COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.                          Board of Registration in Medicine

Adjudicatory Case No. 2012-022

________________________________________
In the Matter of

MICHAEL J. F. IANNESSA, M.D.

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CONSENT ORDER

Pursuant to G.L. c. 30A, § 10, Michael J. F. Iannessa, 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. 09-365 and 09-408.

Findings of Fact

1. The Respondent was born on March 3, 1952. He graduated from the University of Rome Medical School in June 1979. He is certified by the American Board of Obstetrics and Gynecology. He has been licensed to practice medicine in Massachusetts under certificate number 52862 since June 1984. He has privileges at Highpoint Treatment Center, Inc. (Highpoint) in Manomet, Massachusetts.
2. The Respondent entered into a Consent Order that was accepted by the Board on September 16, 2009. The Respondent was reprimanded and fined $2,500. *In the Matter of Michael J. F. Iannessa, M.D.*, Board of Registration in Medicine, Adjudicatory Case No. 2009-028 (Consent Order, September 16, 2009).

*Docket No. 09-365*

3. Patient A was an adult male who was diagnosed with post traumatic stress disorder and substance abuse that included a history of benzodiazepine abuse.

4. On July 17, 2009, the Respondent discharged Patient A from Pembroke Hospital (Pembroke) to a substance abuse program.

5. Prior to discharge, the Respondent, in an effort to convince Patient A to follow through on the treatment plan for him to attend a substance abuse treatment program, agreed to issue a prescription of Klonopin for Patient A, which Patient A would fill when he was discharged from the program.

6. The Respondent issued the Klonopin prescription for Patient A, but did not document it in the discharge instructions because the Respondent knew that the substance abuse program did not allow patients to be taking benzodiazepines at the time that they entered the program.

7. The Respondent did not inform the staff at the substance abuse program that he had issued the Klonopin prescription for Patient A.

8. The Respondent did not inform the staff at Pembroke that he had issued the Klonopin prescription for Patient A.

9. While waiting for admission into the substance abuse program, Patient A overdosed on the Klonopin that the Respondent had prescribed. Patient A was taken to a
hospital Emergency Department, held overnight for observation, and discharged the following day.


12. The Respondent’s issuance of the Klonopin prescription was a serious deviation from the standard of care.

Docket No. 09-365

13. Between 2009 and early 2011, the Respondent represented on his Board Profile that he was a Fellow in Addiction Medicine and that he had done a Fellowship at Pembroke.

14. The Respondent included said representations in his license renewal application for 2009-2011 and requested that his Board Profile contain said representations.

15. Pembroke does not have a Fellowship in Addiction Medicine and, consequently, the Respondent was never a “Fellow.”

16. While at Pembroke, the Respondent completed 1920 hours of supervised practice in addiction medicine, and fifty hours of continuing medical education in addiction medicine.


18. The statement referenced in paragraph 16 is not a true statement as the Respondent did not complete a fellowship in addiction medicine.

20. In that response, the Respondent again represented that he had completed a Fellowship in Addiction Medicine.

21. In his employment application for Highpoint, which is dated October 19, 2009, the Respondent described his position at Pembroke as a fellow in an addiction medicine fellowship. The Respondent’s curriculum vita, which he provided to Highpoint, also lists said representation.

22. In 2007, the Respondent inadvertently provided to one of his patients a page containing medical information and the identity of another patient.

Conclusions of Law

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

1. G.L. c. 94C, § 19(a), which requires that physicians issue prescriptions for controlled substances for legitimate purpose and in the usual course of the physician’s medical practice.

B. The Respondent has violated G.L. c. 112, § 5, ninth 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 gross misconduct in the practice of medicine, practicing medicine
fraudulently, practicing medicine beyond its authorized scope, and practicing medicine with
gross negligence on a particular occasion.

C. The Respondent has violated G.L. c. 112, § 5, ninth par. (h) and 243 CMR
1.03(5)(a)11 by violating a regulation of the Board—to wit:

1. 243 CMR 2.07(5), which states that a licensee who violates G.L. c. 94C
also violates a rule or regulation of the Board.

Docket No. 09-408

D. The Respondent has violated 243 CMR 1.03(5)(a)18 by committing misconduct
in the practice of medicine.

Sanction and Order

The Respondent’s license is hereby indefinitely suspended. Said suspension shall be
immediately stayed upon entry into a five-year Probation Agreement that includes, but is not
limited to, the following terms:

1. Participation in a Physician Health Services (“PHS”) Behavioral Health Monitoring
   Contract that includes, at a minimum, work with an individual therapist, a professional
   coach and group therapy. The individual therapist and professional coach must be Board-
   approved. The Respondent must sign releases to allow the professional coach, the
   individual therapist and the group therapist to communicate with one another on a regular
   basis and the Respondent must provide a copy of the Professional Renewal Center
   (“PRC”) evaluation to each of the aforementioned individuals.

2. The Respondent must participate in an updated PRC assessment four (4) months from the
date he enters the PHS Behavioral Health Contract and then again six (6) months later
and must follow all of the PRC recommendations made in those assessments.
3. A Board-approved practice plan that includes monitoring of all of the Respondent’s practice settings, by a Board-approved monitor. The monitor shall conduct monthly assessments of the Respondent’s practice. The assessments shall include, but not be limited to, a review of at least ten (10) patient charts selected by the monitor, and consultations with the Respondent.

4. The monitor must hold an active, unrestricted license to practice medicine in MA and must be board certified in psychiatry and specialize in addiction medicine.

5. Completion of ten (10) Board designee-approved, Category I CME’s in ethics and ten (10) Board designee-approved, Category I CME’s in addiction medicine. These CMEs are in addition to those required for renewal and must be completed within 1 year of the Board’s adoption of the Consent Order.

**Execution of this Consent Order**

The Respondent shall provide a complete copy of this Consent Order and Probation Agreement with all exhibits and attachments within ten (10) days 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 stayed suspension and probation. 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.

Signed by Michael J.F. Iannessa, M.D. 5/23/12  
Michael J. F. Iannessa, M.D. Date  
Licensee

Signed by W. Scott Liebert 6/6/2012  
W. Scott Liebert, Esq. Date  
Attorney for the Licensee

Signed by Kevin C. Reidy 5/25/12  
Kevin C. Reidy Date  
Attorney for the Licensee

Signed by Jean M. O’Brien 6/8/12  
Jean M. O’Brien Date  
Deputy Director of Enforcement

So ORDERED by the Board of Registration in Medicine this 11th day of July 2012.

Signed by Herbert H. Hodos  
Herbert H. Hodos  
Vice Chair