

COMMONWEALTH OF MASSACHUSETTS

MIDDLESEX, SS.

BOARD OF REGISTRATION
IN MEDICINE

FEB 05 2021

ADJUDICATORY NO. 2021-016

In the Matter of

GEORGE F. GALES, M.D.

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CONSENT ORDER

George F. Gales, M.D. (Respondent) and the Complaint Counsel agree that the Board of Registration in Medicine (Board) may issue this Consent Order with all the force and effect of a Final Decision within the meaning of 801 C.M.R. 1.01(11)(d). The Respondent admits to the findings of fact described below and agrees the Board may make conclusions of law and impose a sanction in resolution of Docket No. 15-326.

BIOGRAPHICAL INFORMATION

1. The Respondent was born on August 19, 1953. He graduated from Boston University School of Medicine in 1977. He has been licensed to practice medicine in Massachusetts under certificate number 42923 since July of 1978. The Respondent is board-certified in Internal Medicine and lists Internal Medicine as his practice specialty. He is affiliated with Steward Medical Group and Steward Carney Hospital.

FINDINGS OF FACT

2. On November 6, 2015, the Board received a M.G.L. c. 112, § 5F report (5F Report) regarding the Respondent's prescribing practices.

3. The report alleged that the Respondent was prescribing high doses of Oxycontin to his patients.

4. The medical records of three, Patients A through C, reveal that the Respondent's care of these patients fell below the standard of care in the following instances.

Patient A

5. Patient A is a 58-year-old female who the Respondent treated between 1985 and 2019. Her care was co-managed by the Respondent, her cardiologist, and her neurologist.

6. Patient A had the following diagnoses: multiple vertebral fractures, spinal cord injury, cervical fusion, CVA and S/P motor vehicle accident, chronic pain, coronary artery disease, hypertension, S/P mitral valve replacement, long-term anticoagulation therapy, degenerative arthritis of the lumbar spine with radiculopathy, and foot drop.

7. Patient A's medications included oxycodone, warfarin, aspirin, lisinopril, lovenox, clonazepam, pantoprazole, and no oxycontin.

8. The Respondent failed to clearly document the goals of opiate therapy, which is below the standard of care for record keeping.

Patient B

9. Patient B is a 45-year-old male who the Respondent treated from 2003 to present.

10. Patient B had the following medical conditions: chronic headaches following a skull

fracture with multiple vertebral fractures, chronic pain syndrome, osteoarthritis of the lumbar spine with spinal stenosis, depression, generalized anxiety disorder, osteoarthritis of the cervical spine without cervical cord compression, and cervical polyradiculopathy.

11. Patient B's medications at the commencement of his treatment with the Respondent were oxycodone, oxycodone, alprazolam, and citalopram.

12. Patient B's medications no longer include opiates.

13. The Respondent failed to conduct periodic urine screens, which is below the standard of care.

14. The Respondent prescribed Methadone to this patient without providing close EKG monitoring. This is below the standard of care.

15. The Respondent failed to monitor the Prescription Monitoring Program (PMP), which is below the standard of care.

Patient C

16. Patient C is a 61-year-old male who the Respondent treated from 1995 to present.

17. Patient C had the following medical conditions: S/P multiple traumatic injuries and surgeries, and degenerative intervertebral disc disease with chronic low back pain.

18. Patient C's medications included a Lidoderm patch, lorazepam, Percocet, and Celebrex.

19. The Respondent referred Patient C to the Carney Pain Clinic (Carney) in 2017. Carney took over Patient C's pain management at that time.

20. The Respondent's failure to conduct urine screens is below the standard of care.

Mitigating Factors

21. There are mitigating factors in this case, including the following:

- a. Multiple complex patients with chronic injuries;
- b. Patients were on their medications for a long time, accounting for the high doses prior to the recognition of the ill effects of high dose opioids;
- c. The Respondent had very long treatment histories with these patients and was well-aware of their conditions and responses to the medications prescribed;
- d. The Respondent has already made the preferred changes by referring to sub-specialists, urine drug screens, non-pharmacological resources, limiting prescribing to a minimum, and de-escalating when appropriate; and
- e. Completion of relevant Continuing Professional Development (CPD) credits in opioid prescribing.

CONCLUSIONS OF LAW

A. The Respondent has 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. More specifically:

1. G.L. c. 94C, § 19(a), which requires that physicians issue prescriptions for controlled substances in the usual course of the physician's medical practice;

B. The Respondent has 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:

1. 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;

C. 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 said physician engaged in conduct that places into question the Respondent's competence to practice medicine;

D. The Respondent has engaged in conduct that undermines the public confidence in the integrity of the medical profession, in violation of the standards set forth in Levy v. Board of Registration in Medicine, 378 Mass. 519 (1979) and Raymond v. Board of Registration in Medicine, 387 Mass. 708 (1982).

SANCTION

The Respondent's license is hereby reprimanded.

This sanction is imposed for Conclusions of Law A, B, C, and D individually and not for any combination of them.

EXECUTION OF THIS CONSENT ORDER

Complaint Counsel, the Respondent, and the Respondent's counsel agree that the

fracture with multiple vertebral fractures, chronic pain syndrome, osteoarthritis of the lumbar spine with spinal stenosis, depression, generalized anxiety disorder, osteoarthritis of the cervical spine without cervical cord compression, and cervical polyradiculopathy.

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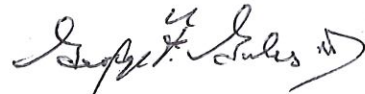
approval of this Consent Order is left to the discretion of the Board. The signature of Complaint Counsel, the Respondent, and the Respondent's counsel are expressly conditioned on the Board accepting this Consent Order. If the Board rejects this Consent Order in whole or in part, then the entire document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

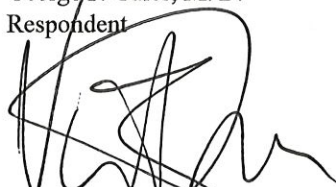
The Respondent shall provide a complete copy of this Consent Order with all exhibits and attachments within ten (10) days by certified mail, return receipt requested, or by hand delivery to the following designated entities: any in- or out-of-state hospital, nursing home, clinic, other licensed facility, or municipal, state, or federal facility at which he practices medicine; any in- or out-of-state health maintenance organization with whom 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 in 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 Unit. The Respondent shall also provide this notification to any such designated entities with which he becomes associated within one year of the imposition of the 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.



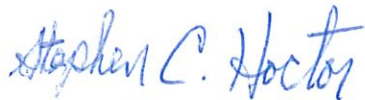
George F. Gales, M. D.
Respondent

1/31/2021
Date



Vincent P. Dunn, Esq.
Attorney for Respondent

2/5/21
Date



Stephen C. Hctor
Complaint Counsel

2/12/21
Date

So ordered by the Board of Registration in Medicine this 8th day of April, 2021.



George M. Abraham, M.D.
Board Chair