COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine
Adjudicatory Case No. 2023-008

In the Matter of

Raafat Attia Hanna, M.D.

CONSENT ORDER

Pursuant to G.L. c. 30A, § 10, Raafat Attia Hanna, M.D. (Respondent) and the Board of Registration in Medicine (Board) (hereinafter referred to jointly as the "Parties") agree the Board may issue this Consent Order to resolve the above-captioned adjudicatory proceeding. The Parties further agree this Consent Order will have all the force and effect of a Final Decision within the meaning of 801 CMR 1.01(11)(d). The Respondent admits to the findings of fact specified below and agrees the Board may make the conclusions of law and impose the sanction set forth below in resolution of investigative Docket No. 19-280.

Findings of Fact

1. The Respondent graduated from the Faculty of Medicine, Ain Shams University, Cairo in 1984. He has been licensed to practice medicine in Massachusetts under certificate number 72108 since January 17, 1990. He is board-certified in Internal Medicine and specializes in Endocrinology. The Respondent was affiliated with Beth Israel Deaconess (BID)-Plymouth and Cape Cod Healthcare in Plymouth until he retired and relocated to Florida.

Patient A

2. Patient A is a female born in 1958 who saw the Respondent for an initial appointment on November 29, 2011.

3. At her initial appointment the Respondent documented Patient A had a history of gastroesophageal reflux and anxiety. The Respondent agreed to issue a refill of Patient A's

prescription for alprazolam, a benzodiazepine, which a prior physician prescribed to treat her anxiety.

4. The Respondent also diagnosed Patient A at her initial appointment with lumbar sprain/strain. However, he failed to include details in the "History of Present Illness" or "General Examination" sections of his medical note to support this diagnosis.

5. Standard initial treatment for lumbar strain/sprain includes physical therapy, over the counter creams or patches and conservative use of anti-inflammatory medications, such as ibuprofen.

6. On November 29, 2011, the Respondent did not recommend any of the standard initial treatments for lumbar strain/sprain and instead prescribed Patient A Percocet, a narcotic analgesic.

7. On December 12, 2011, Patient A telephoned Respondent's office requesting a refill for Percocet and Respondent advised that he would not prescribe more Percocet. On January 23, 2012, Patient A inquired by telephone with regard to whether Respondent would prescribe Vicodin for her back pain. Respondent declined, advising the patient that he did not prescribe chronic pain medications. On April 3, 2012, Patient A requested Percocet for carpel tunnel and Respondent advised that he would not prescribe Percocet.

8. The Respondent saw Patient A for a follow-up appointment on August 7, 2012, at which time she reported experiencing continued back pain.

9. The Respondent's note from August 7, 2012 did not include the details of Patient A's subjective complaint in the section entitled "History of Present Illness." Additionally, his note for the physical examination was a verbatim copy of the examination he performed on November 29, 2011.

10. On August 24, 2012, Patient A called the Respondent's office and requested a prescription for Percocet. The Respondent instructed his staff to inform Patient A she needed to go to a pain clinic. He also declined to issue her the prescription. However, on November 5, 2012, the Respondent agreed to provide a short-term prescription of Percocet for Patient A.

11. On December 14, 2012, Patient A was transported to BID-Plymouth after a 11-year-old child she had been caring for as a nurse observed her faint.

12. Patient A was administered Narcan on December 14, 2012 and her condition immediately improved.

13. Patient A completed a urine toxicology screen on December 14, 2012, which was positive for the presence of cocaine, benzodiazepines, opiates, and oxycodone.

14. Patient A's daughter contacted the Respondent on December 14, 2012 expressing concern about Patient A continuing to receive prescriptions for alprazolam given the circumstances surrounding her hospitalization and noted a prescription Patient A filled on December 11, 2012 was already missing thirty pills.

15. Starting on June 13, 2013, the Respondent prescribed Patient A regular refills of alprazolam despite knowing the circumstances of her December 2012 hospitalization.

16. On December 17, 2013, Patient A again complained of back pain during an appointment with the Respondent who diagnosed her with lumbar strain/sprain.

17. On April 14, 2014, Respondent referred Patient A to the Pain Clinic at Beth Israel Deaconess Hospital-Plymouth. On July 14, 2014, Respondent referred Patient A to Keith Scarfo, D.O. for Pain Management.

18. Respondent also issued a prescription for Percocet for Patient A during an office visit on January 30, 2015. On that date, he failed to document a physical examination of Patient A's back despite providing her a prescription for continued pain in this area.

19. On April 6, 2015, the Respondent noted in Patient A's medical record she was undergoing an MRI of her back that week but later failed to record the results of same.

20. The Respondent issued Patient A multiple prescriptions for Percocet between March and May 2015 for back pain.

21. On June 9, 2015, the Respondent referred Patient A to another physician and noted the MRI of her back was completed a month earlier but failed to record the findings.

22. On June 11, 2015, Patient A called the Respondent requesting more pain medication. The Respondent instructed his staff to inform Patient A she would not be receiving any additional pain medication prescriptions from him.

23. On September 10, 2015, the Respondent prescribed Patient A Flexeril for back pain during an office visit where she complained of same.

24. On December 10, 2015, during an office visit the Respondent prescribed Patient A Ambien to help her sleep and refilled her alprazolam prescription.

25. On June 12, 2017, Patient A advised Respondent's office that the pain specialist suggested that she obtain her medications from Respondent as her back condition was "chronic." Patient A was advised that Respondent would not prescribe her pain medications.

26. On July 31, 2017, the Respondent switched Patient A's sleep medication from Ambien to flurazepam after she reported experiencing bad dreams. He also prescribed Patient A Fioricet for migraines.

27. Patient A's pharmacist called the Respondent on August 1, 2017 to discuss his decision to prescribe Patient A two different benzodiazepines (alprazolam and flurazepam). The Respondent then changed the prescription for flurazepam to trazodone.

28. On June 20, 2018, Patient A was hospitalized with confusion and memory loss. A urine toxicology screen she provided at that time was positive for benzodiazepines and cocaine.

29. On July 5, 2018, Patient A attended an office visit with her son who raised concerns that her memory loss was related to alcohol consumption and "taking pills." At that time, the Respondent referred Patient A to a neurologist.

30. The Respondent's treatment of Patient A on diverse dates between November 29, 2011 and July 2018 was negligent and fell below the standard of care in the following ways:

a. The Respondent failed to address clear signs Patient A was suffering from a substance use disorder;

b. The Respondent failed to document an adequate physical examination and/or ancillary tests to evaluate her unspecified low back pain;

c. The Respondent erred by prescribing Percocet, a narcotic analgesic, for the management of Patient A's nonspecific chronic low back pain; and

d. The Respondent erred by continuing to prescribe Patient A multiple medications with abuse potential without addressing her apparent substance abuse issues.

Conclusion of Law

A. The Respondent engaged in conduct which places into question the physician's competence to practice medicine including committing negligence on repeated occasions. *See* G.L. c. 112, § 5, ninth par. (c) and 243 CMR 1.03(5)(a)(3).

Sanction and Order

The Respondent's license is hereby Reprimanded.

Execution of this Consent Order

Complaint Counsel, the Respondent, and the Respondent's counsel agree that the approval of this Consent Order is left to the discretion of the Board. The signature of Complaint Counsel, the Respondent, and the Respondent's counsel are expressly conditioned on the Board accepting this Consent Order. If the Board rejects this Consent Order, in whole or in part, then

the entire document shall be null and void; thereafter, neither of the parties nor anyone else may rely on these stipulations in this proceeding.

As to any matter in this Consent Order left to the discretion of the Board, neither the Respondent, nor anyone acting on his behalf, has received any promises or representations regarding the same.

The Respondent waives any right of appeal that he may have resulting from the Board's acceptance of this Consent Order.

The Respondent shall provide a complete copy of this Consent Order with all exhibits and attachments within ten (10) days by certified mail, return receipt requested, or by hand delivery to the following designated entities: any in- or out-of-state hospital, nursing home, clinic, other licensed facility, or municipal, state, or federal facility at which the Respondent practices medicine; any in- or out-of-state health maintenance organization with whom the Respondent has privileges or any other kind of association; any state agency, in- or out-of-state, with which the Respondent has a provider contract; any in- or out-of-state medical employer, whether or not the Respondent practices medicine there; the state licensing boards of all states in which the Respondent has any kind of license to practice medicine; the Drug Enforcement Administration Boston Diversion Group; and the Massachusetts Department of Public Health Drug Control Program. The Respondent shall also provide this notification to any such designated entities with which the Respondent becomes associated with in the year following the imposition of this reprimand. The Respondent is further directed to certify to the Board within ten (10) days that he has complied with this directive.

The Board expressly reserves the authority to independently notify, at any time, any of the entities designated above, or any other affected entity, of any action it has taken.

Raafat Attia Hanna, M.D.
Licensee

11/1/2022
Date

Paul McTague, Esq.
Attorney for the Licensee

11/1/2022
Date

Karen Robinson, Esq.
Complaint Counsel

11/2/2022
Date

So ORDERED by the Board of Registration in Medicine this 2nd day of February, 2023.

Julian N. Robinson, M.D.
Board Chair