

COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Adjudicatory Case No. 2018-051

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In the Matter of )

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KIM E. BOWMAN, M.D. )  
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**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 KIM E. BOWMAN, 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 Nos. 13-426 and 15-145.

**Biographical Information**

1. The Respondent was born on March 13, 1952. The Respondent graduated from Tufts University School of Medicine in 1978. The Respondent is board-certified in internal medicine with a subspecialty certification in geriatric medicine. She has been licensed to practice medicine in Massachusetts since 1980 under certificate number 45580. The Respondent is affiliated with New England Baptist Hospital, Faulkner Hospital, Beth Israel Deaconess Medical Center, Brighton House, Sherrill House, Inc., and St. Joseph Nursing Care Center, Inc. The Respondent has received various honors and recognition over the years for her practice of

medicine, including but not limited to winning the “Patient’s Choice” Award in 2010, and being named “Best PCP” by the Brookline Tab newspaper in 2009.

### Factual Allegations

#### Patient A

2. Patient A, a male, was born in 1931.
3. In 2013, Patient A was a resident of a nursing home.
4. Patient A had multiple issues, including coronary artery disease, diastolic heart failure with preserved ejection fraction, hypertension, chronic kidney disease, anemia, a history of traumatic fractured vertebra, low back pain, and glaucoma.
5. From August 6, 2013 to August 7, 2013, Patient A was hospitalized for gastroenteritis.
6. Upon return to the nursing home, the Respondent assumed care of Patient A.
7. The Respondent regularly conducted physical examinations, ordered appropriate laboratory monitoring, and provided other care and treatment consistent with the standard of care in the treatment of this medically complex patient.
8. On August 14, 2013, the Respondent changed an order for the administration of oxycodone from four times a day to three times a day. The nursing home printed a summary order which listed Patient A taking oxycodone extended release three times a day. The Respondent signed the summary order which included the incorrect type of oxycodone. Patient A was given the incorrect type of oxycodone. Approximately six weeks later, this error was corrected on the next summary order.
9. The Respondent failed to follow the standard of care when she signed the summary which listed the incorrect type of oxycodone. However, this failure did not lead to any patient harm.

## Patient B

10. Patient B, a male, was born in 1974.
11. The Respondent was Patient B's primary care physician from 2009 to 2014.
12. Patient B had a history of back pain that was not fully resolved following one or more surgeries.
13. The Respondent treated Patient B for chronic back pain, chronic anxiety, and panic attacks.
14. The Respondent failed to meet the standard of care in her treatment of Patient B by:
  - a. Issuing numerous early refills for Patient B's opioid prescriptions;
  - b. Failing to perform urine screens on Patient B;
  - c. Continuing to prescribing opioids to Patient B despite his violation of that portion of his pain management contract that related to benzodiazepines.
  - d. Failing to document any attempts to communicate with Patient B's therapist.
15. However, none of the Respondent's failures caused harm to the patient. Additionally, Patient B never complained about any of the care and treatment provided to him by the Respondent.

### 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 she engaged in conduct that places into question the Respondent's competence to practice medicine, including practicing medicine or with negligence on repeated occasions, as described above.

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,

Candace Lapidus Sloane, MD  
Candace Lapidus Sloane, M.D.  
Board Chair

Date: 11/8/2018