

COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Adjudicatory Case No. 2021-045

In the Matter of)
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)

RAYMOND K. SAULS, 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 RAYMOND K. SAULS, 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 No. 17-050.

Biographical Information

1. The Respondent is a 1988 graduate of the Autonomous University of Guadalajara in Mexico. He has been licensed to practice medicine in Massachusetts under certificate number 76468 since 1992. He has privileges at Clinton Hospital and Health Alliance.

Factual Allegations

Massachusetts Prescription Awareness Tool

1. The Massachusetts Prescription Awareness Tool (MassPAT) is an online database that lists all Schedule II to V prescriptions as well as gabapentin prescriptions filled by patients at pharmacies.

2. Beginning on or about December 5, 2014, physicians were required to check MassPAT prior to prescribing opioids listed in Schedules II and III.

Patient A

3. Patient A is a male born in 1975.

4. In April 2009, the Respondent became Patient A's Primary Care Physician (PCP).

5. In December 2009, the Respondent began treating Patient A with Schedule II opioids for back pain.

6. In March 2010, the Respondent began treating Patient A's anxiety with benzodiazepines which are Schedule IV medications.

7. Patient A's history of depression, alcohol abuse, and abuse other substances made him a high risk for prescription opiate abuse.

8. Combining opioids with benzodiazepines increases the risk of overdose.

9. The Respondent failed to document risk-benefit conversations with Patient A regarding the combination of benzodiazepines and opioids.

10. From December 5, 2014 to February 2019, the Respondent failed to query MassPAT when prescribing opioids to Patient A.

11. The Respondent failed to order urine drug tests for Patient A.

Patient B

12. Patient B is a female born in 1972.
13. In November 1996, the Respondent became Patient B's PCP.
14. In August 2009, the Respondent began treating Patient B's back pain with Schedule II opioids and Patient B's anxiety with benzodiazepines.
15. Patient B's history of depression, ADHD, cocaine abuse, and childhood trauma made her a high risk for prescription opiate abuse.
16. The Respondent failed to document risk-benefit conversations with Patient B regarding the combination of benzodiazepines and opioids.
17. From December 5, 2014 to February 2019, the Respondent failed to query MassPAT when prescribing opioids to Patient B.
18. The Respondent failed to order urine drug tests for Patient B.

Patient C

19. Patient C was a female born in 1973.
20. In 1997, the Respondent became Patient C's PCP.
21. In January 2003, the Respondent began prescribing Patient C opioids for pain.
22. By August 2013, the Respondent was treating Patient C with Schedule II opioids.
23. In October 2014, the Respondent began prescribing Patient C benzodiazepines for anxiety.
24. Patient C's history of cocaine and alcohol abuse, sexual abuse, and depression made her a high risk for prescription opiate abuse.
25. The Respondent failed to document risk-benefit conversations with Patient C regarding the combination of benzodiazepines and opioids.

26. From December 5, 2014 to February 2019, the Respondent failed to query MassPAT when prescribing opioids to Patient C.

27. The Respondent failed to order urine drug tests for Patient C.

28. The Respondent failed to follow the standard of care when treating the above three patients.

Patient D

29. Patient D is a female born in 1983.

30. In 2000, the Respondent became Patient D's PCP.

31. In 2007, the Respondent began prescribing Patient D Schedule II opioids for her back pain.

32. From December 5, 2014 to February 2019, the Respondent failed to query MassPAT when prescribing opioids to Patient D.

Patient E

33. Patient E was a male born in 1970.

34. In 2009, the Respondent became Patient E's PCP.

35. In 2010, the Respondent began prescribing Patient E Schedule II opioids for chronic pain.

36. From December 5, 2014 to February 2019, the Respondent failed to query MassPAT when prescribing opioids to Patient E.

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 in conduct that places into question the Respondent's competence to practice medicine, including

but not limited to gross misconduct in the practice of medicine, or practicing medicine fraudulently, or beyond its authorized scope, or with gross incompetence, or with gross negligence on a particular occasion or negligence on repeated occasions.

B. Pursuant to G.L. c. 112, §5, eighth par. (b), and 243 C.M.R. 1.03(5)(a)11, the Board may discipline a physician upon proof satisfactory to a majority of the Board that said physician has committed an offense against any provisions of the laws of the Commonwealth relating to the practice of medicine, or any rule or regulation adopted thereunder, to wit:

1. 105 CMR 700.00 as it pertains to mandatory review of the MassPAT system for the issuance of certain prescriptions.

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, 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,

A handwritten signature in black ink, appearing to read 'Julian N. Robinson', written over a horizontal line.

Julian N. Robinson, M.D.
Board Chair

Date: November 4, 2021