

COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Adjudicatory Case No. 2017-020

_____)
 In the Matter of)
)
 ADAM D. GLADSTONE, M.D.)
 _____)

CONSENT ORDER

Pursuant to G.L. c. 30A, § 10, Adam D. Gladstone, 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 No. 15-144.

Findings of Fact

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.

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.

Conclusion of Law

A. The Respondent has violated G.L. c. 112, § 5, eighth 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 practicing medicine with negligence on a 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:

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

Sanction and Order

Pursuant to G.L. c. 112, s. 5A and 243 C.M.R. 1.05(7), the Respondent's license is hereby permanently restricted from issuing prescriptions for Schedule II medications, all opioids, and all

benzodiazepines. Furthermore, the Respondent's license is hereby suspended. Any petition to stay the suspension:

- must include proof of the Respondent's fitness to practice, including but not limited to:
 - a completed skills assessment by a Board-approved entity;
 - a completed general physical examination; and
 - a completed neuropsychological examination by a Board-approved evaluator; and
- would be contingent on the Respondent entering a five-year Probation Agreement that shall include, but not be limited to:
 - work site monitoring by Board-approved monitor who will:
 - review 10 randomly selected charts per month and determine whether the Respondent is treating his patients within the standard of care, and properly documenting patient medical records;
 - confirm that the Respondent is utilizing the Prescription Monitoring Program (PMP) consistent with the standard of care and with all regulations and laws; and
 - submit quarterly reports to the Board; and
 - the requirements and conditions set forth by evaluators (e.g., the practice skills assessment entity and neuropsychological evaluator).


This sanction is imposed for each violation of law listed in the Conclusion section and not a combination of any or all of them.

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 suspension. The Respondent is further directed to certify to the Board within ten (10) days that the Respondent has complied with this directive.

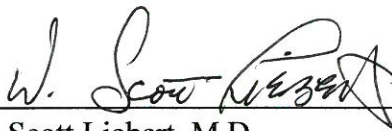
The Board expressly reserves the authority to independently notify, at any time, any of the entities designated above, or any other affected entity, of any action it has taken.



Adam Gladstone, M.D.
Licensee



Date



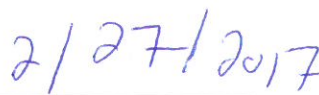
W. Scott Liebert, M.D.
Attorney for the Licensee



Date



James Paikos



Date

So ORDERED by the Board of Registration in Medicine this 25th day of May, _____,
20 17.

Candace Lapidus Sloane, MD

Candace Lapidus Sloane, M.D.
Board Chair