

COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Adjudicatory Case No. 2021-045

In the Matter of)

RAYMOND K. SAULS, 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 RAYMOND K. SAULS, 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. 17-050.

Biographical Information

1. The Respondent is a 1988 graduate of the Autonomous University of Guadalajara in Mexico. He has been licensed to practice medicine in Massachusetts under certificate number 76468 since 1992. He has privileges at Clinton Hospital and Health Alliance.

Factual Allegations

Massachusetts Prescription Awareness Tool

1. The Massachusetts Prescription Awareness Tool (MassPAT) is an online database that lists all Schedule II to V prescriptions as well as gabapentin prescriptions filled by patients at pharmacies.

2. Beginning on or about December 5, 2014, physicians were required to check MassPAT prior to prescribing opioids listed in Schedules II and III.

Patient A

3. Patient A is a male born in [REDACTED].
4. In [REDACTED] 2009, the Respondent became Patient A's Primary Care Physician (PCP).
5. In [REDACTED] 2009, the Respondent began treating Patient A with Schedule II opioids for [REDACTED] pain.
6. In [REDACTED] 2010, the Respondent began treating Patient A's [REDACTED] with benzodiazepines which are Schedule IV medications.
7. Patient A's history of [REDACTED] made him a high risk for [REDACTED].
8. Combining opioids with benzodiazepines increases the risk of overdose.
9. The Respondent failed to document risk-benefit conversations with Patient A regarding the combination of benzodiazepines and opioids.
10. From [REDACTED] 2014 to [REDACTED] 2019, the Respondent failed to query MassPAT when prescribing opioids to Patient A.
11. The Respondent failed to order urine drug tests for Patient A.

Patient B

12. Patient B is a female born in [REDACTED].
13. In [REDACTED] 1996, the Respondent became Patient B's PCP.
14. In [REDACTED] 2009, the Respondent began treating Patient B's [REDACTED] pain with Schedule II opioids and Patient B's anxiety with benzodiazepines.
15. Patient B's history of [REDACTED] made her a high risk for [REDACTED].
16. The Respondent failed to document risk-benefit conversations with Patient B regarding the combination of benzodiazepines and opioids.
17. From [REDACTED] 2014 to [REDACTED] 2019, the Respondent failed to query MassPAT when prescribing opioids to Patient B.
18. The Respondent failed to order urine drug tests for Patient B.

Patient C

19. Patient C was a female born in [REDACTED].
20. In 1997, the Respondent became Patient C's PCP.
21. In [REDACTED] 2003, the Respondent began prescribing Patient C opioids for pain.
22. By [REDACTED] 2013, the Respondent was treating Patient C with Schedule II opioids.
23. In [REDACTED] 2014, the Respondent began prescribing Patient C benzodiazepines for [REDACTED].
24. Patient C's history of [REDACTED] made her a high risk for [REDACTED].
25. The Respondent failed to document risk-benefit conversations with Patient C regarding the combination of benzodiazepines and opioids.

26. From G.L. c. 4, § 7(26)(c) 2014 to G.L. c. 4, § 7(26)(c) 2019, the Respondent failed to query MassPAT when prescribing opioids to Patient C.

27. The Respondent failed to order urine drug tests for Patient C.

28. The Respondent failed to follow the standard of care when treating the above three patients.

Patient D

29. Patient D is a female born in G.L. c. 4, § 7(2) .

30. In 2000, the Respondent became Patient D's PCP.

31. In 2007, the Respondent began prescribing Patient D Schedule II opioids for her G.L. c. 4, § 7 pain.

32. From G.L. c. 4, § 7(26)(c) 2014 to G.L. c. 4, § 7(26)(c) 2019, the Respondent failed to query MassPAT when prescribing opioids to Patient D.

Patient E

33. Patient E was a male born in G.L. c. 4, § 7(2) .

34. In 2009, the Respondent became Patient E's PCP.

35. In 2010, the Respondent began prescribing Patient E Schedule II opioids for G.L. c. 4, § 7(26)(c) pain.

36. From G.L. c. 4, § 7(26)(c) 2014 to G.L. c. 4, § 7(26)(c) 2019, the Respondent failed to query MassPAT when prescribing opioids to Patient E.

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 gross misconduct in the practice of medicine, or practicing medicine fraudulently, or beyond its authorized scope, or with gross incompetence, or with gross negligence on a particular occasion or negligence on repeated occasions.

B. Pursuant to G.L. c. 112, §5, eighth par. (b), and 243 C.M.R. 1.03(5)(a)11, the Board may discipline a physician upon proof satisfactory to a majority of the Board that said physician has committed an offense against any provisions of the laws of the Commonwealth relating to the practice of medicine, or any rule or regulation adopted thereunder, to wit:

1. 105 CMR 700.00 as it pertains to mandatory review of the MassPAT system for the issuance of certain prescriptions.

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 'Julian N. Robinson', written over a horizontal line.

Julian N. Robinson, M.D.
Board Chair

Date: November 4, 2021