COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine
Adjudicatory Case No. 2021-047

In the Matter of

IRA HELFAND, M.D.

STATEMENT OF ALLEGATIONS

The Board of Registration in Medicine (Board) has determined that good cause exists to believe the following acts occurred and constitute a violation for which a licensee may be sanctioned by the Board. The Board therefore alleges that Ira Helfand, M.D., (Respondent) has practiced medicine in violation of law, regulations, or good and accepted medical practice as set forth herein. The investigative docket numbers associated with this order to show cause are Docket Nos. 20-490, 19-097, and 19-096.

Biographical Information

1. The Respondent is a 1977 graduate of the Albert Einstein College of Medicine and is board certified in internal medicine. He has been licensed to practice medicine in Massachusetts since June 18, 1981 under certificate number 47875 and not in any other state.

Factual Allegations

Patient A

2. On January 14, 2020 the Respondent first met Patient A, a thirty-five-year old male, after taking over his care from another provider. During this initial visit Patient A, who appeared "bulked up," acknowledged his use of illicit anabolic steroids. Accordingly, the Respondent ordered and obtained Patient A's testosterone level.

3. On January 14, 2020 Patient A's testosterone level was 2,872 ng/dl as compared to a normal range of 250-827 ng/dl. Patient A agreed to taper his illicit use and follow up with the Respondent in one month. On February 12, 2020, Patient A self-reported to the Respondent tapering his illicit anabolic steroid use from 400 mg/week to 125 mg/week.

4. On March 25, 2020, Patient A self-reported to the Respondent he did not taper his illicit anabolic steroid use any further than 125 mg/week. On the same day and without any further testosterone level testing, the Respondent prescribed Patient A Testosterone CYP 200 mg/ML at 2 mL for a total of three (3) twenty-one (21) day-supplies, as a replacement for the illicitly obtained drugs

5. On May 30, 2020 and August 19, 2020, the Respondent continued to prescribe Patient A Testosterone CYP 200 mg/ml at 2 mL for three (3) twenty-one (21) day supplies without further testing of Patient A's testosterone levels.

6. The Respondent's prescriptions of testosterone for Patient A on March 15, 2020, May 30, 2020, and August 19, 2020 without sequential testosterone level testing did not meet the standard of care.

Patient C

7. On November 19, 2018 the Respondent prescribed Patient C a twenty-eight (28) day supply of 20 mg dextroamphetamine and a twenty-eight (28) day supply of a benzodiazepine which Patient C filled at a CVS Pharmacy that same day.

8. At the time Respondent wrote the prescriptions to Patient C on November 19, 2018, the Massachusetts Prescription Awareness Tool (MassPAT) reflected that Patient C filled prescriptions from a psychiatrist for a thirty (30) day supply of 30 mg dextroamphetamine on November 2, 2018 and a thirty (30) day supply of a benzodiazepine on November 4, 2018.

9. On November 28, 2018 the psychiatrist spoke to the Respondent about their duplicate prescribing for Patient C without an agreement between them and without Patient C informing either of them or providing either consent to speak to each other.

10. MassPAT reflected that on November 29, 2018 Patient C filled a prescription from her psychiatrist for a thirty (30) day supply of 30 mg dextroamphetamine.

11. On December 17, 2018 the Respondent prescribed Patient C another twenty-eight (28) day supply of dextroamphetamine which Patient A obtained at a CVS Pharmacy that same day.

12. The Respondent's prescriptions for Patient C for dextroamphetamine and a benzodiazepine on November 19, 2018 and for dextroamphetamine on December 17, 2018 did not meet the standard of care for controlled substance prescribing.

Legal Basis for Proposed Relief

A. Pursuant to G.L. c. 112, § 5, ninth par. (c) and 243 CMR 1.03(5)(a)(3) the Board may discipline a physician upon proof satisfactory to a majority of the Board that said physician engaged in conduct which places into question the physician's competence to practice medicine.

The Board has jurisdiction over this matter pursuant to G.L. c. 112, §§ 5, 61 and 62. This adjudicatory proceeding will be conducted in accordance with the provisions of G.L. c. 30A and 801 CMR 1.01.

Nature of Relief Sought

The Board is authorized and empowered to order appropriate disciplinary action, which may include revocation or suspension of the Respondent's license to practice medicine. The Board may also order, in addition to or instead of revocation or suspension, one or more of the following: admonishment, censure, reprimand, fine, the performance of uncompensated public

service, a course of education or training or other restrictions upon the Respondent's practice of medicine.

Order

Wherefore, the Respondent is hereby **ORDERED** to show cause why the Board should not discipline the Respondent for the conduct described herein.

By the Board of Registration in Medicine,

Julian N. Robinson, M.D.
Board Chair, Physician Member

Date: December 2, 2021