COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Adjudicatory Case No. 2022-024

In the Matter of

Thomas W. Stinson, 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 Thomas W. Stinson, M.D., ("Respondent") has practiced medicine in violation of law, regulations, or good and accepted medical practice as set forth herein. The investigative docket numbers associated with this order to show cause are Docket Nos. 19-532, 20-932, 21-213, 21-356, 22-266 and 22-267.

Biographical Information

1. The Respondent graduated from the University of Miami School of Medicine in 1975 and has been licensed to practice medicine in Massachusetts under certificate number 39897 since August 1976. He is board-certified in Anesthesiology but specializes in Addiction Medicine and maintains a solo practice in Woburn where he primarily treats patients suffering from attention deficit disorder and/or opiate use disorder.

Factual Allegations

Massachusetts Prescription Awareness Tool (MassPAT):

2. MassPAT is an online database that lists all Schedule II to V prescriptions as well gabapentin prescriptions filled by patients at pharmacies.

3. The Respondent registered for MassPAT on July 19, 2016 and has no delegates.

4. The Respondent did not consult MassPAT prior to issuing prescriptions for any of his patients from July 2021 to present.

Patient A:

5. Patient A is a female born in 1992 who the Respondent is treating for anxiety, attention deficit disorder and opiate use disorder.

6. In October 2019 Patient A went to Anna Jacques Hospital where she presented with significant symptoms of disorganized behavior and psychosis including hallucinations. A psychiatrist at Anna Jacques Hospital notified the Respondent of Patient A's condition and her plan to enroll in the Salvation Army's residential substance abuse treatment program.

7. The Respondent declined to provide the Salvation Army with a letter agreeing not to prescribe Patient A any addictive medications.

8. The Respondent did not check MassPAT before issuing Patient A prescriptions for a Schedule III narcotic on diverse dates between March 1, 2021 and May 23, 2022.

9. The Respondent did not check MassPAT before issuing Patient A prescriptions for benzodiazepines on diverse dates between March 1, 2021 and May 23, 2022.

Patient B:

10. Patient B is a female born in 1973.

11. The Respondent did not check MassPAT before issuing Patient B prescriptions for a Schedule II controlled substance on diverse dates between January 2019 and October 2021.

Patient C:

12. Patient C is a female born in 1987 with a prior history of opiate use disorder.

13. The Respondent began treating Patient C in 2019 and did not check MassPAT on

April 16, 2019 before issuing her a prescription for a Schedule II controlled substance.

14. The Respondent did not check MassPAT on June 8, 2022 before issuing Patient C a prescription for a benzodiazepine.

Patient D:

15. Patient D is a female born in 1980 who the Respondent has treated for opiate use disorder since at least 2017.

16. The Respondent did not check MassPAT before issuing Patient D prescriptions for a Schedule III narcotic on diverse dates between September 15, 2018 and March 17, 2022.

Patient E:

17. Patient E is a male born in 1981 with a history of attention deficit disorder and opiate use disorder.

18. Patient E saw the Respondent for an initial appointment on October 19, 2018 regarding treatment of his attention deficit disorder.

19. Patient E provided the Respondent the name of his prior primary care provider who had recently retired. However, Patient E was not asked to sign a release authorizing the Respondent to obtain his prior medical records.

20. Patient E was not asked to sign a controlled substance contract.

21. The Respondent issued Patient E a prescription for a Schedule II controlled substance on October 19, 2018 without first checking MassPAT.

22. Patient E returned to the Respondent's office for medication management appointments on approximately thirteen diverse dates between October 19, 2018 and November 19, 2020.

23. On one occasion prior to the start of the pandemic, the Respondent got into a

verbal argument with a female patient seated in the waiting room near Patient E. The female patient expressed concern about the lack of confidentiality given individuals in the waiting room could hear the Respondent's conversations with patients in his office. The Respondent told the female patient she could find another doctor and ordered her to leave.

24. While treating with the Respondent, Patient E had to switch pharmacies because CVS pharmacy refused to fill prescriptions issued by him.

25. In January 2021 Patient E went to the Respondent's office for a previously scheduled appointment. The Respondent told Patient E that he had not seen him in six months, was no longer accepting insurance and was charging $100 cash for appointments.

26. The Respondent told Patient E he would need to wait behind three other patients who were present in the waiting room.

27. Patient E, who was wearing a face mask, expressed frustration at having to wait on a date when he had a scheduled appointment.

28. The Respondent, who was not wearing a mask, walked towards Patient E, attempted to grab his arm and told Patient E to get out of his office.

29. Patient E left the office but called the Respondent a few weeks later at which time the Respondent stated he would not see him and hung up the phone.

Patient F:

30. Patient F is a female born in 1974 who was being treated by the Respondent.

31. On or about August 26, 2021 Patient F self-presented to the Emergency Department of Cambridge Health Alliance's Whidden Hospital with complaints of a rash.

32. Patient F's urine and serum toxicology screens on August 26, 2021 were positive for ethanol, amphetamine, buprenorphine, opiates, fentanyl and cannabinoids.

33. Patient F did not know what condition(s) the Respondent had diagnosed her with and did not report any ongoing mood or anxiety conditions.

34. A provider at Whidden Hospital called the Respondent on or about August 26, 2021 at which time the Respondent confirmed he meets with Patient F every two months and does not perform urine toxicology screens before issuing prescriptions.

35. Between January 2020 and June 2022, the Respondent prescribed Patient F suboxone, gabapentin, dextroamphetamine, and chlordiazepoxide.

36. The Respondent did not check MassPAT on diverse dates between December 2020 and June 2022 before issuing Patient F prescriptions for a Schedule III narcotic.

Board Communications/ Meetings:

37. The Respondent reported the following information during his March 2021 interview with Board staff regarding his prescribing practices:

i. He does not require his patients to sign controlled substance contracts;

ii. He does not require his patients to submit to random urine screens or pill counts;

iii. He does not request medical records for his patients from prior treatment providers;

iv. He does not find it useful to check MassPAT, which is required pursuant to state regulations;

v. He does not use prescriptions pads and all his prescriptions are computer generated and sent to the patients' pharmacies electronically; and

vi. He has maintained his office schedule during the pandemic and does not wear a face mask unless he is examining someone's throat.

38. In his written response to the Board date June 1, 2022, the Respondent provided the following information regarding Patient E:

i. Patient E "came to my office without an appointment, demanded to be seen; however, he *was never an accepted patient, was never prescribed drugs* or charged for a visit." (Emphasis added).

39. The Respondent was scheduled to appear for a conference with the Complaint Committee on July 22, 2022 to discuss the open complaints against him and his practice generally; however, he failed to answer either his cell phone or his home phone at the agreed upon time.

40. The Respondent's cell phone number is also the number for his practice and has the following outgoing message for callers: "Please do not leave a message, call me again later if you need to speak to me. Thank you."

41. On June 13, 2001, the Board adopted Policy Number 01-01 -Disruptive Physician Behavior, which states, in pertinent part that "Behaviors such as foul language; rude, loud or offensive comments; and intimidation of staff, patients and family members are now recognized as detrimental to patient care."

2020 License Renewal Application:

42. On February 13, 2020, Board staff sent the Respondent a notification letter informing him the Board had docketed a complaint against him (Docket No. 19-352) in connection with his treatment of Patient A.

43. On February 17, 2020, the Respondent sent a written response denying the allegations contained in Docket No. 19-352.

44. On his 2020 Renewal Application the Respondent answered "No" to the question:

Have you been the subject of an investigation by any government authority including the Massachusetts Board of Registration in Medicine or any other state

medical board, health care facility, group practice, employer or professional association?

45. The Respondent signed his 2020 Renewal Application as follows:

> Under the penalties of perjury, I declare that I have examined this renewal application and all of its accompanying instructions, forms and statements, and to the best of my knowledge and belief, I certify that the information contained herein is true, accurate, and complete.

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 CMR 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:

   a. 105 CMR 700.012 (G) as it pertains to mandatory review of the MassPAT system for issuance of certain prescriptions.

   b. Board Policy Number 01-01 on "Disruptive Physician Behavior."

C. Pursuant to 243 CMR 1.03(5)(a)16, the Board may discipline a physician upon proof satisfactory to a majority of the Board, that said physician has failed to respond to a subpoena or to furnish the Board, its investigators or representatives, documents,

information or testimony to which the Board is legally entitled.

D. Pursuant to 243 CMR 1.03(5)(a)18, the Board may discipline a physician upon proof satisfactory to a majority of the Board that said physician has committed misconduct in the practice of medicine.

E. Pursuant to *Levy v. Board of Registration in Medicine*, 378 Mass. 519 (1979); *Raymond v. Board of Registration in Medicine*, 387 Mass. 708 (1982), the Board may discipline a physician upon proof satisfactory to a majority of the Board, that said physician has engaged in conduct that undermines the public confidence in the integrity of the medical profession.

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 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 Respondent's practice of medicine.

Order

Wherefore, it is hereby **ORDERED** that the Respondent show cause why the Board should not discipline Respondent for the conduct described herein.

By the Board of Registration in Medicine,

Julian N. Robinson, M.D.
Board Chair

Date: August 4, 2022