COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS. Board of Registration in Medicine

Adjudicatory Case No. 2024-010

In the Matter of	)
GUIDO NAVARRA, 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 GUIDO NAVARRA, M.D. (Respondent) has practiced medicine in violation of law, regulations, or good and accepted medical practice as set forth herein. The investigative docket number associated with this order to show cause is Docket Nos. 18-139; 20-778; and 22-238.

Findings of Fact

1. The Respondent graduated from the Universidad Complutense de Madrid Fac de Medicina in 1991. He is certified by the American Board of Internal Medicine. He has been licensed to practice medicine in Massachusetts under certificate number 153766 since 1997. He has privileges at Anna Jacques Hospital.

2. Respondent is a primary care physician.

Patient A

3. Patient A is a female born in G.L. c. 4, § 7(26)

4. The Respondent began treating Patient A as her primary care physician in 2011.

5. The Respondent treated Patient A for G.L. c. 4, § 7(26)(c)

6. The Respondent did not conduct or document a formal initial or ongoing risk assessment for substance use disorder on Patient A. However, Patient A signed a Narcotic Pain Management Agreement in G.L. c. 4, § 7(26)(c) y 2012 and again in G.L. c. 4, § 7(2 2014, and a Controlled Substances Management Agreement in 2017. Also, during the course of his care of Patient A, the Respondent spoke with Patient A and also reviewed and considered the Patient A's medical records, and prescription history prior to issuing prescriptions for controlled substances. The Respondent's treatment of Patient A included prescriptions for G.L. c. 4, § 7(26)(c)

7. In 2011, the Respondent referred Patient A to a pain clinic and for physical therapy but after a G.L. c. 4, § 7(2 of treatment, the Patient refused to go. In G.L. c. 4, § 7(26)(c) 2013 and again in G.L. c. 4, § 7(26)(c) 2014, the Respondent referred the Patient to another provider for treatment of G.L. c. 4, § 7(26)(c). In G.L. c. 4, § 7(26)(c) 2014, the Respondent again referred the Patient to another provider for treatment of pain. In G.L. c. 4, § 7 2015, another provider in Respondent's office advised Patient A to seek treatment in a pain management center. In G.L. c. 4, § 7(26)(c) 2015, the Patient was again referred to another provider for treatment of pain. In G.L. c. 4, § 7(26)(c) 2016, the Respondent referred Patient A for physical therapy and pain clinics. After 2011, the Respondent did not document whether Patient A complied with his referral requests but continued to prescribe Patient A G.L. c. 4, § 7(26)(c). In G.L. c. 4, § 7(26)(c) 2016, Patient A reported better pain control. The Respondent prescribed some G.L. c. 4, § 7(26)(c) after Patient A stopped treatment in the pain clinic and stopped treatment by the other providers.

8. On G.L. c. 4, § 7(26)(c) 2016, Patient A informed the Respondent's practice that due to an G.L. c. 4, § 7(26)(c)

G.L. c. 4, § 7(26)(c)

9. In G.L. c. 4, § 7(26)(c) 2017, a G.L. c. 4, § 7(26)(c) The Patient reported in an office visit on G.L. c. 4, § 7(26)(c), 2017, that she had stopped taking G.L. c. 4, § 7(26)(c) In G.L. c. 4, § 7(26 2017, the Patient reported she was G.L. c. 4, § 7(26 G.L. c. 4, § 7(26)(c)

10. Respondent's treatment of Patient A ended G.L. c. 4, § 7(26)(c) 2017.

11. With respect to certain aspects, the Respondent's care of Patient A was below the standard of care.

Patient B

12. Patient B is a male born in G.L. c. 4, § 7(26)

13. The Respondent began treating Patient B as his primary care physician in 2008.

14. The Respondent did not conduct or document a formal initial or ongoing risk assessment for substance use disorder on Patient B. However, during the course of his care of Patient B, the Respondent spoke with the Patient B and also reviewed and considered Patient B's medical records, and prescription history prior to issuing prescriptions for controlled substances.

15. The Respondent treated Patient B for G.L. c. 4, § 7(26)(c) . Respondent was aware of Patient B's other medical conditions, G.L. c. 4, § 7(26)(c) G.L. c. 4, § 7(26)(c)

16. The Respondent was aware that Patient B was at risk for G.L. c. 4, § 7(26)(c)

17. Patient B was given G.L. c. 4, § 7(26)(c) by the Respondent after Patient B G.L. c. 4, § 7(26)(c) and was experiencing G.L. c. 4, § 7(26)(c) pain.

18. In G.L. c. 4, § 7(26)(c) 2017, a routine G.L. c. 4, § 7(26)(c) .

19. Patient B was subsequently discharged from the practice in G.L. c. 4, § 7(26 2018 after a violation of G.L. c. 4, § 7(26)(c) , which Patient B had signed in G.L. c. 4, § 7(26)(c) r 2013.

20. With respect to certain aspects, the Respondent's care of Patient B was below the standard of care.

Patient C

21. Patient C is a male born in G.L. c. 4, § 7(26)

22. The Respondent began treating Patient C as his primary care physician in 2013.

23. The Respondent treated Patient C for G.L. c. 4, § 7(26)(c)

24. The Respondent did not conduct or document a formal initial or ongoing risk assessment for substance use disorder on Patient C. Patient C signed a Narcotic Pain Management Agreement on G.L. c. 4, § 7(26)(c) 2013. During the course of his care of Patient C, the Respondent spoke with the Patient and also reviewed and considered Patient C's medical records, and prescription history prior to issuing prescriptions for controlled substances.

25. The Respondent referred Patient C to two pain clinics. One clinic declined to accept Patient C as a patient G.L. c. 4, § 7(26)(c) that the Respondent was prescribing to Patient C. The other clinic accepted Patient C as a patient. Respondent also

referred Patient C to a rheumatologist. Patient C refused to see a rheumatologist, but there is no documentation in the medical record of the Patient C's refusal.

26. With respect to certain aspects, the Respondent's care of Patient C was below the standard of care.

Patient D

27. Patient D is a female born in G.L. c. 4, § 7(26)

28. The Respondent began treating Patient D as her primary care physician in 2006.

29. The Respondent treated Patient D for G.L. c. 4, § 7(26)(c) Respondent was aware that Patient D had been diagnosed G.L. c. 4, § 7(26)(c), for which she was being treated by another physician. The Respondent did not perform an evaluation of Patient D's G.L. c. 4, § 7(26)(c)

30. The Respondent prescribed Patient D G.L. c. 4, § 7(26)(c)

31. The Respondent did not conduct or document a formal initial or ongoing risk assessment for substance use disorder on Patient D. Patient D signed a Controlled Substance Management Agreement on G.L. c. 4, § 7(26)(c) 2019. During the course of his care of Patient D, the Respondent spoke with Patient D and also reviewed and considered Patient D's medical records and prescription history prior to issuing prescriptions for controlled substances.

32. With respect to certain aspects, the Respondent's care of Patient D was below the standard of care.

Patient E

33. Patient E and the Respondent were involved in a G.L. c. 4, § 7(26)(c) together.

34. Without making a complete concurrent medical record in the manner in which he maintained records for his other patients, the Respondent prescribed Patient E G.L. c. 4, § 7(26)(c) on multiple occasions between G.L. c. 4, § 7 2016 and G.L. c. 4, § 7(26 2018.

35. Without making a complete concurrent medical record in the manner in which he maintained records for his other patients, the Respondent prescribed Patient E's G.L. c. 4, § 7(26)(c) G.L. c. 4, § 7(26)(c) . G.L. c. 4, § 7(26)(c)

36. The Respondent's prescribing to Patient E G.L. c. 4, § 7(26)(c) was an error in judgment.

37. Respondent terminated the doctor-patient relationship with Patient E and G.L. c. 4, § 7(26)(c) G.L. c. 4, § 7(26)(c) in 2018. Respondent subsequently terminated the G.L. c. 4, § 7(26)(c) with Patient E.

Patient F

38. Patient F is a female born in G.L. c. 4, § 7(26)

39. The Respondent treated Patient F as her primary care physician beginning in 2015.

40. The Respondent treated Patient F for obesity, G.L. c. 4, § 7(26)(c)

41. The Respondent did not conduct or document a formal initial or ongoing risk assessment for substance use disorder on Patient F. Patient F signed a Controlled Substance Management Agreement in G.L. c. 4, § 7(26)(c) 2017. During the course of his care of Patient F, the Respondent spoke with Patient F and also reviewed and considered the Patient's medical records, and prescription history prior to issuing prescriptions for controlled substances.

42. The Respondent prescribed G.L. c. 4, § 7(26)(c)

43. In G.L. c. 4, § 7(26)(c) 2018, Patient F was hospitalized for G.L. c. 4, § 7(26)(c). The records of the hospitalization noted that Patient F G.L. c. 4, § 7(26)(c) Hospital records noted G.L. c. 4, § 7(26)(c) G.L. c. 4, § 7(26)(c) The discharging physician stated in 2018 that Patient F's G.L. c. 4, § 7(26)(c) G.L. c. 4, § 7(26)(c) Respondent ceased prescribing G.L. c. 4, § 7(26)(c)

44. In G.L. c. 4, § 7(26)(c) 2019, the Respondent prescribed Patient F G.L. c. 4, § 7(26)(c) G.L. c. 4, § 7(26)(c)

45. In G.L. c. 4, § 7(26)(c) 2019, Patient F was hospitalized with G.L. c. 4, § 7(26)(c). It was noted in the hospital medical record that a G.L. c. 4, § 7(26)(c) The patient also told the admitting physician she had G.L. c. 4, § 7(26)(c)

46. From G.L. c. 4, § 7(26)(c) 2020 to G.L. c. 4, § 7(26)(c) 2020, the Respondent prescribed Patient F G.L. c. 4, § 7(26)(c) after multiple visits where Patient F complained of G.L. c. 4, § 7(26)(c) was chosen by Respondent because it is a G.L. c. 4, § 7(26)(c)

47. In G.L. c. 4, § 7(2020, the Respondent prescribed Patient F G.L. c. 4, § 7(26)(c) .

48. In G.L. c. 4, § 7(26)(c) 2020, Patient F was hospitalized for G.L. c. 4, § 7(26)(c) The presence of G.L. c. 4, § 7(26)(c) . An examining physician noted that Patient F was G.L. c. 4, § 7(26)(c) .

49. Patient F's medications were subsequently G.L. c. 4, § 7(26)(c)

50. With respect to certain aspects, the Respondent's care of Patient F was below the standard of care.

Patient G

51. Patient G was a male born in G.L. c. 4, § 7(26)(c

52. The Respondent began treating Patient G as a primary care patient in 2019. The Respondent continued to prescribe medications in 2020 and 2021 to Patient G although the next occasion on which the Respondent saw Patient G was G.L. c. 4, § 7(2021.

53. The Respondent treated Patient G as a primary care physician and issued prescriptions to Patient G for G.L. c. 4, § 7(26)(c).

54. Patient G was also diagnosed by another physician G.L. c. 4, § 7(26)(c) Respondent was aware of this disorder.

55. The Respondent treated Patient G with G.L. c. 4, § 7(26)(c) G.L. c. 4, § 7(26)(c)

56. The G.L. c. 4, § 7(26)(c) were always administered in Respondent's office by the same nurse, who signed all the records and was supervised by the Respondent. However, some of the medical records for the G.L. c. 4, § 7(26)(c) do not show the nurse's name but show the words "Nursing Test." The Respondent knew the identity of the nurse who prepared the note, he reviewed the note containing the words "Nursing Test" he was not confused by these words, but he did not ask that the record be corrected.

57. During the period 2019 through 2021, Patient G was hospitalized more than once due to his G.L. c. 4, § 7(26)(c)

58. The Respondent did not conduct or document a formal initial or ongoing risk assessment for substance use disorder on Patient G; however, during the course of his care of Patient G, the Respondent spoke with Patient G and also reviewed and considered Patient G's medical records, UDS test results, and prescription history prior to issuing prescriptions for controlled substances.

59. Respondent prescribed Patient G G.L. c. 4, § 7(26)(c) after Patient G reported that he had been prescribed these medications by a prior provider and that Patient G was able to take G.L. c. 4, § 7(26)(c) with good effect. The Respondent requested but never obtained Patient G's medical records.

60. The Respondent's records provided cursory information as to why he did not use G.L. c. 4, § 7(26)(c) to treat Patient G's G.L. c. 4, § 7(26)(c) However, on G.L. c. 4, § 7(26)(c) 2020, Patient G told Respondent's nurse practitioner that he was allergic to G.L. c. 4, § 7(26)(c) and that he had taken G.L. c. 4, § 7(26)(c) Respondent's medical notes also indicate that on G.L. c. 4, § 7(26)(c), 2021, Patient G told Respondent's nurse practitioner that G.L. c. 4, § 7(26)(c) Respondent prescribed Patient G G.L. c. 4, § 7(26)(c)

61. The Respondent did not order UDS testing. Respondent received test results, including UDS test results, conducted by other providers in conjunction with Patient G's hospitalizations.

62. On one occasion, the Respondent prescribed a G.L. c. 4, § 7(26)(c) of medication instead of a G.L. c. 4, § 7(26)(c) of medication.

63. The Respondent provided Patient G early refills of medications on several occasions. On one occasion failed to check the Prescription Monitoring Program as required.

64. Patient G was seen also by Respondent's nurse practitioner. On the occasions where Respondent saw Patient G, they discussed Patient G's G.L. c. 4, § 7(26)(c) but the records of these discussions are cursory. The Respondent did not document any discussions with Patient G elaborating on his G.L. c. 4, § 7(26)(c).

65. On G.L. c. 4, § 7(26)(c), 2020, the Respondent prescribed Patient G G.L. c. 4, § 7(26)(c) after having a conversation about Patient G with a provider who did not have an active license to practice medicine.

66. With respect to certain aspects, the Respondent's care of Patient G was below the standard of care.

Physician Assistant and Nurse Practitioner Prescriptive Practice

67. The Respondent employed Physician Assistants and/or Nurse Practitioners who were engaged in prescriptive practice.

68. Prior to September 27, 2019, the Respondent did not have a Prescriptive Practice Agreement with one Nurse Practitioner who he employed. A Prescriptive Practice Agreement was executed shortly after the lack of an Agreement was brought to Respondent's attention.

Legal Basis for Proposed Relief

A. Pursuant to G.L. c. 112, §5, eighth 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 he engaged practiced medicine with negligence on repeated occasions.

B. Pursuant to *Levy v. Board of Registration in Medicine*, 378 Mass. 519 (1979); *Raymond v. Board of Registration in Medicine*, 387 Mass. 708 (1982), the Board may discipline a physician upon proof satisfactory to a majority of the Board, that said has engaged in conduct that undermines the public confidence in the integrity of the medical profession.

C. Pursuant to G.L. c. 112, §5, eighth par. (b) and 243 CMR 1.03(5)(a)2, the Board may discipline a physician upon proof satisfactory to a majority of the Board, that said physician committed offenses against a provision of the laws of the Commonwealth relating to the practice of medicine, or a rule or regulation adopted thereunder. More specifically:

a. 105 CMR 700.00 which requires review of the PMP system prior to the issuance of benzodiazepines prescriptions.

b. 243 CMR 2.10 which requires that a physician enters into a prescriptive practice agreement with his Nurse Practitioners he or she is supervising.

c. 243 CMR 2.07(13)(a) which requires a physician to: 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

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.

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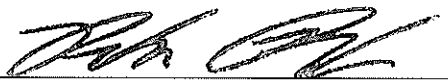
Order

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

By the Board of Registration in Medicine,



Booker T. Bush, M.D.
Board Chair

Date: February 29, 2024