

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING

In the Matter of

John Doinas Gherman, M.D.
License Number: 43-01-084565

FILE NO.: 43-20-000160

PROOF OF SERVICE

State of Michigan)
)
County of Ingham)

I, Madison Ringle, of Lansing, County of Ingham, State of Michigan, do hereby state that on January 28, 2020, I sent the following documents to each of the parties listed below, enclosed in an envelope, plainly addressed to their last known address of record, as follows:

Order of Summary Suspension dated January 27, 2020, Administrative Complaint dated January 27, 2020

BY: (X) First Class Mail
(X) Certified Mail, Return receipt requested
() Registered Mail
() Other, last known address

TO: John Doinas Gherman, M.D.
17384 Doris St.
Livonia, MI 48152
j.gherman@sbcglobal.net

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17384 Doris St.
Livonia, MI 48152

Vertical stamp: 7019 2280 0000 1167 7210

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF MEDICINE
DISCIPLINARY SUBCOMMITTEE

In the Matter of

JOHN DOINAS GHERMAN, M.D.
License No. 43-01-084565
Respondent.

File No. 43-20-000160

ORDER OF SUMMARY SUSPENSION

The Department filed an Administrative Complaint against Respondent, as provided by the Public Health Code, MCL 333.1101 *et seq*; the rules promulgated under the Code; and the Administrative Procedures Act, MCL 24.201 *et seq*.

After careful consideration, and after consultation with the Chairperson of the Board of Medicine, pursuant to MCL 333.16233(5), the Department finds that the public health, safety, or welfare requires emergency action.

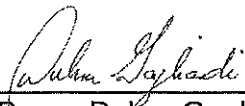
Therefore, IT IS ORDERED that Respondent's license to practice medicine in the state of Michigan is SUMMARILY SUSPENDED, commencing the date this Order is served.

MCL 333.7311(6) provides that a controlled substance license is automatically void if a licensee's license to practice is suspended or revoked under Article 15 of the Code.

Under Mich Admin Code, R 792.10702, Respondent may petition for the dissolution of this Order by filing a document clearly titled **Petition for Dissolution of Summary Suspension** with the Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing, P.O. Box 30670, Lansing, MI 48909.

MICHIGAN DEPARTMENT OF
LICENSING AND REGULATORY AFFAIRS

Dated: 01/27/2020


By: Debra Gagliardi, Director
Bureau of Professional Licensing

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF MEDICINE
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In the Matter of

JOHN DOINAS GHERMAN, M.D.
License No. 43-01-084565
Respondent.

File No. 43-20-000160

ADMINISTRATIVE COMPLAINT

The Michigan Department of Licensing and Regulatory Affairs, by Debra Gagliardi, Director, Bureau of Professional Licensing, complains against Respondent as follows:

1. The Michigan Board of Medicine is an administrative agency established by the Public Health Code, MCL 333.1101 *et seq.* Pursuant to MCL 333.16226, the Board's Disciplinary Subcommittee is empowered to discipline persons for violations of the Public Health Code.

2. Respondent is currently licensed to practice medicine in the state of Michigan and holds a controlled substance license

3. Pursuant to MCL 333.16233(5):

After consultation with the chair of the appropriate board or task force or his or her designee, the department may summarily suspend a license or registration if the public health, safety, or welfare

requires emergency action in accordance with section 92 of the Administrative Procedures Act of 1969, MCL 24.292.

4. MCL 333.16106a(c) defines substance abuse as a “substance use disorder as defined in section 100d of the mental health code, 1974 PA 258, MCL 330.1100d.”

5. MCL 330.1100d(11) defines substance use disorder as a “chronic disorder in which repeated use of alcohol, drugs, or both, results in significant and adverse consequences. Substance use disorder includes substance abuse.”

6. MCL 330.1100d(10) defines substance abuse as:

. . . the taking of alcohol or other drugs at dosages that place an individual's social, economic, psychological, and physical welfare in potential hazard or to the extent that an individual loses the power of self-control as a result of the use of alcohol or drugs, or while habitually under the influence of alcohol or drugs, endangers public health, morals, safety, or welfare, or a combination thereof.

7. Nordiazepam, lorazepam, clonazepam, temazepam, and alprazolam are schedule 4 controlled substances. Gabapentin is a schedule 5 controlled substance.

8. On April 26, 2019, Respondent was referred to the Health Professional Recovery Program (HPRP) following an employment interview where Respondent appeared to be under the influence of alcohol. Respondent completed an HPRP intake interview and was directed to undergo an evaluation.

9. On May 30, 2019, Respondent underwent an evaluation and was diagnosed with "Alcohol Use Disorder, moderate," "sedative use disorder, moderate," and "generalizing anxiety disorder." During the evaluation, the evaluator performed a breathalyzer test, revealing that Respondent had a blood alcohol content of 0.05. The evaluator recommended a detox/inpatient program and subsequent monitoring for Respondent.

10. On June 11, 2019, HPRP was informed that Respondent had entered a detox/inpatient treatment facility.

11. On June 25, 2019, HPRP was informed that Respondent had been discharged from the detox/inpatient treatment facility.

12. On or about July 1, 2019, HPRP was informed that Respondent had begun an Intensive Outpatient Program at a second facility.

13. On July 9, 2019, Respondent entered into an interim monitoring agreement which, in part, required that he submit to urine drug screens via the HPRP designated laboratory (FirstSource) or the treatment facility.

14. Between July 9, 2019, and August 20, 2019, on multiple occasions, Respondent's drug screens were positive for lorazepam, clonazepam, Phosphatidylethanol (PEth)¹, and Ethyl Glucuronide/Ethyl Sulfate (EtG/EtS)².

15. On August 22, 2019, following Respondent's multiple positive drug screens for controlled substances, HPRP discussed this matter with Respondent. Respondent admitted that he had been prescribing gabapentin to himself. Respondent informed HPRP he saw no issue with self-prescribing gabapentin but provided no clinical reason for prescribing himself gabapentin.

16. On or about August 26, 2019, HPRP was informed that Respondent had been discharged from the second treatment facility.

17. Between August 29, 2019, and September 19, 2019, on multiple occasions, Respondent's drug screens were positive for lorazepam, clonazepam, gabapentin, PEth, and EtG/EtS.

18. On September 19, 2019, Respondent entered into a three-year dual diagnosis monitoring agreement with HPRP. The terms of the monitoring agreement required, in part, that Respondent provide quarterly self/sponsor reports and logs, undergo daily alcohol tests with Soberlink³, take only HPRP approved medications, submit to urine drug screens by calling the HPRP designated laboratory (FirstSource),

¹ A PEth test measures blood levels of an alcohol-specific biomarker to detect recent alcohol consumption.

² Ethyl Glucuronide and Ethyl Sulfate are metabolites produced by the body after consuming alcohol.

³ Soberlink is a daily alcohol monitoring system utilizing an at home breathalyzer.

submit a specimen in the manner requested when instructed, and abstain from any mood-altering substances, including alcohol and controlled substances.

19. Between September 20, 2019, and October 3, 2019, on multiple occasions, Respondent's drug screens were positive for lorazepam, temazepam, nordiazepam, PEth, and EtG/EtS.

20. As a result of the above violations of the monitoring agreement, HPRP extended Respondent's monitoring agreement by 3 months.

21. Between October 7, 2019, and October 23, 2019, on multiple occasions, Respondent's drug screens were positive for lorazepam, temazepam, nordiazepam, PEth, and EtG/EtS. Additionally, Respondent refused to undergo Soberlink testing, as required under his monitoring agreement. Accordingly, HPRP initiated non-compliant closure of Respondent's case.

22. On November 26, 2019, HPRP's Health Professional Recovery Committee reviewed Respondent's step 1 request to rescind the non-compliant closure. After consideration, HPRP denied this request and referred Respondent to submit a step 2 request appealing the HPRP decision.

23. On December 17, 2019, Respondent submitted a step 2 request to appeal the HPRP decision.

24. On January 3, 2020, HPRP closed Respondent's case as non-compliant, after upholding the Health Professionals Recovery Committee's decision to deny Respondent's request to rescind the non-compliant closure. HPRP subsequently forwarded the matter to the Department.

COUNT I

Respondent's conduct, as set forth above, evidences a conduct, practice, or condition that impairs, or may impair, the ability to safely and skillfully engage in the practice of the health profession, in violation of MCL 333.16221(a).

COUNT II

Respondent's conduct, as set forth above, evidences a substance use disorder, in violation of MCL 333.16221(b)(ii).

COUNT III

Respondent's conduct, as set forth above, evidences a mental or physical inability reasonably related to and adversely affecting Respondent's ability to practice in a safe and competent manner, in violation of MCL 333.16221(b)(iii).

COUNT IV

Respondent's conduct, demonstrates Respondent's lack of a "propensity on the part of the person to serve the public in the licensed area in a fair, honest, and open manner," MCL 338.41(1), and, accordingly, a lack of "good moral character," in violation of MCL 333.16221(b)(vi).

COUNT V

Respondent's conduct, as set forth above, evidences obtaining, possessing, or attempting to obtain or possess a controlled substance; or selling, prescribing, giving away, or administering drugs for other than lawful diagnostic or therapeutic purposes, in violation of MCL 333.16221(c)(iv).

RESPONDENT IS NOTIFIED that, after consultation with the chairperson of the Board, or his or her designee, and pursuant to MCL 333.16233(5), the Department states that the public health, safety, or welfare requires emergency action, and, accordingly, Respondent's license to practice medicine in the state of Michigan is summarily suspended, pending a hearing and final determination of this matter.

RESPONDENT IS FURTHER NOTIFIED that, pursuant to MCL 333.16231(8), Respondent has 30 days from the date of receipt of this Complaint to answer this Complaint in writing and to show compliance with all lawful requirements for licensure. Respondent shall submit the response to the Bureau of Professional Licensing, Department of Licensing and Regulatory Affairs, P.O. Box 30670, Lansing, MI 48909.

Respondent's failure to submit an answer within 30 days is an admission of the allegations in this Complaint. If Respondent fails to answer, the Department shall transmit this Complaint directly to the Board's Disciplinary Subcommittee to impose a sanction, pursuant to MCL 333.16231(9).

Dated: 01/27/2020



Debra Gagliardi, Director
Bureau of Professional Licensing