

COMMONWEALTH OF MASSACHUSETTS

MIDDLESEX, SS.

BOARD OF REGISTRATION
IN MEDICINE

Adjudicatory Case No. 2016-028

In the Matter of)
)

MILTON A. REDER, M.D.)
_____))

FINAL DECISION AND ORDER

This matter came before the Board for final disposition on the basis of the Administrative Magistrate's Recommended Decision, dated March 15, 2017, which attaches and incorporates by reference the February 22, 2017 Stipulation of the Parties. After full consideration of the Recommended Decision, which is attached hereto and incorporated by reference, as well as Complaint Counsel's Memorandum on Disposition, the Respondent's Memorandum on Disposition, the Respondent's Affidavit in Support of his Memorandum on Disposition, and the Respondent's Addendum to his Memorandum on Disposition, the Board ADOPTS the Recommended Decision and Stipulation, amending it to add:

Sanction

The record indicates that, through his treatment of twelve (12) patients, the Respondent violated M.G.L. c. 94C in his issuance of prescriptions outside of the usual course of his medical practice treatment and in his prescribing of Schedule II controlled substances in a manner that violates Board regulations; failed to maintain an appropriate medical record for each patient; engaged in boundary violations with some patients, through his interactions with them socially; administered Sphenopalatine Ganglion Block ("SGB") treatments and prescribed medications for

pain without documenting his rationale for such treatments in the medical records; and prescribed medication to his dog.

Through his actions, the Respondent:

(A) violated G.L. c. 112, § 5, eighth par. (b) and 243 CMR 1.03(5)(a)2, by committing an offense against a provision of the laws of the Commonwealth relating to the practice of medicine, or a rule or regulation adopted thereunder. Specifically, he violated G.L. c. 94C, § 19(a), which requires that physicians issue prescriptions for controlled substances for legitimate purposes and in the usual course of the physician's medical practice;

(B) violated G.L. c. 112, §5, eighth par. (c) and 243 CMR 1.03(5)(a)3, by engaging in conduct that places into question the Respondent's competence to practice medicine;

(C) violated G. L. c. 112, §5, eighth par. (h) and 243 CMR 1.03(5)(a)11, by violating a rule or regulation of the Board. Specifically, he violated 243 CMR 2.07(13)(a), which requires a physician to: (1) maintain a medical record for each patient, which is adequate to enable the licensee to provide proper diagnosis and treatment and maintain a patient's medical record in a manner which permits the former patient or a successor physician access to them. He also violated 243 CMR 2.07(5), which states that a licensee who violates G.L. c. 94C also violates a rule or regulation of the Board, and he violated 243 CMR 2.07(19), which prohibits a physician from prescribing Schedule II controlled substances to a member of his immediate family, including a spouse (or equivalent), parent, child, sibling, parent-in-law, son/daughter-in-law, brother/sister-in-law, step-parent, step-child, step-sibling, or other relative permanently residing in the same residence as the licensee, except in an emergency.

(D) violated 243 CMR 1.03(5)(a)18, by committing misconduct in the practice of medicine; and

(E) engaged in conduct that undermines the public confidence in the integrity of the medical profession. See Levy v. Board of Registration in Medicine, 378 Mass. 519 (1979); and Raymond v. Board of Registration in Medicine, 287 Mass. 708 (1982).

In this matter, the Board observes that the Respondent has violated the rules and regulations of the Board, and has engaged in a pattern of conduct that calls into question his competence to practice medicine and undermines public confidence in the integrity of the medical profession. The Board's paramount responsibility is the protection of the public health, safety, and welfare. See Levy v. Board of Registration in Medicine, 378 Mass. 519 (1979). In cases involving substantial deviations in medical care and treatment, the Board has imposed suspensions, with leave to petition for reinstatement after additional training or following a period of supervised practice. See In the Matter of Barry J. Lobovits, M.D., Board of Registration in Medicine, Adjudicatory Case No. 2013-026 (Final Decision and Order, May 14, 2014) (indefinite suspension for negligence involving 24 patients); In the Matter N. Raj Birudavol, M.D., Board of Registration in Medicine, Adjudicatory Case No. 02-16-DALA (Final Decision & Order, January 18, 2006)(indefinite suspension for pattern of substantial deviations in medical care and treatment involving four patients).

Given the findings of fact and conclusions of law set forth by the Recommended Decision and the Parties' Stipulation, the Board hereby INDEFINITELY SUSPENDS the Respondent's inchoate right to renew his license to practice medicine. These sanctions are imposed for Conclusions of Law A through E. Any stay of the suspension will be at the Board's discretion and will be contingent upon the Respondent's entry into a five-year Probation Agreement that requires:

- (a) Completion of a clinical skills assessment by a Board-approved entity, with the identity of a proposed clinical skills assessment entity submitted for consideration by the Board within 30 days of the Respondent's entry into a Probation Agreement, and with the clinical skills assessment itself to be completed within 90 days from the date on which the Board grants its approval of the assessing entity;
- (b) Submission of the results of the clinical skills assessment to the Board, immediately upon receipt. Upon the Board's review of the clinical skills assessment results, entry into a revised Probation Agreement containing any and all recommendations made by the clinical skills assessment entity;
- (c) Workplace monitoring by a Board-approved monitor, for the purposes of monitoring all patient medical records for proper record-keeping, as well as monitoring the medical care provided to all patients;
- (d) Completion of additional CME, to be completed within 60 days of the date of the

Final Decision and Order, specifically:

- 10 credit hours in pain management;
- 5 credit hours in record-keeping; and
- 5 credit hours in boundary issues; and

- (e) Compliance with any other conditions that the Board may require.

The Respondent was provided with an opportunity to reject the above-stated sanction, pursuant to the terms of the Parties' Stipulation, which reads:

If the Board decides to impose sanctions that the Respondent is not willing to accept, the Respondent will be given the opportunity to proceed to a hearing on the merits in accordance with the adjudicatory process as provided in General Laws chapter 30A and 801 CMR 1.00 et seq.

The Respondent shall provide a complete copy of this Final Decision and 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 he practices medicine; any in- or out-of-state health maintenance organization with which he has privileges or any other kind of association; any state agency, in- or out-of-state, with which he has a provider contract; any in- or out-of-state medical employer, whether or not he practices medicine there; the state licensing boards of all states with which he 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 he becomes associated for the duration of this suspension. 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 taken.

DATE: June 14, 2018



George Abraham, M.D.
Acting Chair/Vice Chair

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