

COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Adjudicatory Case No. 2024-036

)
In the Matter of)
)

KENNETH GUARNIERI, M.D.)
_____)

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 KENNETH GUARNIERI, 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 No. 18-451.

Biographical Information

1. 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.

Factual Allegations

2. Patient A is a female born in G.L.C. 4.5.726.

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 *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 *G.L. c. 4, § 7(26)(c)* 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 *G.L. c. 4, § 7(26)(c)* in excess of recommended amounts. The medications that the Respondent was prescribing her are known to potentially alter sensorium including *G.L. c. 4, § 7(26)(c)*. The medications fall into various classes including *G.L. c. 4, § 7(26)(c)*, *G.L. c. 4, § 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 *G.L. c. 4, § 7(26)(c)* 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 *G.L. c. 4, § 7(26)(c)* several times before and during her care with the Respondent. In January 2012, the Respondent restarted Patient A on *G.L. c. 4, § 7(26)(c)*, at the patient's

request, to avoid increasing [G.L. c. 4, § 7(26)(c)] to meet her pain. In April 2013, Patient A reported [G.L. c. 4, § 7(26)(c)] [G.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 [G.L. c. 4, § 7(26)(c)], which Patient A reported in 2014 made her feel much improved from her [G.L. c. 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 [G.L. c. 4, § 7(26)(c)] medication, and restarted her on [G.L. c. 4, § 7(26)(c)]. The Respondent continued Patient A on potentially [G.L. c. 4, § 7(26)(c)] 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 [G.L. c. 4, § 7(26)(c)] 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)]

[REDACTED] In 2018, Patient A reported having independently stopped some of her potentially [G.L. c. 4, § 7(26)(c)] medications. 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 [G.L. c. 4, § 7(26)(c)], 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 [G.L. c. 4, § 7(26)(c)] until 2017.
- b. The Respondent did not adequately document his rationale for prescribing [G.L. c. 4, § 7(26)(c)] at the levels he was giving Patient A.
- c. The Respondent was prescribing more than one potentially [G.L. c. 4, § 7(26)(c)] medication.
- d. The Respondent did not adequately document the possible connection between the potentially [G.L. c. 4, § 7(26)(c)] medications or Patient A's other medical conditions, including her [G.L. c. 4, § 7(26)(c)], and Patient A's report of [G.L. c. 4, § 7(26)(c)].

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 he engaged in conduct that places into question the Respondent's competence to practice medicine, including but not limited to practicing medicine with negligence on repeated occasions.

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,

A handwritten signature in black ink, appearing to read 'Booker T. Bush', written over a horizontal line.

BOOKER T. BUSH, M.D.
Board Chair

Date: July 18, 2024