COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Adjudicatory Case No. 2024-036

In the Matter of

KENNETH GUARNIERI, M.D.

CONSENT ORDER

Pursuant to G.L. c. 30A, § 10, Kenneth Guarnieri, M.D. (Respondent) and the Board of Registration in Medicine (Board) (hereinafter referred to jointly as the "Parties") agree that the Board may issue this Consent Order to resolve the above-captioned adjudicatory proceeding. The Parties further agree that this Consent Order will have all the force and effect of a Final Decision within the meaning of 801 CMR 1.01(11)(d). The Respondent admits to the findings of fact specified below and agrees that the Board may make the conclusions of law and impose the sanction set forth below in resolution of investigative Docket No 18-451.

Findings of Fact

- The Respondent graduated from Tulane University School of Medicine in 1986. He has been licensed to practice medicine in Massachusetts under certificate number 70743 since 1989.
 He has privileges at UMass Memorial Medical Center, Worcester Medical Center, and
 Harrington Memorial Hospital.
 - 2. Patient A is a female born in
 - 3. The Respondent treated Patient A beginning in 2006.

4. Patient A's history during the time of the Respondent's care of her includes, without
limitation, chronic pain of the $G.L.\ c.\ 4$, § $7(26)(c)$
5. At different times from 2006 to 2019, the Respondent has treated Patient A with the
assistance and input of multiple specialists, including but not limited to G.L. c. 4, § 7(26)(c)
6. From 2006 to 2019, at times, the Respondent concurrently prescribed potentially
medications to Patient A for her multiple medical and post-surgical conditions, and G.L. c. 4, § 7(26)(c)
for her pain; as such at times prescribing in excess of recommended amounts. The
medications that the Respondent was prescribing her are known to potentially alter sensorium
including GL c. 4. § 7/26/16). The medications fall into various classes including GL c. 4. § 7/26/16),
$G.L. \ c. \ 4, \ \S \ 7(26)(c)$
7. Patient A has undergone $G.L.\ c.\ 4$, § $7(26)(c)$, with no relief of her
pain. Patient A has been deemed by G.L. c. 4, § 7(26)(c) s not to be a candidate for surgery to
address her pain.
8. In 2007, 2014, and 2017, the Respondent referred Patient A to pain management
specialists.
9. Patient A had been on and off several times before and during her care with the
Respondent. In January 2012, the Respondent restarted Patient A on at the patient's

request, to avoid increasing [C.L. 4, § 7(26)(c)] to meet her pain. In April 2013, Patient A reported [C.L. c. 4, § 7(26)(c)] The Respondent referred to Patient A for a sleep study and in May 2013 she was diagnosed with [G.L. c. 4, § 7(26)(c)] and prescribed a [C.L. 4, § 7(26)(c)], which Patient A reported in 2014 made her feel much improved from her [G.L. 4, § 7(26)(c)]. The Respondent did not document any concern that Patient A's symptoms may have been related to the medications she was taking.

- 10. In 2014, pending the pain management consult, and continuing after, the Respondent began and continued to wean Patient A's medication, and restarted her on Respondent continued Patient A on potentially medications into 2017.
- 11. In 2017, the Respondent referred Patient A to another pain management specialist, who continued to follow her, and in 2017, the Respondent again tapered Patient A's medication.
- 12. The Respondent had a pain medication management agreement in place with Patient A, obtained urine drug tests, and used the Massachusetts prescription monitoring program.
 - 13. The Respondent saw Patient A on a monthly basis for several years beginning in 2014.
 - 14. During the Respondent's treatment of Patient A, Patient A was involved in G.L. c. 4, § 7(26)(c)

G.L. c. 4, § 7(26)(c). In 2018, G.L. c. 4, § 7(26)(c)

The Respondent did not investigate the possibility that Patient A's medications were impacting her ability to drive. The Respondent referred Patient A to neurologist for evaluation. Patient A reported driving again beginning in 2019.

- 15. The Respondent prescribing of s, including G.L. c. 4, § 7(26)(c), was substandard in the following ways:
 - a. Despite the recommendation of a pain specialist in 2007, the Respondent did not consistently pursue attempts to titrate Patient A's until 2017.
 - b. The Respondent did not adequately document his rationale for prescribing at the levels he was giving Patient A.
 - c. The Respondent was prescribing more than one potentially declared medication.
 - d. The Respondent did not adequately document the possible connection between the potentially medications or Patient A's other medical conditions, including her $G.L.\ c.\ 4,\ \S\ 7(26)(c)$, and Patient A's report of $G.L.\ c.\ 4,\ \S\ 7(26)(c)$.

Conclusion of Law

A. The Respondent has 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 including practicing medicine with negligence on repeated occasions.

Sanction and Order

The Respondent's license is hereby REPRIMANDED. The Respondent is also ORDERED to complete 10 Category One Continuing Medical Education (CME) credits in addition to those required for licensure renewal prior to his next renewal.

Execution of this Consent Order

Complaint Counsel and the Respondent agree that the 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 s/he practices medicine; any in- or out-of-state health maintenance organization with whom the Respondent has privileges or any other kind of association; any state agency, in- or out-of-state, with which the Respondent has a provider contract; any in- or out-of-state medical employer, whether or not the Respondent practices medicine there; the state licensing boards of all states in which the Respondent 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 the Respondent becomes associated in the year following the date of imposition of the reprimand. The Respondent is further directed to certify to the Board within ten (10) days that the Respondent 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.

Kenneth Guarnieri, M.B.	4 12 24 Date
Licensee	
Elizabeth Greene Attorney for the Licensee	4/16/24 Date
James Paikos Complaint Counsel	4/23/dody Date
So ORDERED by the Board of Registration 2024 .	in Medicine this 18th day of July

Booker T. Bush, M.D. Board Chair