COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS. Board of Registration in Medicine

Adjudicatory Case No. 2024-010

In the Matter of

GUIDO NAVARRA, M.D.

CONSENT ORDER

Pursuant to G.L. c. 30A, § 10, Guido Navarra, 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 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) 2012 and again in G.L. c. 4, § 7(26) 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(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) r 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 [redacted], 2016, Patient A informed the Respondent's practice that due to an increase [redacted]

9. In [redacted] 2017, a [redacted] The Patient reported in an office visit on [redacted] 2017, that she had stopped taking [redacted] In [redacted] 2017, the Patient reported she was "[redacted]

10. Respondent's treatment of Patient A ended in [redacted] 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 [redacted]

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)

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) Respondent after Patient B G.L. c. 4, § 7(26)(c) and was 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 the G.L. c. 4, § 7(26)(c) which Patient B had signed in G.L. c. 4, § 7(26)(c) 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)(c

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) G.L. c. 4, § 7(26)(c). Respondent was aware that Patient D had been diagnosed with 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) 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)

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

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

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) 20, 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). 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 consistently G.L. c. 4, § 7(26)(c).

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

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(26) 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 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) 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 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 a 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.

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.

B. The Respondent has engaged in conduct that undermines the public confidence in the integrity of the medical profession. *See Levy v. Board of Registration in Medicine*, 378 Mass. 519 (1979); *Raymond v. Board of Registration in Medicine*, 387 Mass. 708 (1982).

C. The Respondent has violated G.L. c. 112, § 5, eighth par. (b) and 243 CMR § 1.03(5)(a)2 by committing offenses against a provision of the laws of the Commonwealth relating to the practice of medicine, or a rule or regulation adopted thereunder—to wit:

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.

Sanction and Order

The Respondent's license is hereby indefinitely suspended. The indefinite suspension is immediately stayed upon the Board's simultaneous approval of this Consent Order and the accompanying five-year Probation Agreement that includes as terms the Respondent's practice at a Board approved worksite monitored by a Board approved physician, a practice audit, and

compliance with audit recommendations. The Respondent is also restricted from prescribing federally controlled substances in Schedules II, III, IV, and V.

This sanction is imposed for each of the three violations of law listed in the Conclusion section and not a combination of any or all of them.

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 her behalf, has received any promises or representations regarding the same.

The Respondent waives any right of appeal that she may have resulting from the Board's acceptance of this Consent Order.

The Respondent shall provide a complete copy of this Consent Order and Probation Agreement with all exhibits and attachments 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 for the duration of this indefinite suspension. 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.

Guido Navarra, M.D.
Licensee

Dec. 24, 2023
Date

Richard Goldstein, Esq.
Attorney for the Licensee

JAN. 3. 2024
Date

James Paikos, Esq.
Complaint Counsel

2-1-2024
Date

So ORDERED by the Board of Registration in Medicine this 29th day of February, 2024.

Booker T. Bush, M.D.
Board Chair