

COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

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

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In the Matter of )  
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 )  
IRA HELFAND, M.D. )  
\_\_\_\_\_ )

**CONSENT ORDER**

Pursuant to G.L. c. 30A, § 10, Ira Helfand, M.D. (Respondent) and the Board of Registration in Medicine (Board) (hereinafter referred to jointly as the "Parties") agree the Board may issue this Consent Order to resolve the above-captioned adjudicatory proceeding. The Parties further agree 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 the Board may make the conclusions of law and impose the sanction set forth below in resolution of investigative Docket Nos. 20-490, 19-097, and 19-096.

**Findings of Fact**

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.

**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.

#### Conclusion of Law

A. The Respondent engaged in conduct which places into question the physician's competence to practice medicine. *See* G.L. c. 112, § 5, ninth par. (c) and 243 CMR 1.03(5)(a)(3)

#### Sanction and Order

The Respondent's license is hereby Admonished.

#### Execution of this Consent Order

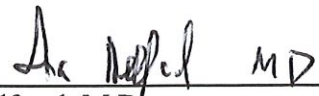
Complaint Counsel, the Respondent, and the Respondent's counsel agree that the approval of this Consent Order is left to the discretion of the Board. The signature of Complaint Counsel, the Respondent, and the Respondent's counsel are expressly conditioned on the Board accepting this Consent Order. If 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.

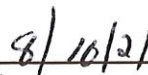
As to any matter in this Consent Order left to the discretion of the Board, neither the Respondent, nor anyone acting on his behalf, has received any promises or representations regarding the same.


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 the Respondent 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 with in the year following the imposition of this admonishment. 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.

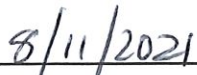
  
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Ira Helfand, M.D.  
Licensee

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Paul R. Cirel, Esq.  
Attorney for the Licensee

  
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Date

  
\_\_\_\_\_  
Patrick G. Fitzgerald, Esq.  
Complaint Counsel

  
\_\_\_\_\_  
Date

So ORDERED by the Board of Registration in Medicine this 2nd day of December,  
2021.

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

Julian N. Robinson, M.D.  
Board Chair