

COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Adjudicatory Case No. 2017-020

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In the Matter of )

ADAM D. GLADSTONE, 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 Adam D. Gladstone, 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. 16-198

Biographical Information

1. The Respondent was born on September 28, 1966. He graduated from the University of Pittsburg School of Medicine in 1993. He is certified by the American Board of Internal Medicine. He has been licensed to practice medicine in Massachusetts under certificate number 158773 since 1999.

Factual Allegations

Patient A

2. Patient A, a female, was 37 years-old when the Respondent became her primary care physician (PCP) in 2014.

3. The Respondent treated Patient A from October 2014 to November 2014.
4. The Respondent treated Patient A for a variety of complaints including amenorrhea and painful neuropathy.
5. The Respondent prescribed Patient A oxycodone, risperidone, doxepin, Cymbalta, clonazepam, and Trileptal.
6. The Respondent failed to meet the standard of care in the treatment of Patient A by failing to:
  - a. take an adequate initial history;
  - b. perform an adequate initial physical examination; and
  - c. perform drug testing.

Patient B

7. Patient B, a male, was 33 years-old when the Respondent first became his PCP in 2010.
8. The Respondent treated Patient B from January 2010 to November 2011 and then from July 2014 to September 2014.
9. The Respondent treated Patient B for a variety of complaints including rheumatoid arthritis and chronic headaches.
10. The Respondent treated Patient B with tramadol and oxycodone.
11. The Respondent failed to meet the standard of care in the treatment of Patient B by failing to:
  - a. take an adequate initial history;
  - b. perform an adequate initial physical examination;
  - c. document and/or appreciate Patient B's high-risk for medication abuse;

- d. routinely perform drug testing;
- e. regularly review prescription monitoring information; and
- f. explore evidence of potential medication abuse or diversion.

Patient C

- 12. Patient C, a male, was 35 years-old when the Respondent became his PCP in 2013.
- 13. Patient C complained of anxiety and memory issues.
- 14. The Respondent treated Patient C with Xanax.
- 15. Respondent failed to meet the standard of care in the treatment of Patient C by failing to:
  - a. document and/or appreciate Patient C's high-risk for medication abuse;
  - b. give sufficient attention to outside records;
  - c. regularly review prescription monitoring information; and
  - d. explore evidence of potential medication toxicity.

Patient D

- 16. Patient D, a male, was 52 years-old when the Respondent became his PCP in 2014.
- 17. Patient D complained of insomnia and anxiety.
- 18. The Respondent treated Patient D with Xanax and oxycodone.
- 19. The Respondent failed to meet the standard of care in the treatment of Patient D by failing to:
  - a. document and/or appreciate Patient D's high-risk for medication abuse;
  - b. give sufficient attention to outside records;

- c. routinely perform drug testing;
- d. regularly review prescription monitoring information;
- e. explore evidence of potential medication toxicity; and
- f. explore evidence of potential medication abuse or diversion.

Patient E

20. Patient E, a female, was 44 years-old when the Respondent became her PCP in 2008.

21. Patient E complained of chronic pain, anxiety, and depression.

22. The Respondent treated Patient E with Percocet and Valium.

23. Respondent failed to meet the standard of care in the treatment of Patient E by

failing to:

- a. give sufficient attention to outside records;
- b. regularly review prescription monitoring information;
- c. appropriately address discordant drug test results;
- d. explore evidence of potential medication toxicity;
- e. explore evidence of potential medication abuse or diversion; and
- f. failed to address other medical issues including performing an evaluation of Patient E's report of hospitalization for seizures.

Patient F

24. Patient F, a male, was thirty-five years-old when the Respondent became his PCP.

25. Patient F complained of back and knee pain.

26. The Respondent treated Patient F with Vicodin.

27. The Respondent failed to meet the standard of care in the treatment of Patient F by failing to:

- a. routinely perform drug testing;
- b. regularly review prescription monitoring information; and
- c. explore evidence of potential medication toxicity.

#### Patient G

28. Patient G, a male, was fifty-nine years-old when the Respondent became his PCP in 2011.

29. Patient G complained of chronic neck and back pain.

30. The Respondent treated Patient G with oxycodone and OxyContin.

31. Respondent failed to meet the standard of care in the treatment of Patient G by failing to:

- a. take an adequate initial history;
- b. perform an adequate initial physical examination;
- c. give sufficient attention to outside records;
- d. regularly review prescription monitoring information;
- e. appropriately address discordant drug test results;
- f. explore evidence of potential medication toxicity; and
- g. explore evidence of potential medication abuse or diversion.

#### Medical Records

32. From July 1999 to February 2010, the Respondent handwrote his medical notes.

33. Parts of the Respondent's handwritten medical records are not legible for Patients B, E, and F.

### 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 negligence on repeated occasions.

B. Pursuant to G.L. c. 112, §5, eighth par. (h) 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 violated of a rule or regulation of the Board. Specifically, the Respondent violated 243 CMR 2.07(13)(a), which requires a physician to:

- i. maintain a medical record for each patient, which is adequate to enable the licensee to provide proper diagnosis and treatment; and
- ii. maintain a patient's medical record in a manner which permits the former patient or a successor physician access to them.

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*

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Candace Lapidus Sloane, M.D.  
Board Chair

Date: May 25, 2017