic. DVD I, 3:41 p.m.

229. Posted next to the receptionist's window was a prescription guideline that had several numbered provisions that set forth the maximum quantity of certain medications that would be prescribed each visit, the combinations of medications that would not be prescribed, and directions for obtaining MRIs. DVD I, 3:36-3:37 p.m.

230. The posted prescription guidelines also included a provision that stated, "Patient must get MRI done before next visit when MRI referral issued. No exceptions unless approved by Will," which presumably referred to Will Singleton. DVD I, 3:43 p.m.

231. That provision is another example of the extent to which White allowed Singleton to control the operations of the clinic, even for matters related to the medical care and treatment that White would be providing to patients.

232. York had never before seen printed prescription guidelines posted in a waiting room. DVD I, 3:37 p.m.

233. York didn't recall seeing that sign when she visited on December 14, but she was told by one of the office staff that it had been posted in October 2011. DVD I, 3:41-3:43 p.m.

234. York asked the office manager for a copy of the patient guidelines, and she was informed there was actually a different set of guidelines for the office staff. Under the staff's guidelines, White could prescribe larger quantities of medication than were

posted for the patients. For example, the patients were informed that they could receive ninety oxycodone at a time, but the staff knew they could actually be prescribed one hundred and twenty. DVD I, 3:38 p.m.

N) **The Hearing Officer's Conclusions Regarding the Alleged Deficiencies in White's Practice**

235. Based upon the evidence admitted at the administrative hearing, hearing officer finds that there was a clear pattern in White's care and treatment of the patients at issue in this action that is represented by the examples set forth above, even though the hearing officer has not presented detailed findings in this recommendation for each patient.

236. In addition, the hearing officer found Grider's testimony to be credible since his opinions regarding the deficiencies found in White's medical practice were well supported by the medical records for the patients. Grider's testimony was reliable since it was based upon his education, training, knowledge, and experience in pain management. The hearing officer also notes that Grider in his testimony often attempted to give White the benefit of a doubt regarding his care and treatment of his patients, but the medical records themselves did not support White's own assertions regarding the adequacy of the medical care he provided.

237. Reasor conceded that White did not have adequate documentation in his medical records, which was one of the main criticisms of White's medical practice by Grider and which raises substantial questions concerning whether the medications were appropriately prescribed to the patients.

238. The hearing officer also notes that Reasor had some implicit criticisms or concerns about White's medical practice. Reasor noted that it would be unusual to have all patients of a pain clinic to be self-referrals. DVD III, 11:04 a.m. He acknowledged that Valium is not the first choice or the prevailing choice to treat muscle spasms. DVD III, 11:00 a.m. Reasor stated that a physician should use a stepwise approach for pain control by starting with non-controlled substances and to step up to controlled substances. DVD III, 11:04-11:05 a.m. He also thought the combination of oxycodone 30 mg and 15 mg was an unusual combination and not the prevailing practice among pain management physicians. DVD III, 11:06 a.m.

239. Furthermore, Reasor acknowledged that he did not even mention in his report six of the fourteen patients reviewed by Grider, which further limits his credibility of his opinions regarding White's medical practice. Exhibit 39; DVD III, 10:51 a.m.

240. In light of the evidence regarding the operation of the Grant County Center, Grider's testimony on the deficiencies in White's medical practice, and the other evidence in the record, the hearing officer finds Reasor's opinion that White's prescription practices were justified by the medical records and that White met the applicable standards governing the practice of medicine is not an accurate assessment of White's medical practice.

241. White cites the dismissal of patients as evidence that he was attempting to operate a legitimate pain management practice, but many dismissals occurred after the

Board began it's investigation of his practice. In addition, the dismissal of some patients could have been part of an effort to appear to be a legitimate medical practice, and that fact is unrelated to whether they had been properly treated prior to the dismissal or whether the other patients were being treated appropriately with controlled substances.

242. White's testimony regarding another physician having operated a pill mill near the Grant County Center and White's concern over a crowed parking lot and "shenanigan" that may take place there confirmed that he was well aware that his own pain management medical practice could attract individuals who did not have legitimate complaints of pain. White's awareness and concern about drug seeking patients was never reflected, however, in his prescription practices for the patients. They often were prescribed large quantities of controlled substance on their initial office visit without an examination or assessment of the cause of the pain and without ever being provided non-controlled medications or alternative therapy in place of the controlled substances.

243. White also referred to the number of patients who had been dismissed from his practice and to the number of telephone calls to local police regarding possible criminal activity by patients as compelling evidence that he was operating a legitimate medical practice. Exhibit 34. The medical records do not support that assertion, and the patient dismissals and reports to police were just as likely part of a sophisticated effort to maintain the appearance of operating a legitimate pain management clinic.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this action pursuant to KRS 311.591 and KRS 311.595.

2. The administrative hearing was conducted pursuant to the provisions of KRS Chapter 13B and KRS 311.591.

3. Under KRS 13B.090(7), the Board had the burden to prove by a preponderance of the evidence the allegations against White.

4. The Board has met its burden to prove that White violated KRS 311.595(9), as illustrated by KRS 311.597(1)(a), (3), and (4).

5. As a preliminary matter, however, the hearing officer will address White's challenge to the reliability of Grider's testimony under the authority of *Daubert v. Merrell Dow Pharmaceuticals*, 509 U.S. 579 (1993). In *Daubert* the Court ruled that the trial judge is required to perform a "gatekeeper" function for the admissibility of expert testimony at trial. The Court stated that for testimony offered under Federal Rule of Evidence 702, the trial judge "must ensure that any and all scientific testimony or evidence admitted is not only relevant, but reliable." *Id.*, 509 U.S. at 589. In the opinion the Court emphasized that the inquiry a trial judge must undertake before admitting evidence is "a flexible one" since the inquiry's "overarching subject is the scientific validity and thus the evidentiary relevance and reliability - of the principles that underlie a proposed submission. The focus, of course, must be solely on principles and methodology, not on the conclusions that they generate." *Id.*, 509 U.S. at 594-595.

6. The judge's gatekeeper function established in *Daubert* has been applied to the admission of expert testimony at jury trials governed by the Kentucky Rules of Evidence. *Mitchell v. Commonwealth*, 908 S.W.2d 100 (Ky. 1995). The principles in *Daubert* have also been extended to the admission of expert testimony at an administrative hearing that is not conducted before a jury. *City of Owensboro v. Adams*, 136 S.W.3d 446 (Ky. 2004).

7. Therefore, White has the right to challenge pursuant to *Daubert* to challenge in this action the reliability of Grider's opinions and testimony.

8. A witness may be qualified as an expert "by knowledge, skill, experience, training, or education" and he may provide expert opinions if his testimony is based upon "sufficient facts and data," "is the product of reliable principles and methods," and if he "has applied the principles and methods to the facts of the case." KRE 702. In applying the identical federal counterpart to KRE 702, the court in *Dickenson v. Cardiac and Thoracic Surgery of Eastern Tennessee, P.C.*, 388 F.3d 979 (6th Cir. 2004), ruled that a physician's expert's testimony may be supported by "extensive relevant experience" and that exclusion of such testimony "is rarely justified in cases involving medical experts as opposed to supposed experts in the area of product liability." *Id.*, at 982.

9. The hearing officer finds Grider was qualified as an expert under that standard and that his testimony was reliable under the *Daubert* standard. At the administrative hearing Grider was qualified as an expert witness in pain management due to his education, training, and work experience in the specialty of pain

management. Grider's opinions regarding White's medical practice were reliable since they were based upon his professional education, training, and experience in anesthesiology and pain management. Reasor himself was also qualified as an expert in pain management, and both expert witnesses appropriately relied upon their background, education, experience, and professional training as the support their expert opinions. Therefore, there is no basis for a *Daubert* objection to Grider's opinions or testimony regarding White's violations of the medical standards governing the care and treatment of patients for chronic pain, and for the reasons set forth above the hearing officer found Grider's opinions regarding White's medical practice to be more credible than Reasor's.

10. Under KRS 311.595(9), a physician is subject to discipline if he has "engaged in dishonorable, unethical, or unprofessional conduct of a character likely to deceive, defraud, or harm the public or any member thereof."

11. Pursuant to KRS 311.595(9), as illustrated by KRS 311.597(1)(a), a physician is subject to discipline if he prescribes controlled substances "with the intent or knowledge that a medication will be used or is likely to be used other than medicinally or for an accepted therapeutic purpose."

12. Pursuant to KRS 311.595(9), as illustrated by KRS 311.597(3), a physician is subject to discipline if he engages in:

> a serious act, or a pattern of acts committed during the course of his medical practice which, under the attendant circumstances, would be deemed to be gross incompetence, gross negligence, or malpractice.

13. Pursuant to KRS 311.595(9), as illustrated by KRS 311.597(4), a physician is subject to discipline if he engages in:

> conduct which is calculated or has the effect of bringing the medical profession into disrepute, including but not limited to any departure from, or failure to conform to the standards of acceptable and prevailing medical practice within the Commonwealth of Kentucky, and any departure from, or failure to conform to the principles of medical ethics of the American Medical Association or the code of ethics of the American Osteopathic Association.

14. The preponderance of the evidence supports the conclusion that White violated all three of the above cited statutes in his prescription practices for the patients at issue in this action. White performed limited and cursory medical examinations of his patients, and he often performed no examination of the medical condition that allegedly justified his prescriptions for controlled substances. His medical records did not reflect a critical or thorough evaluation of the patients' medical conditions or a history of chief complaint, and the medical records offered little support or justification for the type and amount of medications prescribed. In addition, White displayed a pattern of prescribing the same or similar medications for the great majority of his patients with little regard to their medical conditions or whether their medical condition justified the prescriptions for controlled substances.

15. The preponderance of the evidence supports the conclusion that White established his medical practice in conjunction with Will Singleton to allow the patient's presentation of an MRI to be the main criteria for the issuance of prescriptions for controlled substances, without regard to whether the patient's medical condition

actually justified the initial or subsequent prescriptions. The preponderance of the evidence supports the conclusion that White and Singleton agreed that White would conduct his practice in such a manner to maximize their income by prescribing controlled substances to as many individuals as possible who had minimal medical support for the prescribed medications but who were willing to pay cash in exchange for controlled substances.

16. The preponderance of the evidence supports the conclusion that White issued prescriptions with full knowledge that the controlled substances would be used by his patients for other than medical or accepted therapeutic purposes and issued the prescriptions without regard to the potential effect the medications may have on the health of the patients or of the persons who might eventually ingest the medications.

RECOMMENDED ORDER

Based upon the foregoing findings of fact and conclusions of law, the hearing officer recommends that the Kentucky Board of Medical Licensure find that Gregory B. White violated KRS 311.595(9), as illustrated by KRS 311.597(1)(a), (3), and (4), and take any appropriate action against his license for those violations.

NOTICE OF EXCEPTION AND APPEAL RIGHTS

Pursuant to KRS 13B.110(4) a party has the right to file exceptions to this recommended decision:

> A copy of the hearing officer's recommended order shall also be sent to each party in the hearing and each party shall have fifteen (15) days from the date the recommended order is

mailed within which to file exceptions to the recommendations with the agency head.

A party also has a right to appeal the Final Order of the agency pursuant to KRS 13B.140(1) which states:

> All final orders of an agency shall be subject to judicial review in accordance with the provisions of this chapter. A party shall institute an appeal by filing a petition in the Circuit Court of venue, as provided in the agency's enabling statutes, within thirty (30) days after the final order of the agency is mailed or delivered by personal service. If venue for appeal is not stated in the enabling statutes, a party may appeal to Franklin Circuit Court or the Circuit Court of the county in which the appealing party resides or operates a place of business. Copies of the petition shall be served by the petitioner upon the agency and all parties of record. The petition shall include the names and addresses of all parties to the proceeding and the agency involved, and a statement of the grounds on which the review is requested. The petition shall be accompanied by a copy of the final order.

Pursuant to KRS 23A.010(4), "Such review [by the circuit court] shall not constitute an appeal but an original action." Some courts have interpreted this language to mean that summons must be served upon filing an appeal in circuit court.

SO RECOMMENDED this 1st day of February, 2013.

THOMAS J. HELLMANN
HEARING OFFICER
415 WEST MAIN ST.
P.O. BOX 676
FRANKFORT, KY 40602-0676
(502) 227-2271
thellmann@hazelcox.com

CERTIFICATE OF SERVICE

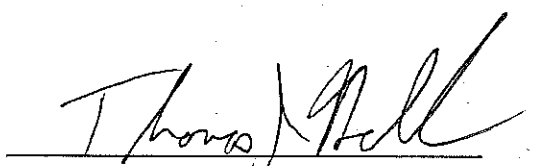
I hereby certify that the original of this RECOMMENDED ORDER was mailed this 14th day of February, 2013, by first-class mail, postage prepaid, to:

JILL LUN
KY BOARD OF MEDICAL LICENSURE
HURSTBOURNE OFFICE PARK STE 1B
310 WHITTINGTON PKWY
LOUISVILLE KY 40222

for filing; and a true copy was sent by first-class mail, postage prepaid, and by e-mail to:

LEANNE K DIAKOV
KY BOARD OF MEDICAL LICENSURE
HURSTBOURNE OFFICE PARK STE 1B
310 WHITTINGTON PKWY
LOUISVILLE KY 40222

MARVIN COAN
HUMMEL COAN MILLER SAGE & ROSE
1700 KENTUCKY HOME LIFE BLDG
239 SOUTH FIFTH STREET
LOUISVILLE KY 40202-3268



THOMAS J. HELLMANN

1396FC

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1396

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF KENTUCKY HELD BY GREGORY B. WHITE, M.D., LICENSE NO. 26944, 1300 S. BURKHARDT ROAD, EVANSVILLE, INDIANA 47715

EMERGENCY ORDER OF SUSPENSION

The Kentucky Board of Medical Licensure ("the Board"), acting by and through its Inquiry Panel A, considered this matter at its May 17, 2012, meeting. At that meeting, Inquiry Panel A considered a memorandum by Jon Marshall, Medical Investigator; correspondence from Michael S. Rodman, Executive Director, to Kevin Payne, Office of the Inspector General, Drug Enforcement, dated July 26, 2011; an investigative report from Stephen C. Johnson, Office of the Inspector General, Drug Enforcement, dated September 30, 2011; faxed correspondence from Gregory B. White, M.D., to Jon Marshall, Medical Investigator, dated March 23, 2012; an Investigative Physician Profile/Background and Curriculum Vitae, faxed April 6, 2012; an April 4, 2012 Board consultant report (with worksheets); and correspondence from the licensee's counsel, Marvin L. Coan, to Jon Marshall, Medical Investigator, dated May 14, 2012 (with attachments). The licensee and his counsel were present at the Panel's May 17 meeting and were heard by the Panel before the Panel chose to take action in this matter.

Having considered all of this information and being sufficiently advised, Inquiry Panel A ENTERS the following EMERGENCY ORDER OF SUSPENSION, in accordance with KRS 311.592(1) and 13B.125(1):

FINDINGS OF FACT

Pursuant to KRS 13B.125(2) and based upon the information available to it, Inquiry Panel A concludes there is probable cause to make the following Findings of Fact, which support its Emergency Order of Suspension:

1. At all relevant times, Gregory B. White, M.D., was licensed by the Board to practice medicine in the Commonwealth of Kentucky.
2. The licensee's medical specialty is pain management.
3. Since May 2011, the licensee has practiced at Central Kentucky Bariatric and Pain Management.
4. In or about July 2011, the Board received an anonymous grievance which alleged that Central Kentucky Bariatric and Pain Management was operating as a "pill mill," charging patients $450 for prescriptions which local pharmacists were refusing to fill.
5. In response to the grievance, the Board requested that the Office of Inspector General, Drug Enforcement and Professional Practices Branch of the Cabinet for Health and Family Services ("Drug Enforcement"), review and analyze the KASPER records of licensees practicing at Central Kentucky Bariatric and Pain Management, including this licensee, Gregory B. White, M.D.
6. On or about September 30, 2011, Stephen C. Johnson, Pharmacist Consultant, Drug Enforcement, informed the Board that he had reviewed and analyzed the license's KASPER records (dated September 1, 2010 through September 27, 2011) and noted several concerns, including:

    - Use of addictive drug combinations;
    - Persons with similar last names receiving same or similar controlled substance prescriptions;

- Polypharmacy concerns, including that almost every patient received some form of oxycodone alone or in combination with other narcotics and/or benzodiazepines;
- Concerns about the ages of some patients; and
- Patients traveling long distances to obtain medications;

Mr. Johnson identified twenty-eight (28) of the licensee's patients with prescribing patterns reflective of these concerns and recommended further investigation by the Board.

7. In April 2012, a Board consultant reviewed the licensee's patient charts and found that the licensee departed from or failed to conform to acceptable and prevailing medical practices; that the licensee prescribed controlled substances with the knowledge that the controlled substances would be used or were likely to be used other than medicinally or for an accepted therapeutic purpose; that the licensee's practice demonstrated gross negligence in the diligence required of physicians practicing pain medicine; and that the licensee's practice presents a danger to patients and the public. Specifically, the consultant noted that

   - In all medical records reviewed Dr. White provided a layman's diagnosis of "low back pain neck pain," which demonstrates a lack of critical evaluation of the patient;
   - History of CC was completely absent and not included;
   - There was no evidence of ongoing physical exams;
   - In virtually all cases, treatment was the same: a prescription for short-acting oxycodone in 15 and 30 mg doses usually in combination with valium and occasionally with Soma;
   - KASPER numbers were recorded but never was there an action taken based upon KASPER reports; and
   - The licensee prescribed in a cash-only non-referral environment and in a manner consistent with a cash-for-opioids scheme and inconsistent with a legitimate medical practice.

The consultant's report is attached hereto and incorporated herewith in its entirety.

8. The Panel finds and concludes that controlled substances are controlled and regulated by the General Assembly because they are, by their very nature, dangerous if not managed appropriately. They present a danger to the health, welfare and safety of patients if they are not prescribed or are not taken in an appropriate manner. Controlled substances also create a danger to the health, welfare and safety of the public if they are diverted for illegal sale and/or use. To that end, the Board has issued an opinion which reflects appropriate and safe practices by which to provide controlled substances to patients. (Opinion Regarding the Use of Controlled Substances in Pain Treatment, *published* 10/10/08). The Panel specifically finds and concludes that the prescribing of controlled substances to patients creates a danger to the public health, safety and/or welfare, if a physician prescribes such substances in a manner inconsistent with the board's opinion.
9. The Panel has reviewed the investigation and finds that the licensee's failure to comply with acceptable and prevailing practices in the overall diagnosis and treatment of patients of patients prescribed controlled substances, including the documentation of treatment to support the continued prescribing of controlled substances, demonstrates that the licensee has not exhibited the ability to practice medicine safely.

CONCLUSIONS OF LAW

Pursuant to KRS 13B.125(2) and based upon the information available to it, Inquiry Panel A finds there is probable cause to support the following Conclusions of Law, which serve as the legal bases for this Emergency Order of Suspension:

1. The licensee's Kentucky medical license is subject to regulation and discipline by this Board.
2. KRS 311.592(1) provides that the Board may issue an emergency order suspending, limiting, or restricting a physician's license at any time an inquiry panel has probable cause to believe that a) the physician has violated the terms of an order placing him on probation; or b) a physician's practice constitutes a danger to the health, welfare and safety of his patients or the general public.
3. There is probable cause to believe that the licensee has violated KRS 311.595(9), as illustrated by KRS 311.597(1)(a), (3) and (4).
4. The Panel concludes there is probable cause to believe this physician's practice constitutes a danger to the health, welfare and safety of his patients or the general public.
5. The Board may draw logical and reasonable inferences about a physician's practice by considering certain facts about a physician's practice. If there is proof that a physician has violated a provision of the Kentucky Medical Practice Act in one set of circumstances, the Board may infer that the physician will similarly violate the Medical Practice Act when presented with a similar set of circumstances. Similarly, the Board concludes that proof of a set of facts about a physician's practice presents representative proof of the nature of that physician's practice in general. Accordingly, probable cause to believe that the physician has committed certain violations in the recent past presents probable cause to believe that the physician will commit similar violations in the near future, during the course of the physician's medical practice.

6. The United States Supreme Court has ruled that it is not a violation of the federal Due Process Clause for a state agency to temporarily suspend a license, without a prior evidentiary hearing, so long as 1) the immediate action is based upon a probable cause finding that there is a present danger to the public safety; and 2) the statute provides for a prompt post-deprivation hearing. Barry v. Barchi, 443 U.S. 55, 61 L.Ed.2d 365, 99 S.Ct. 2642 (1979); FDIC v. Mallen, 486 U.S. 230, 100 L.Ed.2d 265, 108 S.Ct. 1780 (1988) and Gilbert v. Homar, 117 S.Ct. 1807 (1997). Cf. KRS 13B.125(1).

KRS 13B.125(3) provides that the Board shall conduct an emergency hearing on this emergency order within ten (10) working days of a request for such a hearing by the licensee. The licensee has been advised of his right to a prompt post-deprivation hearing under this statute.

EMERGENCY ORDER OF SUSPENSION

Based upon the foregoing Findings of Fact and Conclusions of Law, Inquiry Panel A hereby ORDERS that the license to practice medicine in the Commonwealth of Kentucky held by Gregory B. White, M.D., is SUSPENDED and Dr. White is prohibited from performing any act which constitutes the "practice of medicine," as that term is defined by KRS 311.550(10) – the diagnosis, treatment, or correction of any and all human conditions, ailments, diseases, injuries, or infirmities by any and all means, methods, devices, or instrumentalities - until the resolution of the Complaint setting forth the allegations discussed in this pleading or until such further Order of the Board.

Inquiry Panel A further declares that this is an EMERGENCY ORDER, effective upon receipt by the licensee.

SO ORDERED this 18th day of May, 2012.

C. WILLIAM BRISCOE, M.D.
CHAIRMAN, INQUIRY PANEL A

CERTIFICATE OF SERVICE

I certify that the original of this Emergency Order of Suspension was delivered to Mr. Michael S. Rodman, Executive Director, Kentucky Board of Medical Licensure, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222; a copy was mailed via certified mail return-receipt requested to the licensee, Gregory B. White, M.D., 1300 S. Burkhardt Road, Evansville, Indiana 47715; and a copy was sent electronically and via first-class mail to the licensee's counsel, Marvin L. Coan, 1700 Kentucky Life Building, 239 South Fifth Street, Louisville, Kentucky 40202-3268 on this 18th day of May, 2012.

Leanne K. Diakov
Assistant General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
Tel. (502) 429-7150

UNIVERSITY OF KENTUCKY

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April 4, 2012

This is the narrative summary for the requested KBML consultation regarding Greg White, MD Grv # I have reviewed 14/27 medical records supplied by the KBML, a cursory review of the remaining 13 charts showed identical prescribing and minimal documentation outlined below.

Diagnosis- In all medical records reviewed Dr. White provide laymen's diagnosis 'low back pain neck pain which would be fine for a history of chief complaint but are not in and of themselves diagnosis showing lack of critical evaluation of the patient
Diagnostic testing- There is requirement of MRI which is often in the chart but not signed nor are the results critically evaluated. There were instances of patients being dismissed for presumably not obtaining an MRI (from their facility?)
History CC- Completely absent and not included which in my opinion is unacceptable.
Physical Exam- No evidence of ongoing physical exam.
Treatment Plan- In virtually all cases the treatment is the same. A prescription for short acting oxycodone in 15 and 30 mg doses usually in combination with valium and occasionally with Soma.
KASPER: KASPER numbers are recorded but NEVER was there an action taken based upon KASPER
Facility: Cash only non-referral clinic
Training: Dr. White offers no proof of formal pain training beyond the limited amount obtained in a general anesthesiology residency which, in my opinion, would make him unqualified to evaluate and treat patients as specialist in Pain Medicine.

Summary

I believe, based on detailed review of 14 charts and cursory review of the remaining charts to verify the same consistent pattern that Dr. Greg White does not meet the minimum standard for specialist care in Pain Medicine and his practice should be immediately halted pending Board investigation.
I believe that his practice fails to conform to the standards of acceptable medical practice in the state of Kentucky because of the cash for opioid format, a treatment paradigm that never varies and virtually no documentation of physical exam or evaluation of functional status. I also believe that this practice demonstrates gross negligence in the diligence required of physicians practicing Pain Medicine.

Sincerely,

Jay S. Grider, DO/PhD
Division Chief, Regional Anesthesia and Pain Medicine
Medical Director, UK HealthCare Pain Services
Associate Professor, Department of Anesthesiology
University of Kentucky College of Medicine
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KENTUCKY BOARD OF MEDICAL LICENSURE

EXPERT REVIEW WORKSHEET

(Please type)

Case No. _____ Patient Name [redacted]

Expert's Name Jay S Grider DO/PhD

1. Brief description of symptom, dx and course of treatment:

Low back pain
Treated with oxycodone IR 30 and 15 mg

2. Can you form an opinion? Based on your background and experience and review of all information provided you, and assuming that the treatment as documented was provided, can you form an opinion as to whether the care rendered by the care provider, including diagnosis, treatment or record keeping, departed from or failed to conform to the minimal standards of acceptable and prevailing medical practice (in the medical community at large)?

x Yes, I can form an opinion.

_____ No, I cannot form an opinion.

_____ I need more information (specify): _____

3. What is your opinion? Please use the definitions below as "guidelines" to be used in defining standard of practice. You are not limited to these guidelines in forming your opinion, but please state your own additional criteria if applicable.

a. Diagnosis. Evaluation of a medical problem using means such as history, physical examination, laboratory, and radiographic studies, when applicable.

__x__ Below minimum standards

_____ Within minimum standards

b. Treatment. Use of medications and other modalities based on generally accepted and approved indications, with proper precautions to avoid adverse physical reactions, habituation or addiction.

__x__ Below minimum standards

_____ Within minimum standards

c. Records.

Maintenance of records which should contain, at a minimum, the following: (1) appropriate history and physical and/or mental examination for the patient's chief complaint relevant to the physician's specialty; (2) results of diagnostic tests (when indicated); (3) a working diagnosis; (4) notes on treatment(s) undertaken; (5) a record by date of all prescriptions for drugs, with names of medications, strengths , dosages, quantity, and number of refills; and (6) a record of billings.

__x__ Below minimum standards

_____ Within minimum standards

d. Overall Opinion. Based on the foregoing, what is your overall opinion?

__x__ Clearly below minimum standards.

_____ Clearly within minimum standards

_____ Borderline Case

e. Gross Ignorance, Gross Negligence, Gross Incompetence. If you found that this physician did not meet the minimum standards of care in treating a patient(s), did you also conclude that any of these departures from the minimum standards of care were so serious that you consider them to exhibit gross ignorance, gross negligence, and/or gross incompetence on the physician's part. If "yes," please identify each of these instances, classify it appropriately and explain your reasoning in reaching that conclusion(s).

If "yes," please also indicate whether you found a pattern of gross ignorance, gross negligence and/or gross incompetence in this physician's practice as evidenced by the records reviewed and explain your conclusion(s).

There is little to no physical exam documented. The standard of history of chief complaint and evaluation of patient function attempts to use intervention and rehabilitative physical therapy are completely lacking. The UDS does not appear to be from a laboratory and could just be a checked box by anyone in the clinic.

4. Other questions from the Medical Board (ignore if blank): _____

5. Explain your opinion. If you opined that practice was below minimum standard for any of the above reasons, state the correct minimal standard of practice (NOTE: It is not sufficient to say "I would have..., or I would have not...", you should be able to testify that "the minimal standard of practice in the medical community at large would be to...") Use extra sheets as necessary to explain your opinion and complete this report.

I would document better history of chief complaint, would document a physical exam I would document a treatment plan that would include a rehabilitation component I would never prescribe two short acting opioids in combination benzodiazepine There is absolutely no physical .

6. If you determine from your review that the physician has failed to meet the standard of acceptable practice in a specific area(s), please answer the following questions as well:

a. Is it your opinion that the standard of practice violations you have identified may be addressed by the Board in an orderly process, extending over some period of time (6 months to 2-3 years) through remedial education and training, and subsequent monitoring by the Board.
Or,
Are the violations of such a nature that the Board must act immediately to restrict or suspend the doctor's license to protect patients or the public from imminent danger?

I believe based on the cash nature of this practice and the prescribing habits, documentation and utilization of the same combination of short acting oxycodone repeatedly without documentation of therapeutic benefit is below the standard of care.
this practice fall very short of the standard of care and should be immediately stopped

b. If you answered that the Board must act immediately to avoid imminent danger, please identify the imminent danger involved and examples of the violations that create such a danger.

I believe that this practice constitutes prescription of controlled substances for no legitimate medical practice based on the cash basis and requirement of MRI (from that facility) as a requirement of care.

4/16/12
Date of Review

Signature of Expert

Revised Feb/2009

KENTUCKY BOARD OF MEDICAL LICENSURE

EXPERT REVIEW WORKSHEET

(Please type)

Case No. _____ Patient Name [redacted]

Expert's Name Jay S Grider DO/PhD

1. Brief description of symptom, dx and course of treatment:

Low back pain
Treated with oxycodone IR 30 and 15 mg + Benzodiazepine

Patient presents from Florida clinic, sent away because no MRI obtains MRI and is given prescription that day

2. Can you form an opinion? Based on your background and experience and review of all information provided you, and assuming that the treatment as documented was provided, can you form an opinion as to whether the care rendered by the care provider, including diagnosis, treatment or record keeping, departed from or failed to conform to the minimal standards of acceptable and prevailing medical practice (in the medical community at large)?

x Yes, I can form an opinion.

_____ No, I cannot form an opinion.

_____ I need more information (specify): _____

3. What is your opinion? Please use the definitions below as "guidelines" to be used in defining standard of practice. You are not limited to these guidelines in forming your opinion, but please state your own additional criteria if applicable.

a. Diagnosis. Evaluation of a medical problem using means such as history, physical examination, laboratory, and radiographic studies, when applicable.

__x__ Below minimum standards

_____ Within minimum standards

b. Treatment. Use of medications and other modalities based on generally accepted and approved indications, with proper precautions to avoid adverse physical reactions, habituation or addiction.

__x__ Below minimum standards

_____ Within minimum standards

c. Records.

Maintenance of records which should contain, at a minimum, the following: (1) appropriate history and physical and/or mental examination for the patient's chief complaint relevant to the physician's specialty; (2) results of diagnostic tests (when indicated); (3) a working diagnosis; (4) notes on treatment(s) undertaken; (5) a record by date of all prescriptions for drugs, with names of medications, strengths , dosages, quantity, and number of refills; and (6) a record of billings.

__x__ Below minimum standards

_____ Within minimum standards

d. Overall Opinion. Based on the foregoing, what is your overall opinion?

__x__ Clearly below minimum standards.

_____ Clearly within minimum standards

_____ Borderline Case

e. Gross Ignorance, Gross Negligence, Gross Incompetence. If you found that this physician did not meet the minimum standards of care in treating a patient(s), did you also conclude that any of these departures from the minimum standards of care were so serious that you consider them to exhibit gross ignorance, gross negligence, and/or gross incompetence on the physician's part. If "yes," please identify each of these instances, classify it appropriately and explain your reasoning in reaching that conclusion(s).

If "yes," please also indicate whether you found a pattern of gross ignorance, gross negligence and/or gross incompetence in this physician's practice as evidenced by the records reviewed and explain your conclusion(s).

There is little to no physical exam documented. The standard of history of chief complaint and evaluation of patient function attempts to use intervention and rehabilitative physical therapy are completely lacking.
The UDS does not appear to be from a Laboratory and could just be a checked box by anyone in the clinic.

4. Other questions from the Medical Board (ignore if blank): _____

5. Explain your opinion. If you opined that practice was below minimum standard for any of the above reasons, state the correct minimal standard of practice (NOTE: It is not sufficient to say "I would have..., or I would have not...", you should be able to testify that "the minimal standard of practice in the medical community at large would be to...") Use extra sheets as necessary to explain your opinion and complete this report.

I would document better history of chief complaint, would document a physical exam
I would document a treatment plan that would include a rehabilitation component
I would never prescribe two short acting opioids in combination benzodiazepine
There is absolutely no physical .

6. If you determine from your review that the physician has failed to meet the standard of acceptable practice in a specific area(s), please answer the following questions as well:

a. Is it your opinion that the standard of practice violations you have identified may be addressed by the Board in an orderly process, extending over some period of time (6 months to 2-3 years) through remedial education and training, and subsequent monitoring by the Board.
Or,
Are the violations of such a nature that the Board must act immediately to restrict or suspend the doctor's license to protect patients or the public from imminent danger?

I believe based on the cash nature of this practice and the prescribing habits, documentation and utilization of the same combination of short acting oxycodone repeatedly without documentation of therapeutic benefit is below the standard of care.
this practice fall very short of the standard of care and should be immediately stopped

b. If you answered that the Board must act immediately to avoid imminent danger, please identify the imminent danger involved and examples of the violations that create such a danger.

I believe that this practice constitutes prescription of controlled substances for no legitimate medical practice based on the cash basis and requirement of MRI (from that facility) as a requirement of care.

4/14/11
Date of Review

Signature of Expert

Revised Feb/2009

KENTUCKY BOARD OF MEDICAL LICENSURE

EXPERT REVIEW WORKSHEET

(Please type)

Case No. _____ Patient Name [redacted]

Expert's Name Jay S Grider DO/PhD

1. Brief description of symptom, dx and course of treatment:

Low back and neck pain
Treated with oxycodone IR 30mg and 15mg in combination with benzodiazipine

2. Can you form an opinion? Based on your background and experience and review of all information provided you, and assuming that the treatment as documented was provided, can you form an opinion as to whether the care rendered by the care provider, including diagnosis, treatment or record keeping, departed from or failed to conform to the minimal standards of acceptable and prevailing medical practice (in the medical community at large)?

x Yes, I can form an opinion.

_____ No, I cannot form an opinion.

_____ I need more information (specify): _____

3. What is your opinion? Please use the definitions below as "guidelines" to be used in defining standard of practice. You are not limited to these guidelines in forming your opinion, but please state your own additional criteria if applicable.

a. Diagnosis. Evaluation of a medical problem using means such as history, physical examination, laboratory, and radiographic studies, when applicable.

__x__ Below minimum standards

_____ Within minimum standards

b. Treatment. Use of medications and other modalities based on generally accepted and approved indications, with proper precautions to avoid adverse physical reactions, habituation or addiction.

__x__ Below minimum standards

_____ Within minimum standards

c. Records.

Maintenance of records which should contain, at a minimum, the following: (1) appropriate history and physical and/or mental examination for the patient's chief complaint relevant to the physician's specialty; (2) results of diagnostic tests (when indicated); (3) a working diagnosis; (4) notes on treatment(s) undertaken; (5) a record by date of all prescriptions for drugs, with names of medications, strengths , dosages, quantity, and number of refills; and (6) a record of billings.

__x__ Below minimum standards

_____ Within minimum standards

d. Overall Opinion. Based on the foregoing, what is your overall opinion?

__x__ Clearly below minimum standards.

_____ Clearly within minimum standards

_____ Borderline Case

e. Gross Ignorance, Gross Negligence, Gross Incompetence. If you found that this physician did not meet the minimum standards of care in treating a patient(s), did you also conclude that any of these departures from the minimum standards of care were so serious that you consider them to exhibit gross ignorance, gross negligence, and/or gross incompetence on the physician's part. If "yes," please identify each of these instances, classify it appropriately and explain your reasoning in reaching that conclusion(s).

If "yes," please also indicate whether you found a pattern of gross ignorance, gross negligence and/or gross incompetence in this physician's practice as evidenced by the records reviewed and explain your conclusion(s).

There is little to no physical exam documented. The standard of history of chief complaint and evaluation of patient function attempts to use intervention ~~and rehabilitative physical therapy are completely lacking.~~ The UDS does not appear to be from a Laboratory and could just be a checked box by anyone in the clinic.

4. Other questions from the Medical Board (ignore if blank):

5. Explain your opinion. If you opined that practice was below minimum standard for any of the above reasons, state the correct minimal standard of practice (NOTE: It is not sufficient to say "I would have..., or I would have not...", you should be able to testify that "the minimal standard of practice in the medical community at large would be to...") Use extra sheets as necessary to explain your opinion and complete this report.

I would document better history of chief complaint, would document a physical exam I would document a treatment plan that would include a rehabilitation component I would never prescribe two short acting opioids in combination with a benzodiazepine

6. If you determine from your review that the physician has failed to meet the standard of acceptable practice in a specific area(s), please answer the following questions as well:

a. Is it your opinion that the standard of practice violations you have identified may be addressed by the Board in an orderly process, extending over some period of time (6 months to 2-3 years) through remedial education and training, and subsequent monitoring by the Board.
Or,
Are the violations of such a nature that the Board must act immediately to restrict or suspend the doctor's license to protect patients or the public from imminent danger?

I believe based on the cash nature of this practice and the prescribing habits, documentation and utilization of the same combination of short acting oxycodone repeatedly without documentation of therapeutic benefit is below the standard of care.
this practice fall very short of the standard of care and should be immediately stopped

b. If you answered that the Board must act immediately to avoid imminent danger, please identify the imminent danger involved and examples of the violations that create such a danger.

I believe that this practice constitutes prescription of controlled substances for no legitimate medical practice based on the cash basis and requirement of MRI (from that facility) as a component of care.

4/10/18
Date of Review

Signature of Expert

Revised Feb/2009

KENTUCKY BOARD OF MEDICAL LICENSURE

EXPERT REVIEW WORKSHEET

(Please type)

Case No. _____ Patient Name [redacted]

Expert's Name Jay S Grider DO/PhD

1. Brief description of symptom, dx and course of treatment:

Low back and neck pain

Treated with oxycodone IR 30mg and 15mg in combination with Soma

2. Can you form an opinion? Based on your background and experience and review of all information provided you, and assuming that the treatment as documented was provided, can you form an opinion as to whether the care rendered by the care provider, including diagnosis, treatment or record keeping, departed from or failed to conform to the minimal standards of acceptable and prevailing medical practice (in the medical community at large)?

x Yes, I can form an opinion.

_____ No, I cannot form an opinion.

_____ I need more information (specify): _____

3. What is your opinion? Please use the definitions below as "guidelines" to be used in defining standard of practice. You are not limited to these guidelines in forming your opinion, but please state your own additional criteria if applicable.

a. Diagnosis. Evaluation of a medical problem using means such as history, physical examination, laboratory, and radiographic studies, when applicable.

__x__ Below minimum standards

_____ Within minimum standards

b. Treatment. Use of medications and other modalities based on generally accepted and approved indications, with proper precautions to avoid adverse physical reactions, habituation or addiction.

__x__ Below minimum standards

_____ Within minimum standards

c. Records.

Maintenance of records which should contain, at a minimum, the following: (1) appropriate history and physical and/or mental examination for the patient's chief complaint relevant to the physician's specialty; (2) results of diagnostic tests (when indicated); (3) a working diagnosis; (4) notes on treatment(s) undertaken; (5) a record by date of all prescriptions for drugs, with names of medications, strengths , dosages, quantity, and number of refills; and (6) a record of billings.

__x__ Below minimum standards

_____ Within minimum standards

d. Overall Opinion. Based on the foregoing, what is your overall opinion?

__x__ Clearly below minimum standards.

_____ Clearly within minimum standards

_____ Borderline Case

e. Gross Ignorance, Gross Negligence, Gross Incompetence. If you found that this physician did not meet the minimum standards of care in treating a patient(s), did you also conclude that any of these departures from the minimum standards of care were so serious that you consider them to exhibit gross ignorance, gross negligence, and/or gross incompetence on the physician's part. If "yes," please identify each of these instances, classify it appropriately and explain your reasoning in reaching that conclusion(s).

If "yes," please also indicate whether you found a pattern of gross ignorance, gross negligence and/or gross incompetence in this physician's practice as evidenced by the records reviewed and explain your conclusion(s).

There is little to no physical exam documented. The standard of history of chief complaint and evaluation of patient function attempts to use intervention and rehabilitative physical therapy are completely lacking.
The UDS does not appear to be from a Laboratory and could just be a checked box by anyone in the clinic.

4. Other questions from the Medical Board (ignore if blank): _____

5. Explain your opinion. If you opined that practice was below minimum standard for any of the above reasons, state the correct minimal standard of practice (NOTE: It is not sufficient to say "I would have..., or I would have not...", you should be able to testify that "the minimal standard of practice in the medical community at large would be to...") Use extra sheets as necessary to explain your opinion and complete this report.

I would document better history of chief complaint, would document a physical exam
I would document a treatment plan that would include a rehabilitation component
I would never prescribe two short acting opioids in combination with Soma

6. If you determine from your review that the physician has failed to meet the standard of acceptable practice in a specific area(s), please answer the following questions as well:

a. Is it your opinion that the standard of practice violations you have identified may be addressed by the Board in an orderly process, extending over some period of time (6 months to 2-3 years) through remedial education and training, and subsequent monitoring by the Board.
Or,
Are the violations of such a nature that the Board must act immediately to restrict or suspend the doctor's license to protect patients or the public from imminent danger?

I believe based on the cash nature of this practice and the prescribing habits, documentation and utilization of the same combination of short acting oxycodone repeatedly without documentation of therapeutic benefit is below the standard of care.
this practice fall very short of the standard of care and should be immediately stopped

b. If you answered that the Board must act immediately to avoid imminent danger, please identify the imminent danger involved and examples of the violations that create such a danger.

I believe that this practice constitutes prescription of controlled substances for no legitimate medical practice based on the cash basis and requirement of MRI (from that facility) as a component of care

6/10/12
Date of Review

Signature of Expert

Revised Feb/2009

KENTUCKY BOARD OF MEDICAL LICENSURE

EXPERT REVIEW WORKSHEET

(Please type)

Case No. _____ Patient Name [redacted]

Expert's Name Jay S Grider DO/PhD

1. Brief description of symptom, dx and course of treatment:

low back and neck pain
Treated with oxycodone IR 30mg and 15mg in combination with benzodiazipine

2. Can you form an opinion? Based on your background and experience and review of all information provided you, and assuming that the treatment as documented was provided, can you form an opinion as to whether the care rendered by the care provider, including diagnosis, treatment or record keeping, departed from or failed to conform to the minimal standards of acceptable and prevailing medical practice (in the medical community at large)?

x Yes, I can form an opinion.

_____ No, I cannot form an opinion.

_____ I need more information (specify): _____

3. What is your opinion? Please use the definitions below as "guidelines" to be used in defining standard of practice. You are not limited to these guidelines in forming your opinion, but please state your own additional criteria if applicable.

a. Diagnosis. Evaluation of a medical problem using means such as history, physical examination, laboratory, and radiographic studies, when applicable.

__x__ Below minimum standards

_____ Within minimum standards

b. Treatment. Use of medications and other modalities based on generally accepted and approved indications, with proper precautions to avoid adverse physical reactions, habituation or addiction.

__x__ Below minimum standards

_____ Within minimum standards

c. Records.

Maintenance of records which should contain, at a minimum, the following: (1) appropriate history and physical and/or mental examination for the patient's chief complaint relevant to the physician's specialty; (2) results of diagnostic tests (when indicated); (3) a working diagnosis; (4) notes on treatment(s) undertaken; (5) a record by date of all prescriptions for drugs, with names of medications, strengths , dosages, quantity, and number of refills; and (6) a record of billings.

__x__ Below minimum standards

_____ Within minimum standards

d. Overall Opinion. Based on the foregoing, what is your overall opinion?

__x__ Clearly below minimum standards.

_____ Clearly within minimum standards

_____ Borderline Case

e. Gross Ignorance, Gross Negligence, Gross Incompetence. If you found that this physician did not meet the minimum standards of care in treating a patient(s), did you also conclude that any of these departures from the minimum standards of care were so serious that you consider them to exhibit gross ignorance, gross negligence, and/or gross incompetence on the physician's part. If "yes," please identify each of these instances, classify it appropriately and explain your reasoning in reaching that conclusion(s).

If "yes," please also indicate whether you found a pattern of gross ignorance, gross negligence and/or gross incompetence in this physician's practice as evidenced by the records reviewed and explain your conclusion(s).

There is little to no physical exam documented
The UDS does not appear to be from a Laboratory and could just be a checked box by anyone in the clinic

4. Other questions from the Medical Board (ignore if blank):

5. Explain your opinion. If you opined that practice was below minimum standard for any of the above reasons, state the correct minimal standard of practice (NOTE: It is not sufficient to say "I would have..., or I would have not...", you should be able to testify that "the minimal standard of practice in the medical community at large would be to..."). Use extra sheets as necessary to explain your opinion and complete this report.

I would document better history of chief complaint, would document a physical exam
I would document a treatment plan that would include a rehabilitation component
I would never prescribe two short acting opioids in combination with a benzodiazepine

6. If you determine from your review that the physician has failed to meet the standard of acceptable practice in a specific area(s), please answer the following questions as well:

a. Is it your opinion that the standard of practice violations you have identified may be addressed by the Board in an orderly process, extending over some period of time (6 months to 2-3 years) through remedial education and training, and subsequent monitoring by the Board.
Or,
Are the violations of such a nature that the Board must act immediately to restrict or suspend the doctor's license to protect patients or the public from imminent danger?

I believe based on the cash nature of this practice and the prescribing habits, documentation and dismissal of the patient for failing to obtain a new MRI (for financial gain of the clinic) this practice fall very short of the standard of care and should be immediately stopped

b. If you answered that the Board must act immediately to avoid imminent danger, please identify the imminent danger involved and examples of the violations that create such a danger.

I believe that this practice constitutes prescription of controlled substances for no legitimate medical practice based on the cash basis and requirement of MRI (from that facility) as a component of care.

4/11/12
Date of Review

Signature of Expert

Revised Feb/2009

KENTUCKY BOARD OF MEDICAL LICENSURE

EXPERT REVIEW WORKSHEET

(Please type)

Case No. _____ Patient Name [redacted]

Expert's Name Jay S Grider DO/PhD

1. Brief description of symptom, dx and course of treatment:

Low back and neck pain
Treated with oxycodone IR 30mg and 15mg in combination with benzodiazipine

2. Can you form an opinion? Based on your background and experience and review of all information provided you, and assuming that the treatment as documented was provided, can you form an opinion as to whether the care rendered by the care provider, including diagnosis, treatment or record keeping, departed from or failed to conform to the minimal standards of acceptable and prevailing medical practice (in the medical community at large)?

x Yes, I can form an opinion.

_____ No, I cannot form an opinion.

_____ I need more information (specify): _____

3. What is your opinion? Please use the definitions below as "guidelines" to be used in defining standard of practice. You are not limited to these guidelines in forming your opinion, but please state your own additional criteria if applicable.

a. Diagnosis. Evaluation of a medical problem using means such as history, physical examination, laboratory, and radiographic studies, when applicable.

__x__ Below minimum standards

_____ Within minimum standards

b. Treatment. Use of medications and other modalities based on generally accepted and approved indications, with proper precautions to avoid adverse physical reactions, habituation or addiction.

__x__ Below minimum standards

_____ Within minimum standards

c. Records.

Maintenance of records which should contain, at a minimum, the following: (1) appropriate history and physical and/or mental examination for the patient's chief complaint relevant to the physician's specialty; (2) results of diagnostic tests (when indicated); (3) a working diagnosis; (4) notes on treatment(s) undertaken; (5) a record by date of all prescriptions for drugs, with names of medications, strengths , dosages, quantity, and number of refills; and (6) a record of billings.

__x__ Below minimum standards

_____ Within minimum standards

d. Overall Opinion. Based on the foregoing, what is your overall opinion?

__x__ Clearly below minimum standards.

_____ Clearly within minimum standards

_____ Borderline Case

e. Gross Ignorance, Gross Negligence, Gross Incompetence. If you found that this physician did not meet the minimum standards of care in treating a patient(s), did you also conclude that any of these departures from the minimum standards of care were so serious that you consider them to exhibit gross ignorance, gross negligence, and/or gross incompetence on the physician's part. If "yes," please identify each of these instances, classify it appropriately and explain your reasoning in reaching that conclusion(s).

If "yes," please also indicate whether you found a pattern of gross ignorance, gross negligence and/or gross incompetence in this physician's practice as evidenced by the records reviewed and explain your conclusion(s).

There is little to no physical exam documented. The standard of history of chief complaint and evaluation of patient function attempts to use intervention ~~and rehabilitative physical therapy are completely lacking.~~ The UDS does not appear to be from a Laboratory and could just be a checked box by anyone in the clinic.

4. Other questions from the Medical Board (ignore if blank): _____

5. Explain your opinion. If you opined that practice was below minimum standard for any of the above reasons, state the correct minimal standard of practice (NOTE: It is not sufficient to say "I would have..., or I would have not...", you should be able to testify that "the minimal standard of practice in the medical community at large would be to...") Use extra sheets as necessary to explain your opinion and complete this report.

I would document better history of chief complaint, would document a physical exam I would document a treatment plan that would include a rehabilitation component I would never prescribe two short acting opioids in combination with a benzodiazepine

6. If you determine from your review that the physician has failed to meet the standard of acceptable practice in a specific area(s), please answer the following questions as well:

a. Is it your opinion that the standard of practice violations you have identified may be addressed by the Board in an orderly process, extending over some period of time (6 months to 2-3 years) through remedial education and training, and subsequent monitoring by the Board.
Or,
Are the violations of such a nature that the Board must act immediately to restrict or suspend the doctor's license to protect patients or the public from imminent danger?

I believe based on the cash nature of this practice and the prescribing habits, documentation and utilization of the same combination of short acting oxycodone repeatedly without documentation of therapeutic benefit is below the standard of care. this practice fall very short of the standard of care and should be immediately stopped

b. If you answered that the Board must act immediately to avoid imminent danger, please identify the imminent danger involved and examples of the violations that create such a danger.

I believe that this practice constitutes prescription of controlled substances for no legitimate medical practice based on the cash basis and requirement of MRI (from that facility) as a component of care

4/10/12
Date of Review

Signature of Expert

Revised Feb/2009

KENTUCKY BOARD OF MEDICAL LICENSURE

EXPERT REVIEW WORKSHEET

(Please type)

Case No. _____ Patient Name [redacted]

Expert's Name Jay S Grider DO/PhD

1. Brief description of symptom, dx and course of treatment:

Knee Pain
Treated with oxycodone IR 30mg and 15mg dose + Benzodiazepine

2. Can you form an opinion? Based on your background and experience and review of all information provided you, and assuming that the treatment as documented was provided, can you form an opinion as to whether the care rendered by the care provider, including diagnosis, treatment or record keeping, departed from or failed to conform to the minimal standards of acceptable and prevailing medical practice (in the medical community at large)?

x Yes, I can form an opinion.

_____ No, I cannot form an opinion.

_____ I need more information (specify): _____

3. What is your opinion? Please use the definitions below as "guidelines" to be used in defining standard of practice. You are not limited to these guidelines in forming your opinion, but please state your own additional criteria if applicable.

a. Diagnosis. Evaluation of a medical problem using means such as history, physical examination, laboratory, and radiographic studies, when applicable.

__x__ Below minimum standards

_____ Within minimum standards

b. Treatment. Use of medications and other modalities based on generally accepted and approved indications, with proper precautions to avoid adverse physical reactions, habituation or addiction.

__x__ Below minimum standards

_____ Within minimum standards

c. Records.

Maintenance of records which should contain, at a minimum, the following: (1) appropriate history and physical and/or mental examination for the patient's chief complaint relevant to the physician's specialty; (2) results of diagnostic tests (when indicated); (3) a working diagnosis; (4) notes on treatment(s) undertaken; (5) a record by date of all prescriptions for drugs, with names of medications, strengths , dosages, quantity, and number of refills; and (6) a record of billings.

__x__ Below minimum standards

_____ Within minimum standards

d. Overall Opinion. Based on the foregoing, what is your overall opinion?

__x__ Clearly below minimum standards.

_____ Clearly within minimum standards

_____ Borderline Case

e. Gross Ignorance, Gross Negligence, Gross Incompetence. If you found that this physician did not meet the minimum standards of care in treating a patient(s), did you also conclude that any of these departures from the minimum standards of care were so serious that you consider them to exhibit gross ignorance, gross negligence, and/or gross incompetence on the physician's part. If "yes," please identify each of these instances, classify it appropriately and explain your reasoning in reaching that conclusion(s).

If "yes," please also indicate whether you found a pattern of gross ignorance, gross negligence and/or gross incompetence in this physician's practice as evidenced by the records reviewed and explain your conclusion(s).

There is little to no physical exam documented. The standard of history of chief complaint and evaluation of patient function attempts to use intervention and rehabilitative physical therapy are completely lacking. The UDS does not appear to be from a Laboratory and could just be a checked box by anyone in the clinic.

4. Other questions from the Medical Board (ignore if blank): _____

5. Explain your opinion. If you opined that practice was below minimum standard for any of the above reasons, state the correct minimal standard of practice (NOTE: It is not sufficient to say "I would have..., or I would have not...", you should be able to testify that "the minimal standard of practice in the medical community at large would be to...") Use extra sheets as necessary to explain your opinion and complete this report.

I would document better history of chief complaint, would document a physical exam I would document a treatment plan that would include a rehabilitation component I would never prescribe two short acting opioids in combination benzodiazepine

6. If you determine from your review that the physician has failed to meet the standard of acceptable practice in a specific area(s), please answer the following questions as well:

a. Is it your opinion that the standard of practice violations you have identified may be addressed by the Board in an orderly process, extending over some period of time (6 months to 2-3 years) through remedial education and training, and subsequent monitoring by the Board.

Or,

Are the violations of such a nature that the Board must act immediately to restrict or suspend the doctor's license to protect patients or the public from imminent danger?

I believe based on the cash nature of this practice and the prescribing habits, documentation and utilization of the same combination of short acting oxycodone repeatedly without documentation of therapeutic benefit is below the standard of care. this practice fall very short of the standard of care and should be immediately stopped

b. If you answered that the Board must act immediately to avoid imminent danger, please identify the imminent danger involved and examples of the violations that create such a danger.

I believe that this practice constitutes prescription of controlled substances for no legitimate medical practice based on the cash basis and requirement of MRI (from that facility) as a requirement of care.

4/6/17
Date of Review

Signature of Expert

Revised Feb/2009

KENTUCKY BOARD OF MEDICAL LICENSURE

EXPERT REVIEW WORKSHEET

(Please type)

Case No. _____ Patient Name [redacted]

Expert's Name Jay S Grider DO/PhD

1. Brief description of symptom, dx and course of treatment:

Knee Pain
Treated with Vicoprofen + Benzodiazepine

2. Can you form an opinion? Based on your background and experience and review of all information provided you, and assuming that the treatment as documented was provided, can you form an opinion as to whether the care rendered by the care provider, including diagnosis, treatment or record keeping, departed from or failed to conform to the minimal standards of acceptable and prevailing medical practice (in the medical community at large)?

x Yes, I can form an opinion.

_____ No, I cannot form an opinion.

_____ I need more information (specify): _____

3. What is your opinion? Please use the definitions below as "guidelines" to be used in defining standard of practice. You are not limited to these guidelines in forming your opinion, but please state your own additional criteria if applicable.

a. Diagnosis. Evaluation of a medical problem using means such as history, physical examination, laboratory, and radiographic studies, when applicable.

__x__ Below minimum standards

_____ Within minimum standards

b. Treatment. Use of medications and other modalities based on generally accepted and approved indications, with proper precautions to avoid adverse physical reactions, habituation or addiction.

__x__ Below minimum standards

_____ Within minimum standards

c. Records.

Maintenance of records which should contain, at a minimum, the following: (1) appropriate history and physical and/or mental examination for the patient's chief complaint relevant to the physician's specialty; (2) results of diagnostic tests (when indicated); (3) a working diagnosis; (4) notes on treatment(s) undertaken; (5) a record by date of all prescriptions for drugs, with names of medications, strengths , dosages, quantity, and number of refills; and (6) a record of billings.

__x__ Below minimum standards

_____ Within minimum standards

d. Overall Opinion. Based on the foregoing, what is your overall opinion?

__x__ Clearly below minimum standards.

_____ Clearly within minimum standards

_____ Borderline Case

e. Gross Ignorance, Gross Negligence, Gross Incompetence. If you found that this physician did not meet the minimum standards of care in treating a patient(s), did you also conclude that any of these departures from the minimum standards of care were so serious that you consider them to exhibit gross ignorance, gross negligence, and/or gross incompetence on the physician's part. If "yes," please identify each of these instances, classify it appropriately and explain your reasoning in reaching that conclusion(s).

If "yes," please also indicate whether you found a pattern of gross ignorance, gross negligence and/or gross incompetence in this physician's practice as evidenced by the records reviewed and explain your conclusion(s).

There is little to no physical exam documented. The standard of history of chief complaint and evaluation of patient function attempts to use intervention and rehabilitative physical therapy are completely lacking.
The UDS does not appear to be from a Laboratory and could just be a checked box by anyone in the clinic.

4. Other questions from the Medical Board (ignore if blank): _____

5. Explain your opinion. If you opined that practice was below minimum standard for any of the above reasons, state the correct minimal standard of practice (NOTE: It is not sufficient to say "I would have..., or I would have not...", you should be able to testify that "the minimal standard of practice in the medical community at large would be to...") Use extra sheets as necessary to explain your opinion and complete this report.

I would document better history of chief complaint, would document a physical exam
I would document a treatment plan that would include a rehabilitation component
I would never prescribe two short acting opioids in combination benzodiazepine
There is absolutely no physical

6. If you determine from your review that the physician has failed to meet the standard of acceptable practice in a specific area(s), please answer the following questions as well:

a. Is it your opinion that the standard of practice violations you have identified may be addressed by the Board in an orderly process, extending over some period of time (6 months to 2-3 years) through remedial education and training, and subsequent monitoring by the Board.
Or,
Are the violations of such a nature that the Board must act immediately to restrict or suspend the doctor's license to protect patients or the public from imminent danger?

I believe based on the cash nature of this practice and the prescribing habits, documentation and utilization of the same combination of short acting oxycodone repeatedly without documentation of therapeutic benefit is below the standard of care. this practice fall very short of the standard of care and should be immediately stopped

b. If you answered that the Board must act immediately to avoid imminent danger, please identify the imminent danger involved and examples of the violations that create such a danger.

I believe that this practice constitutes prescription of controlled substances for no legitimate medical practice based on the cash basis and requirement of MRI (from that facility) as a requirement of care.

4/6/12
Date of Review

Signature of Expert

Revised Feb/2009

KENTUCKY BOARD OF MEDICAL LICENSURE

EXPERT REVIEW WORKSHEET

(Please type)

Case No. _____ Patient Name [redacted]

Expert's Name Jay S Grider DO/PhD

1. Brief description of symptom, dx and course of treatment:

Knee Pain
Treated with oxycodone IR 30mg and 15mg in a patient with know IV drug abuse

2. Can you form an opinion? Based on your background and experience and review of all information provided you, and assuming that the treatment as documented was provided, can you form an opinion as to whether the care rendered by the care provider, including diagnosis, treatment or record keeping, departed from or failed to conform to the minimal standards of acceptable and prevailing medical practice (in the medical community at large)?

x Yes, I can form an opinion.

_____ No, I cannot form an opinion.

_____ I need more information (specify): _____

3. What is your opinion? Please use the definitions below as "guidelines" to be used in defining standard of practice. You are not limited to these guidelines in forming your opinion, but please state your own additional criteria if applicable.

a. Diagnosis. Evaluation of a medical problem using means such as history, physical examination, laboratory, and radiographic studies, when applicable.

x Below minimum standards

_____ Within minimum standards

b. Treatment. Use of medications and other modalities based on generally accepted and approved indications, with proper precautions to avoid adverse physical reactions, habituation or addiction.

x Below minimum standards

_____ Within minimum standards

c. Records.

Maintenance of records which should contain, at a minimum, the following: (1) appropriate history and physical and/or mental examination for the patient's chief complaint relevant to the physician's specialty; (2) results of diagnostic tests (when indicated); (3) a working diagnosis; (4) notes on treatment(s) undertaken; (5) a record by date of all prescriptions for drugs, with names of medications, strengths , dosages, quantity, and number of refills; and (6) a record of billings.

x Below minimum standards

_____ Within minimum standards

d. Overall Opinion. Based on the foregoing, what is your overall opinion?

x Clearly below minimum standards.

_____ Clearly within minimum standards

_____ Borderline Case

e. Gross Ignorance, Gross Negligence, Gross Incompetence. If you found that this physician did not meet the minimum standards of care in treating a patient(s), did you also conclude that any of these departures from the minimum standards of care were so serious that you consider them to exhibit gross ignorance, gross negligence, and/or gross incompetence on the physician's part. If "yes," please identify each of these instances, classify it appropriately and explain your reasoning in reaching that conclusion(s).

If "yes," please also indicate whether you found a pattern of gross ignorance, gross negligence and/or gross incompetence in this physician's practice as evidenced by the records reviewed and explain your conclusion(s).

There is little to no physical exam documented. The standard of history of chief complaint and evaluation of patient function attempts to use intervention and rehabilitative physical therapy are completely lacking. The UDS does not appear to be from a laboratory and could just be a checked box by anyone in the clinic. The patient was IV drug user which would make them high risk for opioid therapy

4. Other questions from the Medical Board (ignore if blank): _____

5. Explain your opinion. If you opined that practice was below minimum standard for any of the above reasons, state the correct minimal standard of practice (NOTE: It is not sufficient to say "I would have..., or I would have not...", you should be able to testify that "the minimal standard of practice in the medical community at large would be to...") Use extra sheets as necessary to explain your opinion and complete this report.

I would document better history of chief complaint, would document a physical exam

I would document a treatment plan that would include a rehabilitation component

I would never prescribe two short acting opioids in combination with Soma

6. If you determine from your review that the physician has failed to meet the standard of acceptable practice in a specific area(s), please answer the following questions as well:

a. Is it your opinion that the standard of practice violations you have identified may be addressed by the Board in an orderly process, extending over some period of time (6 months to 2-3 years) through remedial education and training, and subsequent monitoring by the Board.
Or,
Are the violations of such a nature that the Board must act immediately to restrict or suspend the doctor's license to protect patients or the public from imminent danger?

I believe based on the cash nature of this practice and the prescribing habits, documentation and utilization of the same combination of short acting oxycodone repeatedly without documentation of therapeutic benefit is below the standard of care.
this practice fall very short of the standard of care and should be immediately stopped

b. If you answered that the Board must act immediately to avoid imminent danger, please identify the imminent danger involved and examples of the violations that create such a danger.

I believe that this practice constitutes prescription of controlled substances for no legitimate medical practice based on the cash basis and requirement of MRI (from that facility) as a component of care.

4/6/12
Date of Review

Signature of Expert

Revised Feb/2009

KENTUCKY BOARD OF MEDICAL LICENSURE

EXPERT REVIEW WORKSHEET

(Please type)

Case No. _____ Patient Name [redacted]

Expert's Name Jay S Grider DO/PhD

1. Brief description of symptom, dx and course of treatment:

Low back and neck pain

Treated with methadone 10 mg 5x per day in combination with benzodiazipine

2. Can you form an opinion? Based on your background and experience and review of all information provided you, and assuming that the treatment as documented was provided, can you form an opinion as to whether the care rendered by the care provider, including diagnosis, treatment or record keeping, departed from or failed to conform to the minimal standards of acceptable and prevailing medical practice (in the medical community at large)?

x Yes, I can form an opinion.

_____ No, I cannot form an opinion.

_____ I need more information (specify): _____

3. What is your opinion? Please use the definitions below as "guidelines" to be used in defining standard of practice. You are not limited to these guidelines in forming your opinion, but please state your own additional criteria if applicable.

a. Diagnosis. Evaluation of a medical problem using means such as history, physical examination, laboratory, and radiographic studies, when applicable.

__x__ Below minimum standards

_____ Within minimum standards

b. Treatment. Use of medications and other modalities based on generally accepted and approved indications, with proper precautions to avoid adverse physical reactions, habituation or addiction.

__x__ Below minimum standards

_____ Within minimum standards

c. Records.

Maintenance of records which should contain, at a minimum, the following: (1) appropriate history and physical and/or mental examination for the patient's chief complaint relevant to the physician's specialty; (2) results of diagnostic tests (when indicated); (3) a working diagnosis; (4) notes on treatment(s) undertaken; (5) a record by date of all prescriptions for drugs, with names of medications, strengths , dosages, quantity, and number of refills; and (6) a record of billings.

__x__ Below minimum standards

_____ Within minimum standards

d. Overall Opinion. Based on the foregoing, what is your overall opinion?

__x__ Clearly below minimum standards.

_____ Clearly within minimum standards

_____ Borderline Case

e. Gross Ignorance, Gross Negligence, Gross Incompetence. If you found that this physician did not meet the minimum standards of care in treating a patient(s), did you also conclude that any of these departures from the minimum standards of care were so serious that you consider them to exhibit gross ignorance, gross negligence, and/or gross incompetence on the physician's part. If "yes," please identify each of these instances, classify it appropriately and explain your reasoning in reaching that conclusion(s).

If "yes," please also indicate whether you found a pattern of gross ignorance, gross negligence and/or gross incompetence in this physician's practice as evidenced by the records reviewed and explain your conclusion(s).

There is little to no physical exam documented. The standard of history of chief complaint and evaluation of patient function attempts to use intervention and rehabilitative physical therapy are completely lacking.
The UDS does not appear to be from a Laboratory and could just be a checked box by anyone in the clinic.

4. Other questions from the Medical Board (ignore if blank): _____

5. Explain your opinion. If you opined that practice was below minimum standard for any of the above reasons, state the correct minimal standard of practice (NOTE: It is not sufficient to say "I would have..., or I would have not...", you should be able to testify that "the minimal standard of practice in the medical community at large would be to...") Use extra sheets as necessary to explain your opinion and complete this report.

I would document better history of chief complaint, would document a physical exam
I would document a treatment plan that would include a rehabilitation component

6. If you determine from your review that the physician has failed to meet the standard of acceptable practice in a specific area(s), please answer the following questions as well:

a. Is it your opinion that the standard of practice violations you have identified may be addressed by the Board in an orderly process, extending over some period of time (6 months to 2-3 years) through remedial education and training, and subsequent monitoring by the Board.

Or,

Are the violations of such a nature that the Board must act immediately to restrict or suspend the doctor's license to protect patients or the public from imminent danger?

I believe based on the cash nature of this practice and the prescribing habits, documentation and withoutdocumentation of therapeutic benefit is below the standard of care.

~~this practice fall very short of the standard of care and should be immediately stopped~~

b. If you answered that the Board must act immediately to avoid imminent danger, please identify the imminent danger involved and examples of the violations that create such a danger.

I believe that this practice constitutes prescription of controlled substances for no legitimate medical practice based on the cash basis and little to know documentation of function, use of behavioral medicine services, intervention or rehabilitative therapy.

4/6/12
Date of Review

Signature of Expert

Revised Feb/2009

KENTUCKY BOARD OF MEDICAL LICENSURE

EXPERT REVIEW WORKSHEET

(Please type)

Case No. _____ Patient Name [redacted]

Expert's Name Jay S Grider DO/PhD

1. Brief description of symptom, dx and course of treatment:

Knee Pain

Treated with oxycodone IR 30mg and 15mg dose was ESCLATED without mention of rationale ~~to the typical dosage for this clinic of IR oxycodone 30 and 15~~

2. Can you form an opinion? Based on your background and experience and review of all information provided you, and assuming that the treatment as documented was provided, can you form an opinion as to whether the care rendered by the care provider, including diagnosis, treatment or record keeping, departed from or failed to conform to the minimal standards of acceptable and prevailing medical practice (in the medical community at large)?

__x__ Yes, I can form an opinion.

_____ No, I cannot form an opinion.

_____ I need more information (specify): _____

3. What is your opinion? Please use the definitions below as "guidelines" to be used in defining standard of practice. You are not limited to these guidelines in forming your opinion, but please state your own additional criteria if applicable.

a. Diagnosis. Evaluation of a medical problem using means such as history, physical examination, laboratory, and radiographic studies, when applicable.

__x__ Below minimum standards

_____ Within minimum standards

b. Treatment. Use of medications and other modalities based on generally accepted and approved indications, with proper precautions to avoid adverse physical reactions, habituation or addiction.

__x__ Below minimum standards

_____ Within minimum standards

c. Records.

Maintenance of records which should contain, at a minimum, the following: (1) appropriate history and physical and/or mental examination for the patient's chief complaint relevant to the physician's specialty; (2) results of diagnostic tests (when indicated); (3) a working diagnosis; (4) notes on treatment(s) undertaken; (5) a record by date of all prescriptions for drugs, with names of medications, strengths , dosages, quantity, and number of refills; and (6) a record of billings.

__x__ Below minimum standards

_____ Within minimum standards

d. Overall Opinion. Based on the foregoing, what is your overall opinion?

__x__ Clearly below minimum standards.

_____ Clearly within minimum standards

_____ Borderline Case

e. Gross Ignorance, Gross Negligence, Gross Incompetence. If you found that this physician did not meet the minimum standards of care in treating a patient(s), did you also conclude that any of these departures from the minimum standards of care were so serious that you consider them to exhibit gross ignorance, gross negligence, and/or gross incompetence on the physician's part. If "yes," please identify each of these instances, classify it appropriately and explain your reasoning in reaching that conclusion(s).

If "yes," please also indicate whether you found a pattern of gross ignorance, gross negligence and/or gross incompetence in this physician's practice as evidenced by the records reviewed and explain your conclusion(s).

There is little to no physical exam documented. The standard of history of chief complaint and evaluation of patient function attempts to use intervention and rehabilitative physical therapy are completely lacking.
The UDS does not appear to be from a Laboratory and could just be a checked box by anyone in the clinic. The patient was IV drug user which would make them high risk for opioid therapy

4. Other questions from the Medical Board (ignore if blank): _____

5. Explain your opinion. If you opined that practice was below minimum standard for any of the above reasons, state the correct minimal standard of practice (NOTE: It is not sufficient to say "I would have..., or I would have not...", you should be able to testify that "the minimal standard of practice in the medical community at large would be to...") Use extra sheets as necessary to explain your opinion and complete this report.

I would document better history of chief complaint, would document a physical exam
I would document a treatment plan that would include a rehabilitation component
I would never prescribe two short acting opioids in combination benzodiazepine

6. If you determine from your review that the physician has failed to meet the standard of acceptable practice in a specific area(s), please answer the following questions as well:

a. Is it your opinion that the standard of practice violations you have identified may be addressed by the Board in an orderly process, extending over some period of time (6 months to 2-3 years) through remedial education and training, and subsequent monitoring by the Board.
Or,
Are the violations of such a nature that the Board must act immediately to restrict or suspend the doctor's license to protect patients or the public from imminent danger?

I believe based on the cash nature of this practice and the prescribing habits, documentation and utilization of the same combination of short acting oxycodone repeatedly without documentation of therapeutic benefit is below the standard of care.
this practice fall very short of the standard of care and should be immediately stopped

b. If you answered that the Board must act immediately to avoid imminent danger, please identify the imminent danger involved and examples of the violations that create such a danger.

I believe that this practice constitutes prescription of controlled substances for no legitimate medical practice based on the cash basis and requirement of MRI (from that facility) as a requirement of care.

4/10/12
Date of Review

Signature of Expert

Revised Feb/2009

KENTUCKY BOARD OF MEDICAL LICENSURE

EXPERT REVIEW WORKSHEET

(Please type)

Case No. _____ Patient Name [redacted]

Expert's Name Jay S Grider DO/PhD

1. Brief description of symptom, dx and course of treatment:

Low back and neck pain
Treated with oxycodone IR 30mg and 15mg in combination with benzodiazipine

2. Can you form an opinion? Based on your background and experience and review of all information provided you, and assuming that the treatment as documented was provided, can you form an opinion as to whether the care rendered by the care provider, including diagnosis, treatment or record keeping, departed from or failed to conform to the minimal standards of acceptable and prevailing medical practice (in the medical community at large)?

__x__ Yes, I can form an opinion.

_____ No, I cannot form an opinion.

_____ I need more information (specify): _____

3. What is your opinion? Please use the definitions below as "guidelines" to be used in defining standard of practice. You are not limited to these guidelines in forming your opinion, but please state your own additional criteria if applicable.

a. Diagnosis. Evaluation of a medical problem using means such as history, physical examination, laboratory, and radiographic studies, when applicable.

__x__ Below minimum standards

_____ Within minimum standards

b. Treatment. Use of medications and other modalities based on generally accepted and approved indications, with proper precautions to avoid adverse physical reactions, habituation or addiction.

__x__ Below minimum standards

_____ Within minimum standards

c. Records.

Maintenance of records which should contain, at a minimum, the following: (1) appropriate history and physical and/or mental examination for the patient's chief complaint relevant to the physician's specialty; (2) results of diagnostic tests (when indicated); (3) a working diagnosis; (4) notes on treatment(s) undertaken; (5) a record by date of all prescriptions for drugs, with names of medications, strengths , dosages, quantity, and number of refills; and (6) a record of billings.

__x__ Below minimum standards

_____ Within minimum standards

d. Overall Opinion. Based on the foregoing, what is your overall opinion?

__x__ Clearly below minimum standards.

_____ Clearly within minimum standards

_____ Borderline Case

e. Gross Ignorance, Gross Negligence, Gross Incompetence. If you found that this physician did not meet the minimum standards of care in treating a patient(s), did you also conclude that any of these departures from the minimum standards of care were so serious that you consider them to exhibit gross ignorance, gross negligence, and/or gross incompetence on the physician's part. If "yes," please identify each of these instances, classify it appropriately and explain your reasoning in reaching that conclusion(s).

If "yes," please also indicate whether you found a pattern of gross ignorance, gross negligence and/or gross incompetence in this physician's practice as evidenced by the records reviewed and explain your conclusion(s).

There is little to no physical exam documented. The standard of history of chief complaint and evaluation of patient function attempts to use intervention ~~and rehabilitative physical therapy are completely lacking.~~ The UDS does not appear to be from a Laboratory and could just be a checked box by anyone in the clinic.

4. Other questions from the Medical Board (ignore if blank): _____

5. Explain your opinion. If you opined that practice was below minimum standard for any of the above reasons, state the correct minimal standard of practice (NOTE: It is not sufficient to say "I would have..., or I would have not...", you should be able to testify that "the minimal standard of practice in the medical community at large would be to...") Use extra sheets as necessary to explain your opinion and complete this report.

I would document better history of chief complaint, would document a physical exam I would document a treatment plan that would include a rehabilitation component I would never prescribe two short acting opioids in combination with a benzodiazepine

6. If you determine from your review that the physician has failed to meet the standard of acceptable practice in a specific area(s), please answer the following questions as well:

a. Is it your opinion that the standard of practice violations you have identified may be addressed by the Board in an orderly process, extending over some period of time (6 months to 2-3 years) through remedial education and training, and subsequent monitoring by the Board.

Or,

Are the violations of such a nature that the Board must act immediately to restrict or suspend the doctor's license to protect patients or the public from imminent danger?

I believe based on the cash nature of this practice and the prescribing habits, documentation and utilization of the same combination of short acting oxycodone repeatedly without documentation of therapeutic benefit is below the standard of care. this practice fall very short of the standard of care and should be immediately stopped

b. If you answered that the Board must act immediately to avoid imminent danger, please identify the imminent danger involved and examples of the violations that create such a danger.

I believe that this practice constitutes prescription of controlled substances for no legitimate medical practice based on the cash basis and requirement of MRI (from that facility) as a component of care

4/10/12
Date of Review

Signature of Expert

Revised Feb/2009

KENTUCKY BOARD OF MEDICAL LICENSURE

EXPERT REVIEW WORKSHEET

(Please type)

Case No. _____ Patient Name [redacted]

Expert's Name Jay S Grider DO/PhD

1. Brief description of symptom, dx and course of treatment

Low back and neck pain
Treated with oxycodone IR 30mg and 15mg in combination with benzodiazipine
Patient transfered from known pill mill in florida

2. Can you form an opinion? Based on your background and experience and review of all information provided you, and assuming that the treatment as documented was provided, can you form an opinion as to whether the care rendered by the care provider, including diagnosis, treatment or record keeping, departed from or failed to conform to the minimal standards of acceptable and prevailing medical practice (in the medical community at large)?

x Yes, I can form an opinion.

_____ No, I cannot form an opinion.

_____ I need more information (specify): _____

3. What is your opinion? Please use the definitions below as "guidelines" to be used in defining standard of practice. You are not limited to these guidelines in forming your opinion, but please state your own additional criteria if applicable.

a. Diagnosis. Evaluation of a medical problem using means such as history, physical examination, laboratory, and radiographic studies, when applicable.

__x__ Below minimum standards

_____ Within minimum standards

b. Treatment. Use of medications and other modalities based on generally accepted and approved indications, with proper precautions to avoid adverse physical reactions, habituation or addiction.

__x__ Below minimum standards

_____ Within minimum standards

c. Records.

Maintenance of records which should contain, at a minimum, the following: (1) appropriate history and physical and/or mental examination for the patient's chief complaint relevant to the physician's specialty; (2) results of diagnostic tests (when indicated); (3) a working diagnosis; (4) notes on treatment(s) undertaken; (5) a record by date of all prescriptions for drugs, with names of medications, strengths , dosages, quantity, and number of refills; and (6) a record of billings.

__x__ Below minimum standards

_____ Within minimum standards

d. Overall Opinion. Based on the foregoing, what is your overall opinion?

__x__ Clearly below minimum standards.

_____ Clearly within minimum standards

_____ Borderline Case

e. Gross Ignorance, Gross Negligence, Gross Incompetence. If you found that this physician did not meet the minimum standards of care in treating a patient(s), did you also conclude that any of these departures from the minimum standards of care were so serious that you consider them to exhibit gross ignorance, gross negligence, and/or gross incompetence on the physician's part. If "yes," please identify each of these instances, classify it appropriately and explain your reasoning in reaching that conclusion(s).

If "yes," please also indicate whether you found a pattern of gross ignorance, gross negligence and/or gross incompetence in this physician's practice as evidenced by the records reviewed and explain your conclusion(s).

There is little to no physical exam documented. The standard of history of chief complaint and evaluation of patient function attempts to use intervention ~~and rehabilitative physical therapy are completely lacking.~~ The UDS does not appear to be from a Laboratory and could just be a checked box by anyone in the clinic.

4. Other questions from the Medical Board (ignore if blank): _____

5. Explain your opinion. If you opined that practice was below minimum standard for any of the above reasons, state the correct minimal standard of practice (NOTE: It is not sufficient to say "I would have..., or I would have not...", you should be able to testify that "the minimal standard of practice in the medical community at large would be to...") Use extra sheets as necessary to explain your opinion and complete this report.

I would document better history of chief complaint, would document a physical exam I would document a treatment plan that would include a rehabilitation component I would never prescribe two short acting opioids in combination with a benzodiazepine

6. If you determine from your review that the physician has failed to meet the standard of acceptable practice in a specific area(s), please answer the following questions as well:

a. Is it your opinion that the standard of practice violations you have identified may be addressed by the Board in an orderly process, extending over some period of time (6 months to 2-3 years) through remedial education and training, and subsequent monitoring by the Board.

Or,

Are the violations of such a nature that the Board must act immediately to restrict or suspend the doctor's license to protect patients or the public from imminent danger?

I believe based on the cash nature of this practice and the prescribing habits, documentation and utilization of the same combination of short acting oxycodone repeatedly without documentation of therapeutic benefit is below the standard of care.
this practice fall very short of the standard of care and should be immediately stopped

b. If you answered that the Board must act immediately to avoid imminent danger, please identify the imminent danger involved and examples of the violations that create such a danger.

I believe that this practice constitutes prescription of controlled substances for no legitimate medical practice based on the cash basis and requirement of MRI (from that facility) as a component of care.

4/20/12
Date of Review

Signature of Expert

Revised Feb/2009

KENTUCKY BOARD OF MEDICAL LICENSURE

EXPERT REVIEW WORKSHEET

(Please type)

Case No. _____ Patient Name [redacted]

Expert's Name Jay S Grider DO/PhD

1. Brief description of symptom, dx and course of treatment:

Low back pain
Treated with oxycodone IR 30 and 15 mg

2. Can you form an opinion? Based on your background and experience and review of all information provided you, and assuming that the treatment as documented was provided, can you form an opinion as to whether the care rendered by the care provider, including diagnosis, treatment or record keeping, departed from or failed to conform to the minimal standards of acceptable and prevailing medical practice (in the medical community at large)?

x Yes, I can form an opinion.

_____ No, I cannot form an opinion.

_____ I need more information (specify): _____

6. If you determine from your review that the physician has failed to meet the standard of acceptable practice in a specific area(s), please answer the following questions as well:

a. Is it your opinion that the standard of practice violations you have identified may be addressed by the Board in an orderly process, extending over some period of time (6 months to 2-3 years) through remedial education and training, and subsequent monitoring by the Board.
Or,
Are the violations of such a nature that the Board must act immediately to restrict or suspend the doctor's license to protect patients or the public from imminent danger?

I believe based on the cash nature of this practice and the prescribing habits, documentation and utilization of the same combination of short acting oxycodone repeatedly without documentation of therapeutic benefit is below the standard of care.
this practice fall very short of the standard of care and should be immediately stopped

b. If you answered that the Board must act immediately to avoid imminent danger, please identify the imminent danger involved and examples of the violations that create such a danger.

I believe that this practice constitutes prescription of controlled substances for no legitimate medical practice based on the cash basis and requirement of MRI (from that facility) as a requirement of care

9/10/12
Date of Review

Signature of Expert

Revised Feb/2009

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1396

FILED OF RECORD
MAY 18 2012
K.B.M.L.

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF KENTUCKY HELD BY GREGORY B. WHITE, M.D., LICENSE NO. 26944, 1300 S. BURKHARDT ROAD, EVANSVILLE, INDIANA 47715

COMPLAINT

Comes now the Complainant C. William Briscoe, M.D., Chair of the Kentucky Board of Medical Licensure's Inquiry Panel A, and on behalf of the Panel which met on May 17, 2012, states for its Complaint against the licensee, GREGORY B. WHITE, M.D., as follows:

1. At all relevant times, Gregory B. White, M.D., ("the licensee") was licensed by the Board to practice medicine in the Commonwealth of Kentucky.
2. The licensee's medical specialty is pain management.
3. Since May 2011, the licensee has practiced at Central Kentucky Bariatric and Pain Management.
4. In or about July 2011, the Board received an anonymous grievance which alleged that Central Kentucky Bariatric and Pain Management was operating as a "pill mill," charging patients $450 for prescriptions which local pharmacists were refusing to fill.
5. In response to the grievance, the Board requested that the Office of Inspector General, Drug Enforcement and Professional Practices Branch of the Cabinet for Health and Family Services ("Drug Enforcement"), review and analyze the KASPER records of licensees practicing at Central Kentucky Bariatric and Pain Management, including this licensee, Gregory B. White, M.D.

6. On or about September 30, 2011, Stephen C. Johnson, Pharmacist Consultant, Drug Enforcement, informed the Board that he had reviewed and analyzed the license's KASPER records (dated September 1, 2010 through September 27, 2011) and noted several concerns, including:

   - Use of addictive drug combinations;
   - Persons with similar last names receiving same or similar controlled substance prescriptions;
   - Polypharmacy concerns, including that almost every patient received some form of oxycodone alone or in combination with other narcotics and/or benzodiazepines;
   - Concerns about the ages of some patients; and
   - Patients traveling long distances to obtain medications;

   Mr. Johnson identified twenty-eight (28) of the licensee's patients with prescribing patterns reflective of these concerns and recommended further investigation by the Board.

7. In April 2012, a Board consultant reviewed the licensee's patient charts and found that the licensee departed from or failed to conform to acceptable and prevailing medical practices; that the licensee prescribed controlled substances with the knowledge that the controlled substances would be used or were likely to be used other than medicinally or for an accepted therapeutic purpose; that the licensee's practice demonstrated gross negligence in the diligence required of physicians practicing pain medicine; and that the licensee's practice presents a danger to patients and the public. Specifically, the consultant noted that

   - In all medical records reviewed Dr. White provided a layman's diagnosis of "low back pain neck pain," which demonstrates a lack of critical evaluation of the patient;
   - History of CC was completely absent and not included;
   - There was no evidence of ongoing physical exams;

- In virtually all cases, treatment was the same: a prescription for short-acting oxycodone in 15 and 30 mg doses usually in combination with valium and occasionally with Soma;
- KASPER numbers were recorded but never was there an action taken based upon KASPER reports; and
- The licensee prescribed in a cash-only non-referral environment and in a manner consistent with a cash-for-opioids scheme and inconsistent with a legitimate medical practice.

The consultant's report is attached hereto and incorporated herewith in its entirety.

8. On May 17, 2012, the Board's Inquiry Panel A determined that the licensee's practices constitute a danger to the health, welfare and safety of his patients or the general public. As a result, the licensee was suspended from the practice medicine in the Commonwealth of Kentucky.

9. By his conduct, the licensee has violated KRS 311.595(9), as illustrated by KRS 311.597(1)(a), (3) and (4). Accordingly, legal grounds exist for disciplinary action against his Kentucky medical license.

10. The licensee is directed to respond to the allegations delineated in the Complaint within thirty (30) days of service thereof and is further given notice that:

    (a) His failure to respond may be taken as an admission of the charges;

    (b) He may appear alone or with counsel, may cross-examine all prosecution witnesses and offer evidence in his defense.

11. NOTICE IS HEREBY GIVEN that a hearing on this Complaint is scheduled for October 9, 10 and 11, 2012, at 9:00 a.m., Eastern Standard Time, at the Kentucky Board of Medical Licensure, Hurstbourne Office Park, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222. Said hearing shall be held pursuant to the Rules and Regulations of the Kentucky Board of Medical Licensure and pursuant to

KRS Chapter 13B. This hearing shall proceed as scheduled and the hearing date shall only be modified by leave of the Hearing Officer upon a showing of good cause.

WHEREFORE, Complainant prays that appropriate disciplinary action be taken against the license to practice medicine held by GREGORY B. WHITE, M.D.

This 18th day of May, 2012.

C. William Briscoe MD

C. WILLIAM BRISCOE, M.D.
CHAIRMAN, INQUIRY PANEL A

CERTIFICATE OF SERVICE

I certify that the original of this Complaint was delivered to Mr. Michael S. Rodman, Executive Director, Kentucky Board of Medical Licensure, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222; a copy was mailed to Thomas J. Hellmann, Esq., 415 West Main Street, P.O. Box 676, Frankfort, Kentucky 40602-0676; a copy was mailed via certified mail return-receipt requested to the licensee, Gregory B. White, M.D., 1300 S. Burkhardt Road, Evansville, Indiana 47715; and copies were sent electronically and via first-class mail to the licensee's counsel, Marvin L. Coan, 1700 Kentucky Life Building, 239 South Fifth Street, Louisville, Kentucky 40202-3268 on this 18th day of May, 2012.

Leanne K. Diakov

Leanne K. Diakov
Assistant General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
Tel. (502) 429-7150

UNIVERSITY OF KENTUCKY

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Chandler Medical Center
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800 Rose Street
Lexington, KY 40536-0293
(859) 323-5956
Fax (859) 323-1080
www.uky.edu

April 4, 2012

This is the narrative summary for the requested KBML consultation regarding Greg White, MD Grv # I have reviewed 14/27 medical records supplied by the KBML, a cursory review of the remaining 13 charts showed identical prescribing and minimal documentation outlined below.

Diagnosis- In all medical records reviewed Dr. White provide laymen's diagnosis 'low back pain neck pain which would be fine for a history of chief complaint but are not in and of themselves diagnosis showing lack of critical evaluation of the patient
Diagnostic testing- There is requirement of MRI which is often in the chart but not signed nor are the results critically evaluated. There were instances of patients being dismissed for presumably not obtaining an MRI (from their facility?)
History CC- Completely absent and not included which in my opinion is unacceptable.
Physical Exam- No evidence of ongoing physical exam.
Treatment Plan- In virtually all cases the treatment is the same. A prescription for short acting oxycodone in 15 and 30 mg doses usually in combination with valium and occasionally with Soma.
KASPER: KASPER numbers are recorded but NEVER was there an action taken based upon KASPER
Facility: Cash only non-referral clinic
Training: Dr. White offers no proof of formal pain training beyond the limited amount obtained in a general anesthesiology residency which, in my opinion, would make him unqualified to evaluate and treat patients as specialist in Pain Medicine.

Summary

I believe, based on detailed review of 14 charts and cursory review of the remaining charts to verify the same consistent pattern that Dr. Greg White does not meet the minimum standard for specialist care in Pain Medicine and his practice should be immediately halted pending Board investigation.
I believe that his practice fails to conform to the standards of acceptable medical practice in the state of Kentucky because of the cash for opioid format, a treatment paradigm that never varies and virtually no documentation of physical exam or evaluation of functional status. I also believe that this practice demonstrates gross negligence in the diligence required of physicians practicing Pain Medicine.

Sincerely,

Jay S. Grider, DO/PhD
Division Chief, Regional Anesthesia and Pain Medicine
Medical Director, UK HealthCare Pain Services
Associate Professor, Department of Anesthesiology
University of Kentucky College of Medicine
800 Rose Street

UNIVERSITY OF KENTUCKY

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Office Phone: 859-323-5356 ext. [redacted]
Email: [redacted]

KENTUCKY BOARD OF MEDICAL LICENSURE

EXPERT REVIEW WORKSHEET

(Please type)

Case No. _____ Patient Name [redacted]

Expert's Name Jay S Grider DO/PhD

1. Brief description of symptom, dx and course of treatment:

Low back pain
Treated with oxycodone IR 30 and 15 mg

2. Can you form an opinion? Based on your background and experience and review of all information provided you, and assuming that the treatment as documented was provided, can you form an opinion as to whether the care rendered by the care provider, including diagnosis, treatment or record keeping, departed from or failed to conform to the minimal standards of acceptable and prevailing medical practice (in the medical community at large)?

x Yes, I can form an opinion.

_____ No, I cannot form an opinion.

_____ I need more information (specify): _____

3. What is your opinion? Please use the definitions below as "guidelines" to be used in defining standard of practice. You are not limited to these guidelines in forming your opinion, but please state your own additional criteria if applicable.

a. Diagnosis. Evaluation of a medical problem using means such as history, physical examination, laboratory, and radiographic studies, when applicable.

__x__ Below minimum standards

_____ Within minimum standards

b. Treatment. Use of medications and other modalities based on generally accepted and approved indications, with proper precautions to avoid adverse physical reactions, habituation or addiction.

__x__ Below minimum standards

_____ Within minimum standards

c. Records.

Maintenance of records which should contain, at a minimum, the following: (1) appropriate history and physical and/or mental examination for the patient's chief complaint relevant to the physician's specialty; (2) results of diagnostic tests (when indicated); (3) a working diagnosis; (4) notes on treatment(s) undertaken; (5) a record by date of all prescriptions for drugs, with names of medications, strengths , dosages, quantity, and number of refills; and (6) a record of billings.

__x__ Below minimum standards

_____ Within minimum standards

d. Overall Opinion. Based on the foregoing, what is your overall opinion?

__x__ Clearly below minimum standards.

_____ Clearly within minimum standards

_____ Borderline Case

e. Gross Ignorance, Gross Negligence, Gross Incompetence. If you found that this physician did not meet the minimum standards of care in treating a patient(s), did you also conclude that any of these departures from the minimum standards of care were so serious that you consider them to exhibit gross ignorance, gross negligence, and/or gross incompetence on the physician's part. If "yes," please identify each of these instances, classify it appropriately and explain your reasoning in reaching that conclusion(s).

If "yes," please also indicate whether you found a pattern of gross ignorance, gross negligence and/or gross incompetence in this physician's practice as evidenced by the records reviewed and explain your conclusion(s).

There is little to no physical exam documented. The standard of history of chief complaint and evaluation of patient function attempts to use intervention and rehabilitative physical therapy are completely lacking.
The UDS does not appear to be from a Laboratory and could just be a checked box by anyone in the clinic.

4. Other questions from the Medical Board (ignore if blank): _____

5. Explain your opinion. If you opined that practice was below minimum standard for any of the above reasons, state the correct minimal standard of practice (NOTE: It is not sufficient to say "I would have..., or I would have not...", you should be able to testify that "the minimal standard of practice in the medical community at large would be to...") Use extra sheets as necessary to explain your opinion and complete this report.

I would document better history of chief complaint, would document a physical exam
I would document a treatment plan that would include a rehabilitation component
I would never prescribe two short acting opioids in combination benzodiazepine
There is absolutely no physical .

6. If you determine from your review that the physician has failed to meet the standard of acceptable practice in a specific area(s), please answer the following questions as well:

a. Is it your opinion that the standard of practice violations you have identified may be addressed by the Board in an orderly process, extending over some period of time (6 months to 2-3 years) through remedial education and training, and subsequent monitoring by the Board.
Or,
Are the violations of such a nature that the Board must act immediately to restrict or suspend the doctor's license to protect patients or the public from imminent danger?

I believe based on the cash nature of this practice and the prescribing habits, documentation and utilization of the same combination of short acting oxycodone repeatedly without documentation of therapeutic benefit is below the standard of care.
this practice fall very short of the standard of care and should be immediately stopped

b. If you answered that the Board must act immediately to avoid imminent danger, please identify the imminent danger involved and examples of the violations that create such a danger.

I believe that this practice constitutes prescription of controlled substances for no legitimate medical practice based on the cash basis and requirement of MRI (from that facility) as a requirement of care.

4/16/12
Date of Review

Signature of Expert

Revised Feb/2009

KENTUCKY BOARD OF MEDICAL LICENSURE

EXPERT REVIEW WORKSHEET

(Please type)

Case No. _____ Patient Name [redacted]

Expert's Name Jay S Grider DO/PhD

1. Brief description of symptom, dx and course of treatment:

Low back pain
Treated with oxycodone IR 30 and 15 mg + Benzodiazepine

Patient presents from Florida clinic, sent away because no MRI obtains MRI and is given prescription that day

2. Can you form an opinion? Based on your background and experience and review of all information provided you, and assuming that the treatment as documented was provided, can you form an opinion as to whether the care rendered by the care provider, including diagnosis, treatment or record keeping, departed from or failed to conform to the minimal standards of acceptable and prevailing medical practice (in the medical community at large)?

__x__ Yes, I can form an opinion.

_____ No, I cannot form an opinion.

_____ I need more information (specify): _____

3. What is your opinion? Please use the definitions below as "guidelines" to be used in defining standard of practice. You are not limited to these guidelines in forming your opinion, but please state your own additional criteria if applicable.

a. Diagnosis. Evalnation of a medical problem using means such as history, physical examination, laboratory, and radiographic studies, when applicable.

__X__ Below minimum standards

_____ Within minimum standards

b. Treatment. Use of medications and other modalities based on generally accepted and approved indications, with proper precautions to avoid adverse physical reactions, habituation or addiction.

__X__ Below minimum standards

_____ Within minimum standards

c. Records.

Maintenance of records which should contain, at a minimum, the following: (1) appropriate history and physical and/or mental examination for the patient's chief complaint relevant to the physician's specialty; (2) results of diagnostic tests (when indicated); (3) a working diagnosis; (4) notes on treatment(s) undertaken; (5) a record by date of all prescriptions for drugs, with names of medications, strengths , dosages, quantity, and number of refills; and (6) a record of billings.

__X__ Below minimum standards

_____ Within minimum standards

d. Overall Opinion. Based on the foregoing, what is your overall opinion?

__X__ Clearly below minimum standards.

_____ Clearly within minimum standards

_____ Borderline Case

e. Gross Ignorance, Gross Negligence, Gross Incompetence. If you found that this physician did not meet the minimum standards of care in treating a patient(s), did you also conclude that any of these departures from the minimum standards of care were so serious that you consider them to exhibit gross ignorance, gross negligence, and/or gross incompetence on the physician's part. If "yes," please identify each of these instances, classify it appropriately and explain your reasoning in reaching that conclusion(s).

If "yes," please also indicate whether you found a pattern of gross ignorance, gross negligence and/or gross incompetence in this physician's practice as evidenced by the records reviewed and explain your conclusion(s).

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The UDS does not appear to be from a Laboratory and could just be a checked box by anyone in the clinic.

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Or,

Are the violations of such a nature that the Board must act immediately to restrict or suspend the doctor's license to protect patients or the public from imminent danger?

I believe based on the cash nature of this practice and the prescribing habits, documentation and utilization of the same combination of short acting oxycodone repeatedly without documentation of therapeutic benefit is below the standard of care. this practice fall very short of the standard of care and should be immediately stopped

b. If you answered that the Board must act immediately to avoid imminent danger, please identify the imminent danger involved and examples of the violations that create such a danger.

I believe that this practice constitutes prescription of controlled substances for no legitimate medical practice based on the cash basis and requirement of MRI (from that facility) as a requirement of care

4/14/11
Date of Review

Signature of Expert

Revised Feb/2009

KENTUCKY BOARD OF MEDICAL LICENSURE

EXPERT REVIEW WORKSHEET

(Please type)

Case No. _____ Patient Name [redacted]

Expert's Name Jay S Grider DO/PhD

1. Brief description of symptom, dx and course of treatment:

Low back and neck pain
Treated with oxycodone IR 30mg and 15mg in combination with benzodiazipine

2. Can you form an opinion? Based on your background and experience and review of all information provided you, and assuming that the treatment as documented was provided, can you form an opinion as to whether the care rendered by the care provider, including diagnosis, treatment or record keeping, departed from or failed to conform to the minimal standards of acceptable and prevailing medical practice (in the medical community at large)?

x Yes, I can form an opinion.

_____ No, I cannot form an opinion.

_____ I need more information (specify): _____

3. What is your opinion? Please use the definitions below as "guidelines" to be used in defining standard of practice. You are not limited to these guidelines in forming your opinion, but please state your own additional criteria if applicable.

a. Diagnosis. Evaluation of a medical problem using means such as history, physical examination, laboratory, and radiographic studies, when applicable.

x Below minimum standards

_____ Within minimum standards

b. Treatment. Use of medications and other modalities based on generally accepted and approved indications, with proper precautions to avoid adverse physical reactions, habituation or addiction.

x Below minimum standards

_____ Within minimum standards

c. Records.

Maintenance of records which should contain, at a minimum, the following: (1) appropriate history and physical and/or mental examination for the patient's chief complaint relevant to the physician's specialty; (2) results of diagnostic tests (when indicated); (3) a working diagnosis; (4) notes on treatment(s) undertaken; (5) a record by date of all prescriptions for drugs, with names of medications, strengths , dosages, quantity, and number of refills; and (6) a record of billings.

x Below minimum standards

_____ Within minimum standards

d. Overall Opinion. Based on the foregoing, what is your overall opinion?

x Clearly below minimum standards.

_____ Clearly within minimum standards

_____ Borderline Case

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The UDS does not appear to be from a Laboratory and could just be a checked box by anyone in the clinic.

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I would document better history of chief complaint, would document a physical exam
I would document a treatment plan that would include a rehabilitation component
I would never prescribe two short acting opioids in combination with a benzodiazepine

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Or,
Are the violations of such a nature that the Board must act immediately to restrict or suspend the doctor's license to protect patients or the public from imminent danger?

I believe based on the cash nature of this practice and the prescribing habits, documentation and utilization of the same combination of short acting oxycodone repeatedly without documentation of therapeutic benefit is below the standard of care.
this practice fall very short of the standard of care and should be immediately stopped

b. If you answered that the Board must act immediately to avoid imminent danger, please identify the imminent danger involved and examples of the violations that create such a danger.

I believe that this practice constitutes prescription of controlled substances for no legitimate medical practice based on the cash basis and requirement of MRI (from that facility) as a component of care.

4/10/12
Date of Review

Signature of Expert

Revised Feb/2009

KENTUCKY BOARD OF MEDICAL LICENSURE

EXPERT REVIEW WORKSHEET

(Please type)

Case No. _____ Patient Name [redacted]

Expert's Name Jay S Grider DO/PhD

1. Brief description of symptom, dx and course of treatment:

Low back and neck pain

Treated with oxycodone IR 30mg and 15mg in combination with Soma

2. Can you form an opinion? Based on your background and experience and review of all information provided you, and assuming that the treatment as documented was provided, can you form an opinion as to whether the care rendered by the care provider, including diagnosis, treatment or record keeping, departed from or failed to conform to the minimal standards of acceptable and prevailing medical practice (in the medical community at large)?

x Yes, I can form an opinion.

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__x__ Below minimum standards

_____ Within minimum standards

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Maintenance of records which should contain, at a minimum, the following: (1) appropriate history and physical and/or mental examination for the patient's chief complaint relevant to the physician's specialty; (2) results of diagnostic tests (when indicated); (3) a working diagnosis; (4) notes on treatment(s) undertaken; (5) a record by date of all prescriptions for drugs, with names of medications, strengths , dosages, quantity, and number of refills; and (6) a record of billings.

__x__ Below minimum standards

_____ Within minimum standards

d. Overall Opinion. Based on the foregoing, what is your overall opinion?

__x__ Clearly below minimum standards.

_____ Clearly within minimum standards

_____ Borderline Case

e. Gross Ignorance, Gross Negligence, Gross Incompetence. If you found that this physician did not meet the minimum standards of care in treating a patient(s), did you also conclude that any of these departures from the minimum standards of care were so serious that you consider them to exhibit gross ignorance, gross negligence, and/or gross incompetence on the physician's part. If "yes," please identify each of these instances, classify it appropriately and explain your reasoning in reaching that conclusion(s).

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Or,
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this practice fall very short of the standard of care and should be immediately stopped

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4/10/12
Date of Review

Signature of Expert

Revised Feb/2009

KENTUCKY BOARD OF MEDICAL LICENSURE

EXPERT REVIEW WORKSHEET

(Please type)

Case No. _____ Patient Name [redacted]

Expert's Name Jay S Grider DO/PhD

1. Brief description of symptom, dx and course of treatment:

Low back and neck pain
Treated with oxycodone IR 30mg and 15mg in combination with benzodiazipine

2. Can you form an opinion? Based on your background and experience and review of all information provided you, and assuming that the treatment as documented was provided, can you form an opinion as to whether the care rendered by the care provider, including diagnosis, treatment or record keeping, departed from or failed to conform to the minimal standards of acceptable and prevailing medical practice (in the medical community at large)?

x Yes, I can form an opinion.

_____ No, I cannot form an opinion.

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a. Diagnosis. Evaluation of a medical problem using means such as history, physical examination, laboratory, and radiographic studies, when applicable.

__x__ Below minimum standards

_____ Within minimum standards

b. Treatment. Use of medications and other modalities based on generally accepted and approved indications, with proper precautions to avoid adverse physical reactions, habituation or addiction.

__x__ Below minimum standards

_____ Within minimum standards

c. Records.

Maintenance of records which should contain, at a minimum, the following: (1) appropriate history and physical and/or mental examination for the patient's chief complaint relevant to the physician's specialty; (2) results of diagnostic tests (when indicated); (3) a working diagnosis; (4) notes on treatment(s) undertaken; (5) a record by date of all prescriptions for drugs, with names of medications, strengths , dosages, quantity, and number of refills; and (6) a record of billings.

__x__ Below minimum standards

_____ Within minimum standards

d. Overall Opinion. Based on the foregoing, what is your overall opinion?

__x__ Clearly below minimum standards.

_____ Clearly within minimum standards

_____ Borderline Case

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There is little to no physical exam documented
The UDS does not appear to be from a Laboratory and could just be a ~~checked box by anyone in the clinic~~

4. Other questions from the Medical Board (ignore if blank):

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I would document better history of chief complaint, would document a physical exam
I would document a treatment plan that would include a rehabilitation component
I would never prescribe two short acting opioids in combination with a benzodiazepine

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a. Is it your opinion that the standard of practice violations you have identified may be addressed by the Board in an orderly process, extending over some period of time (6 months to 2-3 years) through remedial education and training, and subsequent monitoring by the Board.
Or,
Are the violations of such a nature that the Board must act immediately to restrict or suspend the doctor's license to protect patients or the public from imminent danger?

I believe based on the cash nature of this practice and the prescribing habits, documentation and dismissal of the patient for failing to obtain a new MRI (for financial gain of the clinic) this practice fall very short of the standard of care and should be immediately stopped

b. If you answered that the Board must act immediately to avoid imminent danger, please identify the imminent danger involved and examples of the violations that create such a danger.

I believe that this practice constitutes prescription of controlled substances for no legitimate medical practice based on the cash basis and requirement of MRI (from that facility) as a component of care.

4/11/12
Date of Review

Signature of Expert

Revised Feb/2009

KENTUCKY BOARD OF MEDICAL LICENSURE

EXPERT REVIEW WORKSHEET

(Please type)

Case No. _____ Patient Name [redacted]

Expert's Name Jay S Grider DO/PhD

1. Brief description of symptom, dx and course of treatment:

Low back and neck pain
Treated with oxycodone IR 30mg and 15mg in combination with benzodiazipine

2. Can you form an opinion? Based on your background and experience and review of all information provided you, and assuming that the treatment as documented was provided, can you form an opinion as to whether the care rendered by the care provider, including diagnosis, treatment or record keeping, departed from or failed to conform to the minimal standards of acceptable and prevailing medical practice (in the medical community at large)?

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a. Diagnosis. Evaluation of a medical problem using means such as history, physical examination, laboratory, and radiographic studies, when applicable.

__X__ Below minimum standards

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__X__ Below minimum standards

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d. Overall Opinion. Based on the foregoing, what is your overall opinion?

__X__ Clearly below minimum standards.

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_____ Borderline Case

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I believe that this practice constitutes prescription of controlled substances for no legitimate medical practice based on the cash basis and requirement of MRI (from that facility) as a component of care.

4/10/12
Date of Review

Signature of Expert

Revised Feb/2009

KENTUCKY BOARD OF MEDICAL LICENSURE

EXPERT REVIEW WORKSHEET

(Please type)

Case No. _____ Patient Name [redacted]

Expert's Name Jay S Grider DO/PhD

1. Brief description of symptom, dx and course of treatment:

Knee Pain
Treated with oxycodone IR 30mg and 15mg dose + Benzodiazepine

2. Can you form an opinion? Based on your background and experience and review of all information provided you, and assuming that the treatment as documented was provided, can you form an opinion as to whether the care rendered by the care provider, including diagnosis, treatment or record keeping, departed from or failed to conform to the minimal standards of acceptable and prevailing medical practice (in the medical community at large)?

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_____ No, I cannot form an opinion.

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__x__ Below minimum standards

_____ Within minimum standards

d. Overall Opinion. Based on the foregoing, what is your overall opinion?

__x__ Clearly below minimum standards.

_____ Clearly within minimum standards

_____ Borderline Case

e. Gross Ignorance, Gross Negligence, Gross Incompetence. If you found that this physician did not meet the minimum standards of care in treating a patient(s), did you also conclude that any of these departures from the minimum standards of care were so serious that you consider them to exhibit gross ignorance, gross negligence, and/or gross incompetence on the physician's part. If "yes," please identify each of these instances, classify it appropriately and explain your reasoning in reaching that conclusion(s).

If "yes," please also indicate whether you found a pattern of gross ignorance, gross negligence and/or gross incompetence in this physician's practice as evidenced by the records reviewed and explain your conclusion(s).

There is little to no physical exam documented. The standard of history of chief complaint and evaluation of patient function attempts to use intervention and rehabilitative physical therapy are completely lacking. The UDS does not appear to be from a Laboratory and could just be a checked box by anyone in the clinic.

4. Other questions from the Medical Board (ignore if blank): _____.

5. Explain your opinion. If you opined that practice was below minimum standard for any of the above reasons, state the correct minimal standard of practice (NOTE: It is not sufficient to say "I would have..., or I would have not...", you should be able to testify that "the minimal standard of practice in the medical community at large would be to...") Use extra sheets as necessary to explain your opinion and complete this report.

I would document better history of chief complaint, would document a physical exam I would document a treatment plan that would include a rehabilitation component I would never prescribe two short acting opioids in combination benzodiazepine

6. If you determine from your review that the physician has failed to meet the standard of acceptable practice in a specific area(s), please answer the following questions as well:

a. Is it your opinion that the standard of practice violations you have identified may be addressed by the Board in an orderly process, extending over some period of time (6 months to 2-3 years) through remedial education and training, and subsequent monitoring by the Board.

Or,

Are the violations of such a nature that the Board must act immediately to restrict or suspend the doctor's license to protect patients or the public from imminent danger?

I believe based on the cash nature of this practice and the prescribing habits, documentation and utilization of the same combination of short acting oxycodone repeatedly without documentation of therapeutic benefit is below the standard of care. this practice fall very short of the standard of care and should be immediately stopped

b. If you answered that the Board must act immediately to avoid imminent danger, please identify the imminent danger involved and examples of the violations that create such a danger.

I believe that this practice constitutes prescription of controlled substances for no legitimate medical practice based on the cash basis and requirement of MRI (from that facility) as a requirement of care.

4/6/12
Date of Review

Signature of Expert

Revised Feb/2009

KENTUCKY BOARD OF MEDICAL LICENSURE

EXPERT REVIEW WORKSHEET

(Please type)

Case No. _____ Patient Name [redacted]

Expert's Name Jay S Grider DO/PhD

1. Brief description of symptom, dx and course of treatment:

Knee Pain
Treated with Vicoprofen + Benzodiazepine

2. Can you form an opinion? Based on your background and experience and review of all information provided you, and assuming that the treatment as documented was provided, can you form an opinion as to whether the care rendered by the care provider, including diagnosis, treatment or record keeping, departed from or failed to conform to the minimal standards of acceptable and prevailing medical practice (in the medical community at large)?

x Yes, I can form an opinion.

_____ No, I cannot form an opinion.

_____ I need more information (specify): _____

3. What is your opinion? Please use the definitions below as "guidelines" to be used in defining standard of practice. You are not limited to these guidelines in forming your opinion, but please state your own additional criteria if applicable.

a. Diagnosis. Evaluation of a medical problem using means such as history, physical examination, laboratory, and radiographic studies, when applicable.

__x__ Below minimum standards

_____ Within minimum standards

b. Treatment. Use of medications and other modalities based on generally accepted and approved indications, with proper precautions to avoid adverse physical reactions, habituation or addiction.

__x__ Below minimum standards

_____ Within minimum standards

c. Records.

Maintenance of records which should contain, at a minimum, the following: (1) appropriate history and physical and/or mental examination for the patient's chief complaint relevant to the physician's specialty; (2) results of diagnostic tests (when indicated); (3) a working diagnosis; (4) notes on treatment(s) undertaken; (5) a record by date of all prescriptions for drugs, with names of medications, strengths , dosages, quantity, and number of refills; and (6) a record of billings.

__x__ Below minimum standards

_____ Within minimum standards

d. Overall Opinion. Based on the foregoing, what is your overall opinion?

__x__ Clearly below minimum standards.

_____ Clearly within minimum standards

_____ Borderline Case

e. Gross Ignorance, Gross Negligence, Gross Incompetence. If you found that this physician did not meet the minimum standards of care in treating a patient(s), did you also conclude that any of these departures from the minimum standards of care were so serious that you consider them to exhibit gross ignorance, gross negligence, and/or gross incompetence on the physician's part. If "yes," please identify each of these instances, classify it appropriately and explain your reasoning in reaching that conclusion(s).

If "yes," please also indicate whether you found a pattern of gross ignorance, gross negligence and/or gross incompetence in this physician's practice as evidenced by the records reviewed and explain your conclusion(s).

There is little to no physical exam documented. The standard of history of chief complaint and evaluation of patient function attempts to use intervention and rehabilitative physical therapy are completely lacking.
The UDS does not appear to be from a Laboratory and could just be a checked box by anyone in the clinic.

4. Other questions from the Medical Board (ignore if blank): _____

5. Explain your opinion. If you opined that practice was below minimum standard for any of the above reasons, state the correct minimal standard of practice (NOTE: It is not sufficient to say "I would have..., or I would have not...", you should be able to testify that "the minimal standard of practice in the medical community at large would be to...") Use extra sheets as necessary to explain your opinion and complete this report.

I would document better history of chief complaint, would document a physical exam
I would document a treatment plan that would include a rehabilitation component
I would never prescribe two short acting opioids in combination benzodiazepine
There is absolutely no physical

6. If you determine from your review that the physician has failed to meet the standard of acceptable practice in a specific area(s), please answer the following questions as well:

a. Is it your opinion that the standard of practice violations you have identified may be addressed by the Board in an orderly process, extending over some period of time (6 months to 2-3 years) through remedial education and training, and subsequent monitoring by the Board.
Or,
Are the violations of such a nature that the Board must act immediately to restrict or suspend the doctor's license to protect patients or the public from imminent danger?

I believe based on the cash nature of this practice and the prescribing habits, documentation and utilization of the same combination of short acting oxycodone repeatedly without documentation of therapeutic benefit is below the standard of care.
this practice fall very short of the standard of care and should be immediately stopped

b. If you answered that the Board must act immediately to avoid imminent danger, please identify the imminent danger involved and examples of the violations that create such a danger.

I believe that this practice constitutes prescription of controlled substances for no legitimate medical practice based on the cash basis and requirement of MRI (from that facility) as a requirement of care.

4/6/12
Date of Review

Signature of Expert

Revised Feb/2009

KENTUCKY BOARD OF MEDICAL LICENSURE

EXPERT REVIEW WORKSHEET

(Please type)

Case No. _____ Patient Name [redacted]

Expert's Name Jay S Grider DO/PhD

1. Brief description of symptom, dx and course of treatment:

Knee Pain
Treated with oxycodone IR 30mg and 15mg in a patient with know IV drug abuse

2. Can you form an opinion? Based on your background and experience and review of all information provided you, and assuming that the treatment as documented was provided, can you form an opinion as to whether the care rendered by the care provider, including diagnosis, treatment or record keeping, departed from or failed to conform to the minimal standards of acceptable and prevailing medical practice (in the medical community at large)?

x Yes, I can form an opinion.

_____ No, I cannot form an opinion.

_____ I need more information (specify): _____

3. What is your opinion? Please use the definitions below as "guidelines" to be used in defining standard of practice. You are not limited to these guidelines in forming your opinion, but please state your own additional criteria if applicable.

a. Diagnosis. Evaluation of a medical problem using means such as history, physical examination, laboratory, and radiographic studies, when applicable.

__x__ Below minimum standards

_____ Within minimum standards

b. Treatment. Use of medications and other modalities based on generally accepted and approved indications, with proper precautions to avoid adverse physical reactions, habituation or addiction.

__x__ Below minimum standards

_____ Within minimum standards

c. Records.

Maintenance of records which should contain, at a minimum, the following: (1) appropriate history and physical and/or mental examination for the patient's chief complaint relevant to the physician's specialty; (2) results of diagnostic tests (when indicated); (3) a working diagnosis; (4) notes on treatment(s) undertaken; (5) a record by date of all prescriptions for drugs, with names of medications, strengths , dosages, quantity, and number of refills; and (6) a record of billings.

__x__ Below minimum standards

_____ Within minimum standards

d. Overall Opinion. Based on the foregoing, what is your overall opinion?

__x__ Clearly below minimum standards.

_____ Clearly within minimum standards

_____ Borderline Case

e. Gross Ignorance, Gross Negligence, Gross Incompetence. If you found that this physician did not meet the minimum standards of care in treating a patient(s), did you also conclude that any of these departures from the minimum standards of care were so serious that you consider them to exhibit gross ignorance, gross negligence, and/or gross incompetence on the physician's part. If "yes," please identify each of these instances, classify it appropriately and explain your reasoning in reaching that conclusion(s).

If "yes," please also indicate whether you found a pattern of gross ignorance, gross negligence and/or gross incompetence in this physician's practice as evidenced by the records reviewed and explain your conclusion(s).

There is little to no physical exam documented. The standard of history of chief complaint and evaluation of patient function attempts to use intervention and rehabilitative physical therapy are completely lacking.
The UDS does not appear to be from a Laboratory and could just be a checked box by anyone in the clinic. The patient was IV drug user which would make them high risk for opioid therapy

4. Other questions from the Medical Board (ignore if blank):

5. Explain your opinion. If you opined that practice was below minimum standard for any of the above reasons, state the correct minimal standard of practice (NOTE: It is not sufficient to say "I would have..., or I would have not...", you should be able to testify that "the minimal standard of practice in the medical community at large would be to...") Use extra sheets as necessary to explain your opinion and complete this report.

I would document better history of chief complaint, would document a physical exam
I would document a treatment plan that would include a rehabilitation component
I would never prescribe two short acting opioids in combination with Soma

6. If you determine from your review that the physician has failed to meet the standard of acceptable practice in a specific area(s), please answer the following questions as well:

a. Is it your opinion that the standard of practice violations you have identified may be addressed by the Board in an orderly process, extending over some period of time (6 months to 2-3 years) through remedial education and training, and subsequent monitoring by the Board.
Or,
Are the violations of such a nature that the Board must act immediately to restrict or suspend the doctor's license to protect patients or the public from imminent danger?

I believe based on the cash nature of this practice and the prescribing habits, documentation and utilization of the same combination of short acting oxycodone repeatedly without documentation of therapeutic benefit is below the standard of care.
this practice fall very short of the standard of care and should be immediately stopped

b. If you answered that the Board must act immediately to avoid imminent danger, please identify the imminent danger involved and examples of the violations that create such a danger.

I believe that this practice constitutes prescription of controlled substances for no legitimate medical practice based on the cash basis and requirement of MRI (from that facility) as a component of care.

9/10/10
Date of Review

Signature of Expert

Revised Feb/2009

KENTUCKY BOARD OF MEDICAL LICENSURE

EXPERT REVIEW WORKSHEET

(Please type)

Case No. _____ Patient Name [redacted]

Expert's Name Jay S Grider DO/PhD

1. Brief description of symptom, dx and course of treatment:

Low back and neck pain
Treated with methadone 10 mg 5x per day in combination with benzodiazipine

2. Can you form an opinion? Based on your background and experience and review of all information provided you, and assuming that the treatment as documented was provided, can you form an opinion as to whether the care rendered by the care provider, including diagnosis, treatment or record keeping, departed from or failed to conform to the minimal standards of acceptable and prevailing medical practice (in the medical community at large)?

x Yes, I can form an opinion.

_____ No, I cannot form an opinion.

_____ I need more information (specify): _____

3. What is your opinion? Please use the definitions below as "guidelines" to be used in defining standard of practice. You are not limited to these guidelines in forming your opinion, but please state your own additional criteria if applicable.

a. Diagnosis. Evaluation of a medical problem using means such as history, physical examination, laboratory, and radiographic studies, when applicable.

__x__ Below minimum standards

_____ Within minimum standards

b. Treatment. Use of medications and other modalities based on generally accepted and approved indications, with proper precautions to avoid adverse physical reactions, habituation or addiction.

__x__ Below minimum standards

_____ Within minimum standards

c. Records.

Maintenance of records which should contain, at a minimum, the following: (1) appropriate history and physical and/or mental examination for the patient's chief complaint relevant to the physician's specialty; (2) results of diagnostic tests (when indicated); (3) a working diagnosis; (4) notes on treatment(s) undertaken; (5) a record by date of all prescriptions for drugs, with names of medications, strengths , dosages, quantity, and number of refills; and (6) a record of billings.

__x__ Below minimum standards

_____ Within minimum standards

d. Overall Opinion. Based on the foregoing, what is your overall opinion?

__x__ Clearly below minimum standards.

_____ Clearly within minimum standards

_____ Borderline Case

e. Gross Ignorance, Gross Negligence, Gross Incompetence. If you found that this physician did not meet the minimum standards of care in treating a patient(s), did you also conclude that any of these departures from the minimum standards of care were so serious that you consider them to exhibit gross ignorance, gross negligence, and/or gross incompetence on the physician's part. If "yes," please identify each of these instances, classify it appropriately and explain your reasoning in reaching that conclusion(s).

If "yes," please also indicate whether you found a pattern of gross ignorance, gross negligence and/or gross incompetence in this physician's practice as evidenced by the records reviewed and explain your conclusion(s).

There is little to no physical exam documented. The standard of history of chief complaint and evaluation of patient function attempts to use intervention and rehabilitative physical therapy are completely lacking. The UDS does not appear to be from a Laboratory and could just be a checked box by anyone in the clinic.

4. Other questions from the Medical Board (ignore if blank):

5. Explain your opinion. If you opined that practice was below minimum standard for any of the above reasons, state the correct minimal standard of practice (NOTE: It is not sufficient to say "I would have..., or I would have not...", you should be able to testify that "the minimal standard of practice in the medical community at large would be to...") Use extra sheets as necessary to explain your opinion and complete this report.

I would document better history of chief complaint, would document a physical exam I would document a treatment plan that would include a rehabilitation component

6. If you determine from your review that the physician has failed to meet the standard of acceptable practice in a specific area(s), please answer the following questions as well:

a. Is it your opinion that the standard of practice violations you have identified may be addressed by the Board in an orderly process, extending over some period of time (6 months to 2-3 years) through remedial education and training, and subsequent monitoring by the Board.

Or,

Are the violations of such a nature that the Board must act immediately to restrict or suspend the doctor's license to protect patients or the public from imminent danger?

I believe based on the cash nature of this practice and the prescribing habits, documentation and withoutdocumentation of therapeutic benefit is below the standard of care. ~~this practice fall very short of the standard of care and should be immediately stopped~~

b. If you answered that the Board must act immediately to avoid imminent danger, please identify the imminent danger involved and examples of the violations that create such a danger.

I believe that this practice constitutes prescription of controlled substances for no legitimate medical practice based on the cash basis and little to know documentation of function, use of behavioral medicine services, intervention or rehabilitative therapy.

4/6/12
Date of Review

Signature of Expert

Revised Feb/2009

KENTUCKY BOARD OF MEDICAL LICENSURE

EXPERT REVIEW WORKSHEET

(Please type)

Case No. _____ Patient Name [redacted]

Expert's Name Jay S Grider DO/PhD

1. Brief description of symptom, dx and course of treatment:

Knee Pain

Treated with oxycodone IR 30mg and 15mg dose was ESCLATED without mention of rationale ~~to the typical dosage for this clinic of IR oxycodone 30 and 15~~

2. Can you form an opinion? Based on your background and experience and review of all information provided you, and assuming that the treatment as documented was provided, can you form an opinion as to whether the care rendered by the care provider, including diagnosis, treatment or record keeping, departed from or failed to conform to the minimal standards of acceptable and prevailing medical practice (in the medical community at large)?

x Yes, I can form an opinion.

_____ No, I cannot form an opinion.

_____ I need more information (specify): _____

3. What is your opinion? Please use the definitions below as "guidelines" to be used in defining standard of practice. You are not limited to these guidelines in forming your opinion, but please state your own additional criteria if applicable.

a. Diagnosis. Evaluation of a medical problem using means such as history, physical examination, laboratory, and radiographic studies, when applicable.

__x__ Below minimum standards

_____ Within minimum standards

b. Treatment. Use of medications and other modalities based on generally accepted and approved indications, with proper precautions to avoid adverse physical reactions, habituation or addiction.

__x__ Below minimum standards

_____ Within minimum standards

c. Records.

Maintenance of records which should contain, at a minimum, the following: (1) appropriate history and physical and/or mental examination for the patient's chief complaint relevant to the physician's specialty; (2) results of diagnostic tests (when indicated); (3) a working diagnosis; (4) notes on treatment(s) undertaken; (5) a record by date of all prescriptions for drugs, with names of medications, strengths , dosages, quantity, and number of refills; and (6) a record of billings.

__x__ Below minimum standards

_____ Within minimum standards

d. Overall Opinion. Based on the foregoing, what is your overall opinion?

__x__ Clearly below minimum standards.

_____ Clearly within minimum standards

_____ Borderline Case

e. Gross Ignorance, Gross Negligence, Gross Incompetence. If you found that this physician did not meet the minimum standards of care in treating a patient(s), did you also conclude that any of these departures from the minimum standards of care were so serious that you consider them to exhibit gross ignorance, gross negligence, and/or gross incompetence on the physician's part. If "yes," please identify each of these instances, classify it appropriately and explain your reasoning in reaching that conclusion(s).

If "yes," please also indicate whether you found a pattern of gross ignorance, gross negligence and/or gross incompetence in this physician's practice as evidenced by the records reviewed and explain your conclusion(s).

There is little to no physical exam documented. The standard of history of chief complaint and evaluation of patient function attempts to use intervention and rehabilitative physical therapy are completely lacking.
The UDS does not appear to be from a Laboratory and could just be a checked box by anyone in the clinic. The patient was IV drug user which would make them high risk for opioid therapy

4. Other questions from the Medical Board (ignore if blank):

5. Explain your opinion. If you opined that practice was below minimum standard for any of the above reasons, state the correct minimal standard of practice (NOTE: It is not sufficient to say "I would have..., or I would have not...", you should be able to testify that "the minimal standard of practice in the medical community at large would be to...") Use extra sheets as necessary to explain your opinion and complete this report.

I would document better history of chief complaint, would document a physical exam
I would document a treatment plan that would include a rehabilitation component
I would never prescribe two short acting opioids in combination benzodiazepine

6. If you determine from your review that the physician has failed to meet the standard of acceptable practice in a specific area(s), please answer the following questions as well:

a. Is it your opinion that the standard of practice violations you have identified may be addressed by the Board in an orderly process, extending over some period of time (6 months to 2-3 years) through remedial education and training, and subsequent monitoring by the Board.

Or,

Are the violations of such a nature that the Board must act immediately to restrict or suspend the doctor's license to protect patients or the public from imminent danger?

I believe based on the cash nature of this practice and the prescribing habits, documentation and utilization of the same combination of short acting oxycodone repeatedly without documentation of therapeutic benefit is below the standard of care. this practice fall very short of the standard of care and should be immediately stopped

b. If you answered that the Board must act immediately to avoid imminent danger, please identify the imminent danger involved and examples of the violations that create such a danger.

I believe that this practice constitutes prescription of controlled substances for no legitimate medical practice based on the cash basis and requirement of MRI (from that facility) as a requirement of care.

4/10/12
Date of Review

Signature of Expert

Revised Feb/2009

KENTUCKY BOARD OF MEDICAL LICENSURE

EXPERT REVIEW WORKSHEET

(Please type)

Case No. _____ Patient Name [redacted]

Expert's Name Jay S Grider DO/PhD

1. Brief description of symptom, dx and course of treatment:

Low back and neck pain
Treated with oxycodone IR 30mg and 15mg in combination with benzodiazipine

2. Can you form an opinion? Based on your background and experience and review of all information provided you, and assuming that the treatment as documented was provided, can you form an opinion as to whether the care rendered by the care provider, including diagnosis, treatment or record keeping, departed from or failed to conform to the minimal standards of acceptable and prevailing medical practice (in the medical community at large)?

x Yes, I can form an opinion.

_____ No, I cannot form an opinion.

_____ I need more information (specify): _____

3. What is your opinion? Please use the definitions below as "guidelines" to be used in defining standard of practice. You are not limited to these guidelines in forming your opinion, but please state your own additional criteria if applicable.

a. Diagnosis. Evaluation of a medical problem using means such as history, physical examination, laboratory, and radiographic studies, when applicable.

x Below minimum standards

_____ Within minimum standards

b. Treatment. Use of medications and other modalities based on generally accepted and approved indications, with proper precautions to avoid adverse physical reactions, habituation or addiction.

x Below minimum standards

_____ Within minimum standards

c. Records.

Maintenance of records which should contain, at a minimum, the following: (1) appropriate history and physical and/or mental examination for the patient's chief complaint relevant to the physician's specialty; (2) results of diagnostic tests (when indicated); (3) a working diagnosis; (4) notes on treatment(s) undertaken; (5) a record by date of all prescriptions for drugs, with names of medications, strengths , dosages, quantity, and number of refills; and (6) a record of billings.

x Below minimum standards

_____ Within minimum standards

d. Overall Opinion. Based on the foregoing, what is your overall opinion?

x Clearly below minimum standards.

_____ Clearly within minimum standards

_____ Borderline Case

e. Gross Ignorance, Gross Negligence, Gross Incompetence. If you found that this physician did not meet the minimum standards of care in treating a patient(s), did you also conclude that any of these departures from the minimum standards of care were so serious that you consider them to exhibit gross ignorance, gross negligence, and/or gross incompetence on the physician's part. If "yes," please identify each of these instances, classify it appropriately and explain your reasoning in reaching that conclusion(s).

If "yes," please also indicate whether you found a pattern of gross ignorance, gross negligence and/or gross incompetence in this physician's practice as evidenced by the records reviewed and explain your conclusion(s).

There is little to no physical exam documented. The standard of history of chief complaint and evaluation of patient function attempts to use intervention and rehabilitative physical therapy are completely lacking. The UDS does not appear to be from a Laboratory and could just be a checked box by anyone in the clinic.

4. Other questions from the Medical Board (ignore if blank): _____

5. Explain your opinion. If you opined that practice was below minimum standard for any of the above reasons, state the correct minimal standard of practice (NOTE: It is not sufficient to say "I would have..., or I would have not...", you should be able to testify that "the minimal standard of practice in the medical community at large would be to...") Use extra sheets as necessary to explain your opinion and complete this report.

I would document better history of chief complaint, would document a physical exam

I would document a treatment plan that would include a rehabilitation component

I would never prescribe two short acting opioids in combination with a benzodiazepine

6. If you determine from your review that the physician has failed to meet the standard of acceptable practice in a specific area(s), please answer the following questions as well:

a. Is it your opinion that the standard of practice violations you have identified may be addressed by the Board in an orderly process, extending over some period of time (6 months to 2-3 years) through remedial education and training, and subsequent monitoring by the Board.

Or,

Are the violations of such a nature that the Board must act immediately to restrict or suspend the doctor's license to protect patients or the public from imminent danger?

I believe based on the cash nature of this practice and the prescribing habits, documentation and utilization of the same combination of short acting oxycodone repeatedly without documentation of therapeutic benefit is below the standard of care.
this practice fall very short of the standard of care and should be immediately stopped

b. If you answered that the Board must act immediately to avoid imminent danger, please identify the imminent danger involved and examples of the violations that create such a danger.

I believe that this practice constitutes prescription of controlled substances for no legitimate medical practice based on the cash basis and requirement of MRI (from that facility) as a component of care.

4/10/12
Date of Review

Signature of Expert

Revised Feb/2009

KENTUCKY BOARD OF MEDICAL LICENSURE

EXPERT REVIEW WORKSHEET

(Please type)

Case No. _____ Patient Name [redacted]

Expert's Name Jay S Grider DO/PhD

1. Brief description of symptom, dx and course of treatment

Low back and neck pain
Treated with oxycodone IR 30mg and 15mg in combination with benzodiazipine
Patient transfered from known pill mill in florida

2. Can you form an opinion? Based on your background and experience and review of all information provided you, and assuming that the treatment as documented was provided, can you form an opinion as to whether the care rendered by the care provider, including diagnosis, treatment or record keeping, departed from or failed to conform to the minimal standards of acceptable and prevailing medical practice (in the medical community at large)?

__x__ Yes, I can form an opinion.

_____ No, I cannot form an opinion.

_____ I need more information (specify): _____

3. What is your opinion? Please use the definitions below as "guidelines" to be used in defining standard of practice. You are not limited to these guidelines in forming your opinion, but please state your own additional criteria if applicable.

a. Diagnosis. Evaluation of a medical problem using means such as history, physical examination, laboratory, and radiographic studies, when applicable.

__x__ Below minimum standards

_____ Within minimum standards

b. Treatment. Use of medications and other modalities based on generally accepted and approved indications, with proper precautions to avoid adverse physical reactions, habituation or addiction.

__x__ Below minimum standards

_____ Within minimum standards

c. Records.

Maintenance of records which should contain, at a minimum, the following: (1) appropriate history and physical and/or mental examination for the patient's chief complaint relevant to the physician's specialty; (2) results of diagnostic tests (when indicated); (3) a working diagnosis; (4) notes on treatment(s) undertaken; (5) a record by date of all prescriptions for drugs, with names of medications, strengths , dosages, quantity, and number of refills; and (6) a record of billings.

__x__ Below minimum standards

_____ Within minimum standards

d. Overall Opinion. Based on the foregoing, what is your overall opinion?

__x__ Clearly below minimum standards.

_____ Clearly within minimum standards

_____ Borderline Case

e. Gross Ignorance, Gross Negligence, Gross Incompetence. If you found that this physician did not meet the minimum standards of care in treating a patient(s), did you also conclude that any of these departures from the minimum standards of care were so serious that you consider them to exhibit gross ignorance, gross negligence, and/or gross incompetence on the physician's part. If "yes," please identify each of these instances, classify it appropriately and explain your reasoning in reaching that conclusion(s).

If "yes," please also indicate whether you found a pattern of gross ignorance, gross negligence and/or gross incompetence in this physician's practice as evidenced by the records reviewed and explain your conclusion(s).

There is little to no physical exam documented. The standard of history of chief complaint and evaluation of patient function attempts to use intervention and rehabilitative physical therapy are completely lacking. The UDS does not appear to be from a Laboratory and could just be a checked box by anyone in the clinic.

4. Other questions from the Medical Board (ignore if blank): _____

5. Explain your opinion. If you opined that practice was below minimum standard for any of the above reasons, state the correct minimal standard of practice (NOTE: It is not sufficient to say "I would have..., or I would have not...", you should be able to testify that "the minimal standard of practice in the medical community at large would be to...") Use extra sheets as necessary to explain your opinion and complete this report.

I would document better history of chief complaint, would document a physical exam I would document a treatment plan that would include a rehabilitation component I would never prescribe two short acting opioids in combination with a benzodiazepine

6. If you determine from your review that the physician has failed to meet the standard of acceptable practice in a specific area(s), please answer the following questions as well:

a. Is it your opinion that the standard of practice violations you have identified may be addressed by the Board in an orderly process, extending over some period of time (6 months to 2-3 years) through remedial education and training, and subsequent monitoring by the Board.
Or,
Are the violations of such a nature that the Board must act immediately to restrict or suspend the doctor's license to protect patients or the public from imminent danger?

I believe based on the cash nature of this practice and the prescribing habits, documentation and utilization of the same combination of short acting oxycodone repeatedly without documentation of therapeutic benefit is below the standard of care.
this practice fall very short of the standard of care and should be immediately stopped

b. If you answered that the Board must act immediately to avoid imminent danger, please identify the imminent danger involved and examples of the violations that create such a danger.

I believe that this practice constitutes prescription of controlled substances for no legitimate medical practice based on the cash basis and requirement of MRI (from that facility) as a component of care.

4/10/12
Date of Review

Signature of Expert

Revised Feb/2009

KENTUCKY BOARD OF MEDICAL LICENSURE

EXPERT REVIEW WORKSHEET

(Please type)

Case No. _____ Patient Name [redacted]

Expert's Name Jay S Grider DO/PhD

1. Brief description of symptom, dx and course of treatment:

Low back pain
Treated with oxycodone IR 30 and 15 mg

2. Can you form an opinion? Based on your background and experience and review of all information provided you, and assuming that the treatment as documented was provided, can you form an opinion as to whether the care rendered by the care provider, including diagnosis, treatment or record keeping, departed from or failed to conform to the minimal standards of acceptable and prevailing medical practice (in the medical community at large)?

x Yes, I can form an opinion.

_____ No, I cannot form an opinion.

_____ I need more information (specify): _____

6. If you determine from your review that the physician has failed to meet the standard of acceptable practice in a specific area(s), please answer the following questions as well:

a. Is it your opinion that the standard of practice violations you have identified may be addressed by the Board in an orderly process, extending over some period of time (6 months to 2-3 years) through remedial education and training, and subsequent monitoring by the Board.

Or,

Are the violations of such a nature that the Board must act immediately to restrict or suspend the doctor's license to protect patients or the public from imminent danger?

I believe based on the cash nature of this practice and the prescribing habits, documentation and utilization of the same combination of short acting oxycodone repeatedly without documentation of therapeutic benefit is below the standard of care. this practice fall very short of the standard of care and should be immediately stopped

b. If you answered that the Board must act immediately to avoid imminent danger, please identify the imminent danger involved and examples of the violations that create such a danger.

I believe that this practice constitutes prescription of controlled substances for no legitimate medical practice based on the cash basis and requirement of MRI (from that facility) as a requirement of care.

9/10/12
Date of Review

Signature of Expert

Revised Feb/2009