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- (4) Is professionally, physically, or mentally incompetent;
- (8) Is addicted to, or habitually uses, any narcotic or controlled dangerous substance as defined in § 5-101 of the Criminal Law Article;
- (9) Provides professional services:
  - (ii) While using any narcotic or controlled substance, as defined in § 5-101 of the Criminal Law Article, or other drug that is in excess of therapeutic amounts or without valid medical indication.

## **FINDINGS OF FACT**

Disciplinary Panel B finds the following:

1. At all times relevant, the Respondent was and is a physician licensed to practice medicine in the State of Maryland. The Respondent was initially licensed in Maryland on or about May 13, 1993. Her license is presently active and is scheduled to expire on September 30, 2016.
2. The Respondent was and is a physician engaged in the practice of psychiatry at a skilled nursing facility in Hyattsville, Maryland. The Respondent is not board certified and does not currently hold any hospital privileges.
3. On or about January 2, 2015, the Board received a complaint from a pharmacist (the "complainant") in Rockville, Maryland alleging that on December 31, 2014 the Respondent presented a prescription for Ritalin<sup>1</sup> and upon checking CRISP<sup>2</sup>, the complainant noted multiple discrepancies. Specifically, the complainant identified multiple prescribers, multiple pharmacies and cash payments for schedule II drugs. The complainant stated that she confronted the Respondent, who indicated that she would just not fill her prescription that day.
4. On February 23, 2015, Board staff interviewed the complainant, who indicated that a CRISP database search on the Respondent revealed that the Respondent had been obtaining prescriptions for CDS from multiple providers and going to multiple pharmacies and to fill prescriptions for the same medications every few days.

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<sup>1</sup> Ritalin (generic: methylphenidate), a schedule II controlled dangerous substance ("CDS"), is a central nervous system stimulant, which affects chemicals in the brain and nerves that contribute to hyperactivity and impulse control. It is used to treat attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD), as well as a sleep disorder called narcolepsy.

<sup>2</sup> CRISP (Chesapeake Regional Information System for our Patients) is a regional health information exchange for the Maryland and District of Columbia areas.

5. The complainant further stated that the Respondent gave different excuses for frequent refills, multiple physicians and cash payment.
6. The complainant stated that she contacted two of the Respondent's prescribing physicians, both of whom were unaware that the Respondent was obtaining prescriptions from other providers.
7. The complainant stated that the Respondent was filling prescriptions for Ritalin, morphine, Percocet, Vicodin and Nuvigil, which were prescribed by multiple providers.<sup>3</sup>
8. The complainant further stated that the Respondent contacted her by telephone and asked if the complainant was going to report her to the police or to the Board. The Respondent stated that the complainant didn't have to report her because she was going to start a 12-step program.
9. On March 18, 2015, the Respondent provided an unsigned written response to the complaint. In her response, the Respondent stated that during her residency she was prescribed Ritalin to augment an anti-depressant. She later continued taking Ritalin for daytime wakefulness.
10. In her response, the Respondent described an incident in 2013 when she fell asleep while driving and was involved in a car accident. She stated that she became so fearful of falling asleep while driving that she began to take "large doses of Ritalin" two hours before driving to avoid falling asleep.

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<sup>3</sup> Morphine is an opioid pain medication and schedule II CDS used to treat moderate to severe pain. Percocet, a schedule II CDS, contains a combination of oxycodone (an opioid narcotic) and acetaminophen (a less potent pain reliever) and is used to treat moderate to severe pain. Vicodin, a schedule II CDS, contains a combination of hydrocodone (an opioid narcotic) and acetaminophen and is used to treat moderate to severe pain. Nuvigil (generic: armodafinil) is a medication that promotes wakefulness.

11. The Respondent admitted to going to multiple prescribers to obtain prescriptions of Ritalin.
12. The Respondent stated that she weaned herself off of Ritalin and did not take it for three weeks. She stated that she “had never fallen asleep during the day before and it has never happened again.” She then returned to her usual dosage, which is prescribed by her internist.
13. The Respondent further stated that she goes “running with her dog every day” and maintains a healthy lifestyle.<sup>4</sup>
14. During the course of the Board’s investigation, Board staff obtained the Respondent’s medical records from various providers. The following information was revealed upon review of the Respondent’s medical records:
  - a. The Respondent was hospitalized at Facility A on March 9, 2014 after a fall at home two days prior left her with an altered mental status. The medical record indicates that the Respondent was giving conflicting information about the narcotics she was taking. The Respondent also initially denied taking benzodiazepines but then admitted to sometimes taking Lorazepam to sleep.<sup>5</sup> The Respondent’s discharge diagnosis included opiate overdose.
  - b. The Respondent visited Facility B, an urgent care facility in Potomac, Maryland, on May 28, 2014, August 8, 2014, September 6, 2014, October 4, 2014, October 25, 2014, November 29, 2014, December 27, 2014, January 17, 2015 and January 31, 2015. At each visit, the Respondent’s reason for visit was

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<sup>4</sup> An office note from June 20, 2014 with Physician A, who treated the Respondent for chronic intractable back pain, indicates that “Patient reports: is not able to walk 10 blocks and walk an unlimited distance. Patient reports: finds it difficult to exercise, perform activities of daily living and walk.”

<sup>5</sup> Lorazepam is a benzodiazepine and a schedule IV CDS. It is used to treat anxiety.

to refill her prescription for Ritalin. At each appointment, the provider documented "chronic narcolepsy" and prescribed Ritalin LA 20 mg 2 capsules BID #120. These prescriptions were in addition to prescriptions for Ritalin obtained from other providers. The prescriber also documented "patient denies px/discomfort."

c. An office visit note from October 20, 2014 with Physician A, who the Respondent saw regularly for treatment of her chronic back pain, indicates that she confronted the Respondent regarding her use of Ritalin. The Respondent asked Physician A for a refill of Ritalin. Physician A documented that a review of the prescription drug monitoring program revealed multiple prescribers, and that the Respondent had filled a prescription for Ritalin #120 tablets five days prior. Physician A documented "she states she has gotten a pill counter and will try going to a former church."

d. In December 2014, the Respondent did not come to work for several days which prompted her colleagues to call the police. On December 2, 2014, the police found the Respondent at home with altered mental status and she was transported to Facility A's emergency department. The Respondent's medical record from that her hospitalization revealed that she had a history of change in mental status due to overdose of narcotics with benzodiazepine in the past, but denied having overdosed on this occasion. The medical record references a possible fall.

e. The Respondent is diagnosed with chronic pain syndrome secondary to back pain. Her medical records indicate that her pain is aggravated by daily

activities, and she is prescribed chronic opioid therapy to maintain her activities of daily living.

f. On January 23, 2015, the Respondent presented to Facility A with altered mental status after passing out in the bathroom.<sup>6</sup> She sustained a broken arm and head injury. Her urinalysis was positive for benzodiazepine and opiates and “suggestive of opiate and benzodiazepine use/overdose.” Her hospitalization documents severe agitation and delirium, which was attributed to opiate/benzodiazepine withdrawal.

g. In a March 17, 2015 progress note, Provider B, a social worker, documented that the Respondent did not report for her session on time because she was in a car accident. The Respondent reported to Provider B that she hit a woman’s bumper on the beltway. Provider B also documented that the Respondent is “extremely anxious, moving around a lot, odd appearing involuntary like movements with arms, some pacing in the room.” Provider B documented that the Respondent “needs intensive treatment and at the very least outpatient treatment 3 days/wk. urine screens would be indicated to r/o substance abuse.”

15. The Board issued a subpoena for the Respondent to present to the Board for an interview on March 18, 2015 at 11:00 a.m. The Respondent arrived over three hours late. The Respondent stated that she was involved in a car accident on her way to the interview and that her dog had died. Board staff escorted the Respondent to the lobby

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<sup>6</sup> Another portion of the medical record describes the fall as being the result of the Respondent tripping over loose carpeting on the stairs. During her interview with Board staff, the Respondent described this incident as the result of having tripped over her cat that was lying on the stairs, causing the Respondent to fall.

after the interview so that the Respondent could retrieve the accident police report from her vehicle. The Respondent did not return with the police report. The Respondent later contacted the Board and left an incoherent voicemail.

16. During the interview, Board staff observed that the Respondent moved and spoke quickly, slurred her speech, appeared to have “foam” in the corners of her mouth, perspired heavily and spoke incoherently.

17. During the interview, the Respondent had difficulty staying on topic and had to be redirected multiple times. The Respondent often spoke at length about other topics without answering the question asked by Board staff and needed to be redirected frequently. The Respondent also stood up several times during the interview and was asked to be seated.

18. The Respondent admitted that from “sometime in 2013 until a month ago I was taking at a higher dose [of Ritalin] than was prescribed.” She further stated that sometimes by the time she left for work in the morning she “had taken three of the extended release prescription” which is three times her prescribed dosage. She stated that when she was taking Ritalin LA she was taking as many as 12 tablets per day, which was three times her prescribed dosage. The Respondent admitted that “there were days that I had a ton of errands to do, one right after another, so I just kept taking [Ritalin] all day long.”

19. The Respondent stated that she was taking high doses of opiates for pain management, but recently cut back on her medications.

20. With regard to her recent hospitalization at Facility A for altered mental status, the Respondent stated that she “stood up on the couch and lost my balance and

smashed my head on the oak coffee table and I was out for days.” The Respondent could not explain why her laboratory results indicated that she had taken benzodiazepines because she “can’t take them.” The Respondent stated that she “was telling them all along” that her symptoms were from her hitting her head on the coffee table.<sup>7</sup>

### **CONCLUSIONS OF LAW**

Based on the foregoing Findings of Fact, the Board concludes as a matter of law that the Respondent violated the following provisions of the Act: H.O § 14-404(a) (4) Is professionally, physically, or mentally incompetent; (8) Is addicted to, or habitually uses, any narcotic or controlled dangerous substance as defined in § 5-101 of the Criminal Law Article; (9) Provides professional services: (ii) While using any narcotic or controlled substance, as defined in § 5-101 of the Criminal Law Article, or other drug that is in excess of therapeutic amounts or without valid medical indication.

### **ORDER**

Based on the foregoing Findings of Fact and Conclusions of Law, it is this 16<sup>th</sup> day of April, 2015, by a majority of the quorum of the Board considering this case:

**ORDERED** that The Respondent’s license to practice medicine is **SUSPENDED**; subject to the following terms and conditions:

A. No later than ten (10) business days from the date that Disciplinary Panel B executes this Consent Order, the Respondent shall enroll in the Maryland Professional Rehabilitation Program (“MPRP”) and shall enter into a Board-monitored Rehabilitation

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<sup>7</sup> The Respondent’s emergency room medical record states “Apparently she had a fall a few days back, but she cannot remember how it happened.”

Agreement and a personal Rehabilitation Plan and shall fully, timely, and satisfactorily cooperate and comply with all Program recommendations and requirements, including but not limited to, the terms and conditions of all Rehabilitation Agreement(s) and Rehabilitation Plan(s) entered into with the MPRP, obtain evaluation and treatment as recommended by the Maryland Professional Rehabilitation Program, complete abstinence, weekly random monitored toxicology screens as required by the MPRP, self-help fellowship meetings and in-patient substance abuse treatment recommended by the MPRP.

B. No later than ten (10) business days of the date that Disciplinary Panel B executes this Consent Order, the Respondent shall sign any written release/consent forms, and update them, as required by Disciplinary Panel B and the MPRP. Specifically, the Respondent shall sign any written release/consent forms required by the Board to authorize the MPRP to make verbal and written disclosures to Disciplinary Panel B, including disclosure of any and all MPRP records and files and confidential drug and alcohol abuse information about the Respondent. The Respondent shall also sign any written release/consent forms required by the MPRP to authorize the MPRP to exchange with (*i.e.*, disclosure to and receive from) outside entities (including all of the Respondent's current therapists and treatment providers) verbal and written information about her, including confidential drug and alcohol abuse information.

C. The Respondent shall be responsible for assuring that any treatment provider(s) submit written reports to the MPRP and to the Board at least once every three (3) months regarding her attendance, progress, payment of fees, and recommendations as to the continuation, frequency, and/or termination of treatment.

The Respondent shall sign any consent forms required to authorize Disciplinary Panel B and the MPRP to receive written reports from her treating mental health and health professionals or any treatment providers.

**AND IT IS FURTHER ORDERED** that if and when the MPRP finds the Respondent is safe to practice medicine and if the Respondent has complied with conditions above, the Respondent may petition the Reinstatement Inquiry Panel to lift the suspension of the Respondent's license. Upon reinstatement, Disciplinary Panel B may impose conditions on the Respondent's return to practice; and it is further

**ORDERED** that if the Respondent violates any condition of this Consent Order, including a violation of any term or condition of the MPRP Rehabilitation Agreement and Rehabilitation Plan, Disciplinary Panel B, in its discretion, after notice and opportunity for a show cause hearing before Disciplinary Panel B or an evidentiary hearing at the Office of Administrative Hearings, may impose additional sanctions authorized under the Medical Practice Act, including a reprimand, suspension, probation, revocation and/or a monetary fine; and it is further

**ORDERED** that the Respondent shall comply with all laws governing the practice of medicine under the Maryland Medical Practice Act and all rules and regulations promulgated thereunder; and it is further

**ORDERED** that the Respondent is responsible for all costs incurred in fulfilling the terms and conditions of this Consent Order; and it is further

**ORDERED** that this Consent Order shall be a **PUBLIC DOCUMENT** pursuant to Md. Gen. Prov. Code Ann. § 4-101 et seq. (2014 Vol.).

4/16/2015

Date

  
Christine A. Farrelly, Executive Director  
Maryland State Board of Physicians

**CONSENT ORDER**

I, Laurie Beth Kreger, M.D., acknowledge that I am represented by counsel and have consulted with counsel before entering into this Consent Order. By this Consent and for the sole purpose of resolving the issues raised by the Board, I agree and accept to be bound by the foregoing Consent Order and its conditions.

I acknowledge the validity of this Consent Order as if entered into after the conclusion of a formal evidentiary hearing in which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf, and to all other substantive and procedural protections provided by law. I agree to forego my opportunity to challenge these allegations. I acknowledge the legal authority and jurisdiction of the Board to initiate these proceedings and to issue and enforce this Consent Order. I affirm that I am waiving my right to appeal any adverse ruling of the Board that I might have filed after any such hearing.

I sign this Consent Order after having an opportunity to consult with counsel, voluntarily and without reservation, and I fully understand and comprehend the language, meaning and terms of the Consent Order.

4/14/15  
Date

Laurie Beth Kreger M.D.  
Laurie Beth Kreger, M.D.

Reviewed and Approved by:

[Signature]  
Mark Yost, Esq.  
Counsel for Dr. Kreger

**NOTARY**

STATE OF: MARYLAND

CITY/COUNTY OF Baltimore

I HEREBY CERTIFY that on this 14 day of April, 2015,

before me, a Notary Public of the foregoing State and City/County personally appeared Laurie Beth Kreger, M.D., and made oath in due form of law that signing the foregoing Consent Order was her voluntary act and deed.

AS WITNESSETH my hand and notarial seal.

[Signature]  
Notary Public

Commission expires:

MARK ANTHONY YOST, JR.  
Notary Public-Maryland  
Baltimore City  
My Commission Expires  
November 13, 2018

