

BEFORE THE VIRGINIA BOARD OF MEDICINE

IN RE: **NAZIR AHMAD CHAUDHARY, M.D.**
 License Number: 0101-027959
 Case Number: 178727

ORDER

JURISDICTION AND PROCEDURAL HISTORY

Pursuant to Virginia Code §§ 2.2-4019 and 54.1-2400(10), a Special Conference Committee of the Virginia Board of Medicine (“Board”) held an informal conference on April 11, 2019, in Henrico County, Virginia, to inquire into evidence that Nazir Ahmad Chaudhary, M.D., may have violated certain laws and regulations governing the practice of medicine in the Commonwealth of Virginia.

Nazir Ahmad Chaudhary, M.D. appeared at this proceeding and was represented by Howard P. Estes, Jr., Esquire.

Upon consideration of the evidence, the Committee adopts the following Findings of Fact and Conclusions of Law and issues the Order contained herein.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. Nazir Ahmad Chaudhary, M.D., was issued License Number 0101-027959 to practice medicine and surgery on February 1, 1977, which is scheduled to expire on June 30, 2020. At all times relevant to the findings contained herein, said license was current and active.

2. Dr. Chaudhary violated Virginia Code § 54.1-2915(A)(3) in the care and treatment of Patient A, a 22-year-old female, beginning in 2010, for diagnoses of narcotic abuse/opioid dependence and depression. Specifically:

a. On or about November 17, 2010, Dr. Chaudhary began medication-assisted treatment by prescribing buprenorphine (C-III) to Patient A for her reported abuse of oxycodone,

Percocet, and Vicodin (hydrocodone). However, prior to such prescribing Dr. Chaudhary did not document his review of the patient's Prescription Monitoring Program ("PMP") data or order an initial drug screen. Further, during the course of Patient A's treatment -- which included prescribing buprenorphine for more than six years -- Dr. Chaudhary did not regularly document checking her PMP, order random pill counts, or routinely order random drug screens on dates other than when she presented for regular office visits. Had Dr. Chaudhary carefully reviewed Patient A's PMP on a regular basis, he could have discovered that she obtained prescription pain medication on at least five occasions in a 13-month period, as follows: #20 hydrocodone 7.5mg on 3/17/15, #6 hydrocodone 7.5mg on 4/1/15, #15 hydrocodone 5mg on 7/4/15, #20 oxycodone 5mg on 3/22/16, and #20 hydrocodone on 4/19/16.

b. Dr. Chaudhary stated to the Committee that he did not have computer access at all of his office locations, so he would call his staff and ask them to pull the PMP. He stated that when he saw a PMP entry that was questionable, he would discuss it with the patient and document the patient's explanation (for example, when Patient A was prescribed hydrocodone subsequent to being injured in a car accident). Dr. Chaudhary said that now he asks his staff to print out the PMP, rather than review it on the screen. Dr. Chaudhary acknowledged that in the past he had not reviewed PMPs at every office visit, nor had he documented every time that he had reviewed a patient's PMP, but he stated that since March 2017 he has been pulling PMPs "much more regularly."

c. On multiple occasions beginning in August 2016 (two months after Patient A reportedly stopped breastfeeding her youngest child), Dr. Chaudhary prescribed Subutex (buprenorphine mono-product) rather than Suboxone (buprenorphine with naloxone) based on Patient A's unconfirmed report of experiencing side effects (headache) from Suboxone. In fact, Patient A had been prescribed Suboxone from the beginning of her treatment in November 2010 through January

2012 (before her second pregnancy) and from approximately May 2013 to May 2014 (prior to her third pregnancy) without documented side effects. Dr. Chaudhary stated to the Committee that this patient preferred Subutex due to a claimed history of side effects and cost concerns, but that he now follows the Board's recently enacted regulations governing the prescribing of buprenorphine to determine the appropriateness of prescribing the mono-product to his patients.

d. During the course of her treatment, when Patient A presented for office visits earlier than the recommended monthly schedule, Dr. Chaudhary provided her with early prescriptions, enabling the patient to obtain extra buprenorphine. For example, a review of her PMP indicates that between February 26, 2016 and December 12, 2016 (less than 10 months), Patient A obtained approximately 1,080 dosage units, a 12-month supply. Dr. Chaudhary stated to the Committee that there are differences in prescription written and fill dates for the actual amount of pills dispensed, and he provided a chart that clarified the actual amounts dispensed, which he said differed from the information reported in the PMP. Dr. Chaudhary also stated that although he did not document doing so, he sometimes included "do not fill until" dates on written prescriptions.

e. On multiple occasions, Dr. Chaudhary failed to appropriately respond to evidence that Patient A was using/abusing addictive substances, and he continued to prescribe buprenorphine (Subutex or Suboxone) to her despite the following information:

- Progress notes from June 8, 2012, state that that patient reported "taking extra dose of Suboxone at times." In response, Dr. Chaudhary increased her prescription from #90 Subutex per month to #100. At the time, Patient A was approximately 7 months pregnant. Dr. Chaudhary explained to the Committee that he only increased the patient's dose around her due date because he did not want her to go through withdrawal during delivery of her baby.
- A urine drug screen ("UDS") collected on September 12, 2012 (approximately three weeks after Patient A's second child was born) was positive for alcohol/ethanol, hydrocodone, hydromorphone, oxycodone and oxymorphone. Progress notes from that date state that Patient A had a C-section "and had some meds then." At the following office visit, on October 1, 2012, Dr. Chaudhary noted that Patient A denied using

alcohol or benzodiazepines, but admitted to taking opiates following her C-section. Dr. Chaudhary explained to the Committee that he believed the urine screen results were related to the patient's C-section, because she had received prescribed narcotics at that time.

- A UDS collected on October 1, 2012 (approximately 5 to 6 weeks after Patient A had the C-section) was positive for hydrocodone, hydromorphone, and oxymorphone. Although this was Patient A's second inconsistent test within a 30-day period, Dr. Chaudhary continued to provide regular prescriptions for Subutex, and did not order another drug test until December 10, 2012. Dr. Chaudhary stated to the Committee that he also attributed the results from this inconsistent urine screen to the patient's C-section, and he noted that the lab results showed that the amount of drugs present in her system were decreasing.
- A UDS collected on January 25, 2013 was positive for oxycodone and oxymorphone. This was Patient A's third inconsistent test within four months, yet Dr. Chaudhary continued to provide regular prescriptions for buprenorphine and did not order another drug test until April 8, 2013.
- A UDS collected on October 15, 2014 was positive for tramadol. Progress notes from that day and from the patient's following office visit (on November 3, 2014) did not include any reports of her taking pain medication. At the patient's November 26, 2014 appointment, Dr. Chaudhary noted, "Pt needs to get tooth pulled. She takes tramadol on + off." Dr. Chaudhary did not note counseling the patient or confirming whether she had a prescription for tramadol.
- A UDS collected on March 20, 2015 was positive for hydrocodone, hydromorphone, oxycodone, and oxymorphone, as well as prescribed buprenorphine. A handwritten note on the test results states this was related to an auto accident and Dr. Chaudhary "was aware of it." Of note, the only mention of an auto accident occurred in progress notes from three months before, on December 24, 2014, where Dr. Chaudhary noted that Patient A broke a tooth and her right forearm in the accident, but that "Pt is not taking Narcotics."
- Progress notes from September 21, 2015 state that the patient reported taking hydrocodone relating to surgery on her right forearm. The note further states, "Pt advised to bring Rx bottle," but progress notes from the following office visit, on October 19, 2015, do not mention anything about the issue, and Dr. Chaudhary did not order a urine screen for approximately three months (until December 9, 2015).
- A UDS collected on February 22, 2016 was positive for hydrocodone and hydromorphone as well as prescribed buprenorphine. A handwritten note on the results says "got tooth filled." At the patient's next office visit, on March 21, 2016, Dr. Chaudhary noted, "Pt is positive for Lortab... Pt will be discharged from care if she will be positive in future with Rx narcotics."

- A UDS collected on August 12, 2016 was positive for amphetamine. At the patient's next office visit, on August 29, 2016, Dr. Chaudhary noted that "Pt claims she isn't sure was taking son's meds (adderall) by mistake and she could not figure out why she was so active."

3. Dr. Chaudhary violated Virginia Code § 54.1-2915(A)(3) the care and treatment of Patient B, a 25-year-old female, beginning in or about June 2013, for a diagnosis of drug dependence (Roxicodone). Specifically:

a. On or about June 4, 2013, Dr. Chaudhary began medication-assisted treatment by prescribing buprenorphine to Patient B without first reviewing her PMP, requesting or obtaining substance-abuse treatment records from prior drug rehabilitations/hospitalizations that she reported to him, or ordering a drug screen. Further, during the course of her treatment, which continued through early 2017, Dr. Chaudhary did not document checking Patient B's PMP regularly, order random pill counts, or order random drug screens on dates other than when she presented for regular office visits. Dr. Chaudhary explained to the Committee that this patient was from Danville, so that at the beginning of treatment he had to contact his other office and request that his staff check the PMP for him. Dr. Chaudhary also stated that he did not perform an initial drug screen at each patient's first visit because the patients he treated for addiction were likely to be positive for "everything," as they often reported abusing multiple narcotics.

b. Patient B's chart indicates that while Dr. Chaudhary was prescribing Subutex he generally saw her for office visits every three months, and he did not require her to attend substance-abuse support groups or other counseling between appointments with him. Additionally, after Patient B was hospitalized under temporary detention orders from September 21-23, 2016 (for substance-induced psychosis and making suicidal statements) and October 10-13, 2016 (for hallucinations and suicidal ideation following overuse of prescribed medication), Dr. Chaudhary did not require her to present to him for re-evaluation until January 24, 2017. Further, at the January 2017 appointment Dr.

Chaudhary did not alter Patient B's treatment, merely prescribing Subutex and clonazepam at the same doses as before, and providing her with prescriptions for three months' worth of Subutex. Dr. Chaudhary told the Committee when he was closing his Danville office in 2013, he provided those patients with information on other Suboxone providers in the area, but some patients, like Patient B, were not able to find other care providers so he continued to treat them in his Richmond office. He explained that some of the gaps in seeing Patient B for office visits were also attributable to her being hospitalized at St. Mary's Hospital in Richmond and Danville Regional Medical Center.

c. On multiple occasions, Dr. Chaudhary failed to appropriately respond to evidence that Patient B was using or abusing addictive substances, and he continued to prescribe buprenorphine and clonazepam to her regularly, despite the following information:

- At an office visit on November 4, 2014, Patient B reported having a relapse and using cocaine twice a week for about a month. Dr. Chaudhary ordered a urine drug screen that day, but prior to receiving the results he provided Patient B with prescriptions for three months' worth of buprenorphine and clonazepam. Moreover, despite his knowledge of this relapse, Dr. Chaudhary did not require the patient to return to see him or to be drug tested again until her next regular appointment in three months (February 10, 2015).
- At an office visit on June 14, 2016, Patient B reported that another physician had prescribed Adderall (amphetamine/dextroamphetamine, C-II) but she "has not gone for refills." Dr. Chaudhary did not document consulting with the other physician or counseling Patient B that Adderall is contraindicated in individuals with a history of drug abuse. Additionally, Dr. Chaudhary likely did not check Patient B's PMP to confirm whether she had been prescribed Adderall, as no such prescription appears on her PMP in early to mid-2016.
- Records from the patient's TDO hospitalization from September 21-23, 2016 indicate she had been "abusing Adderall" and was "possibly injecting subutex." Dr. Chaudhary did not document taking any action in response to this information, although he was informed of Patient B's TDO on the date of admission and the date of discharge.
- Discharge records from a TDO hospitalization from October 10-13, 2016 noted a positive test for amphetamines. Despite having this information, Dr. Chaudhary did not check Patient B's PMP or follow up with her or the alleged prescribing physician regarding the Adderall prescription that patient had mentioned in June.

- Urine drug screens ordered by Dr. Chaudhary returned aberrant results on multiple occasions, as follows:
 - A UDS collected on November 4, 2014 was positive for cocaine and THC, in addition to prescribed buprenorphine and clonazepam.
 - A UDS collected on February 10, 2015 was negative for prescribed clonazepam. Dr. Chaudhary stated to the Committee that Patient B likely had run out of medication because this appointment took place slightly more than three months after her last visit, and he had only given her prescriptions to last for three months.
 - A UDS collected on March 29, 2016 was positive for lorazepam, which Patient B was not being prescribed.
 - A UDS collected on January 24, 2017 was positive for alcohol metabolites.

Dr. Chaudhary explained to the Committee that Patient B was positive for illegal substances on only one occasion (i.e., cocaine and THC on November 4, 2014). Dr. Chaudhary stated that he was the only prescriber that appeared on her PMP when he checked it, so if Patient B tested positive for a medication that he was not prescribing, she would have obtained it on the street. Dr. Chaudhary said he continued the patient on Subutex and clonazepam because she had been discharged from the hospital on those medications and he did not want her to go through withdrawals.

4. Dr. Chaudhary violated Virginia Code §54.1-2915(A)(3) and (18) and 18 VAC 85-20-26(C) of the Regulations Governing the Practice of Medicine, in that his medical records are illegible and/or incomplete. Specifically, Dr. Chaudhary's handwritten progress notes for Patients A and B, created between 2010 and early 2017, are extremely difficult to read or interpret. Additionally:

- On multiple progress notes for Patient A, current medications and/or doses were not documented (for example: 1/23/15, 3/20/15, 6/8/15, 8/3/15, 9/21/15, 11/9/15, 1/4/16, and 3/21/16).
- The charts of Patients A and B do not include complete information on prescriptions issued at each office visit, including medication names, number of dosage units, dosing instructions, and number of refills authorized.

Dr. Chaudhary acknowledged before the Committee that his handwritten notes may be difficult for others to interpret, and he stated that approximately three months ago he retained a transcription service so that whenever progress notes and records are requested for release by another provider or patient, they are typed up by the service. He stated that to date he has only had two requests for records release from attorneys.

5. Dr. Chaudhary told the Committee that he had dismissed Patient B from his practice, but that he continues to treat Patient A and is in the process of tapering her buprenorphine dosage down from 8mg per day currently.

6. Dr. Chaudhary stated that he has been practicing in Virginia for more than 40 years and that he wants to help patients. When someone he is treating for substance abuse starts to go off the tracks, instead of letting them go totally off track, he tries to get them back on track rather than dismiss them immediately. He reported that Patient A is living independently and taking care of 3 children on her own; if he had discharged her when she tested positive for oxycodone and hydrocodone, he doesn't know what condition she would be in now. Dr. Chaudhary stated that he now pulls PMPs more frequently and that he will document more complete information in his record regarding prescriptions issued at each office visit.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Medicine hereby ORDERS as follows:

1. Nazir Ahmad Chaudhary, M.D., is REPRIMANDED.
2. The license of Nazir Ahmad Chaudhary, M.D., is subject to the following TERMS and CONDITIONS:

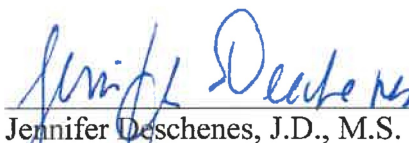
a. Within six months of entry of this Order, Dr. Chaudhary shall provide written proof satisfactory to the Board of successful completion of 15 hours of Board-approved continuing education in medical record-keeping. Such course(s) shall be approved in advance of registration by the Executive Director of the Board. Requests for approval must be received within 15 business days prior to the course date. All continuing education hours shall be completed through face-to-face, interactive sessions (i.e., no home study, journal, or Internet courses). Continuing education obtained through compliance with this term shall not be used toward licensure renewal.

b. Within six months of entry of this Order, Dr. Chaudhary shall provide written proof satisfactory to the Board of successful completion of 20 hours of Board-approved continuing education in proper prescribing, including addiction medicine. Such course(s) shall be approved in advance of registration by the Executive Director of the Board. Requests for approval must be received within 15 business days prior to the course date. All continuing education hours shall be completed through face-to-face, interactive sessions (i.e., no home study, journal, or Internet courses). Continuing education obtained through compliance with this term shall not be used toward licensure renewal.

3. Upon receipt of evidence that Dr. Chaudhary has complied with the foregoing terms of this Order, the Executive Director is authorized to close this matter, or refer it to a special conference committee for review.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD



Jennifer Deschenes, J.D., M.S.
Deputy Executive Director, Discipline
Virginia Board of Medicine

ENTERED: _____

4/16/19

NOTICE OF RIGHT TO APPEAL

Pursuant to Virginia Code § 54.1-2400(10), Dr. Chaudhary may, not later than 5:00 p.m., on **May 21, 2019**, notify William L. Harp, M.D., Executive Director, Board of Medicine, 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233, in writing that he desires a formal administrative hearing before the Board. Upon the filing with the Executive Director of a request for the hearing, this Order shall be vacated. This Order shall become final on **May 21, 2019**, unless a request for a formal administrative hearing is received as described above.

DRAFT UNAPPROVED
VIRGINIA BOARD OF MEDICINE
SPECIAL CONFERENCE COMMITTEE MINUTES APRIL 11, 2019

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 201
Henrico, VA

CALL TO ORDER: A Special Conference Committee of the Board was called to order at 9:02 a.m.

MEMBERS PRESENT: Brenda Stokes, M.D., Chair
Kenneth Walker, M.D.
Martha Wingfield

STAFF PRESENT: Jennifer L. Deschenes, Deputy Executive Director, Discipline
Jennie F. Wood, Case Manager, Discipline
Tracy Robinson, Adjudication Specialist

OTHERS PRESENT: Tracy Caruthers

MATTER: **Nazir Ahmad Chaudhary, M.D. License No.: 0101-027959**
Case No.: 178727

DISCUSSION: Dr. Chaudhary appeared before the Committee in person in accordance with a Notice of the Board dated February 27, 2019. Dr. Chaudhary was represented by Howard P. Estes, Jr., Esquire.

The Committee fully discussed the allegations in the Notice with Dr. Chaudhary.

CLOSED SESSION: Upon a motion by Dr. Walker, and duly seconded by Ms. Wingfield, the Committee voted to convene a closed meeting pursuant to §2.2-3711.A (27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Dr. Chaudhary. Additionally, he moved that Ms. Deschenes and Ms. Wood attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its deliberations.

RECONVENE: Having certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Committee re-convened in open session and announced its decision.

DECISION: Upon a motion by Ms. Wingfield, and duly seconded by Dr. Walker, the Committee made certain findings of fact and conclusions of law and voted to issue Dr. Chaudhary a reprimand and subject his license to terms and conditions.

VOTE: The vote was unanimous.

ADJOURNMENT: The Committee adjourned at 12:07 p.m.

As provided by law this decision shall become a Final Order thirty (30) days after service of such Order on Dr. Chaudhary, unless a written request to the Board for a formal hearing on the allegations made against him is received from Dr. Chaudhary, within such time. If service of the Order is made by mail three (3) additional days shall be added to that period. Upon such timely request for a formal hearing, the decision of the Special Conference Committee shall be vacated.

Brenda Stokes, M.D., Chair

William L. Harp, M.D., Executive Director

Date

Date



COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

Department of Health Professions

Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

www.dhp.virginia.gov
TEL (804) 367- 4400
FAX (804) 527- 4475

February 27, 2019

Nazir Ahmad Chaudhary, M.D.
P.O. Box 13135
Richmond, VA 23225

CERTIFIED MAIL

9414 7266 9904 2091 9428 75

and

909 Hioaks Road, Suite C
Richmond, VA 23225

UPS OVERNIGHT MAIL

RE: Case Number 178727

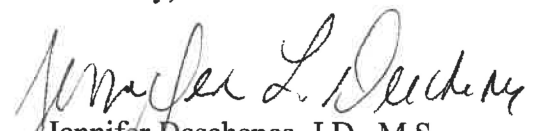
Dear Dr. Chaudhary:

Attached is a Notice of Informal Conference and Statement of Allegations.

For information regarding this type of proceeding, including Frequently Asked Questions regarding Disciplinary Proceedings, directions to the Department of Health Professions Conference Center, instructions for requesting subpoenas, the Board's Sanctioning Reference Points, the text of the Administrative Process Act and other statutes and regulations cited herein, and other related information, please see www.dhp.virginia.gov/medicine/medicine_Hearings.htm. If you do not have Internet access, you may request a hard copy of any of this information by calling Jennie F. Wood, Discipline Case Manager at (804) 367-4571.

If you have any questions, you may contact Tracy E. Robinson, Adjudication Specialist, at (804) 367-4694 or tracy.robinson@dhp.virginia.gov. Please notify the Board office of your intent to attend this proceeding.

Sincerely,


Jennifer Deschenes, J.D., M.S.
Deputy Executive Director, Discipline
Virginia Board of Medicine

Nazir Ahmad Chaudhary, M.D. – NOTICE OF INFORMAL CONFERENCE
February 27, 2019
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cc: Tracy E. Robinson, Adjudication Specialist, Administrative Proceedings Division
Lorraine McGehee, Deputy Director, Administrative Proceedings Division
Kimberly B. Lynch, R.N.M.S., Senior Investigator, Division of Enforcement

BEFORE THE VIRGINIA BOARD OF MEDICINE

IN RE: NAZIR AHMAD CHAUDHARY, M.D.
License Number: 0101-027959
Issue Date: February 1, 1977
Expiration Date: June 30, 2020
Case Number: 178727

**NOTICE OF INFORMAL CONFERENCE
AND STATEMENT OF ALLEGATIONS**

You are hereby notified that an Informal Conference has been scheduled before the Board of Medicine ("Board") regarding your license to practice medicine and surgery in the Commonwealth of Virginia.

TYPE OF PROCEEDING:	This is an informal conference before a Special Conference Committee ("Committee") of the Board.
DATE AND TIME:	April 11, 2019 9:00 AM
PLACE:	Virginia Department of Health Professions Perimeter Center - 9960 Mayland Drive 2 nd Floor - Virginia Conference Center Henrico, Virginia 23233

LEGAL AUTHORITY AND JURISDICTION:

1. This informal conference is being held pursuant to Virginia Code §§ 2.2-4019 and 54.1-2400(10). This proceeding will be convened as a public meeting pursuant to Virginia Code § 2.2-3700.
2. At the conclusion of the proceeding, the Committee is authorized to take any of the following actions:
 - Exonerate you;
 - Reprimand you;
 - Require you to pay a monetary penalty;
 - Place you on probation and/or under terms and conditions; or
 - Refer the matter to the Board of Medicine for a formal administrative hearing.

ABSENCE OF RESPONDENT AND RESPONDENT'S COUNSEL:

If you fail to appear at the informal conference, the Committee may proceed to hear this matter in your absence and may take any of the actions outlined above.

RESPONDENT'S LEGAL RIGHTS:

You have the right to the information on which the Committee will rely in making its decision, to be represented by counsel at this proceeding, to subpoena witnesses and/or documents, and to present relevant evidence on your behalf.

INFORMAL CONFERENCE MATERIALS:

Enclosed is a copy of the documents that will be distributed to the members of the Committee and will be considered by the Committee when discussing any allegations with you and when deliberating on your case. **These documents are enclosed only with the notice sent by UPS overnight mail. Please bring these documents with you to the informal conference.**

FILING DEADLINES:

Deadline for filing materials: **March 27, 2019**. Submit (8) copies of all documents you want the Board to consider to Jennie F. Wood, Discipline Case Manager, Board of Medicine, 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233. Exhibits may not be sent by facsimile or e-mail.

REQUEST FOR A CONTINUANCE BY: March 13, 2019

STATEMENT OF ALLEGATIONS

The Board alleges that:

1. At all times relevant hereto, Nazir Ahmad Chaudhary, M.D., was licensed to practice medicine and surgery in the Commonwealth of Virginia.

2. Dr. Chaudhary violated Virginia Code §§ 54.1-2915(A)(3), (13), (16), and (17), 54.1-3303(A), and 54.1-3408(A) in the care and treatment of Patient A, a 22-year-old female, beginning in 2010, for diagnoses of narcotic abuse/opioid dependence and depression. Specifically:

a. On or about October 17, 2010, Dr. Chaudhary began medication-assisted treatment by prescribing buprenorphine (C-III) to Patient A for her reported abuse of oxycodone, Percocet, and Vicodin (hydrocodone). However, prior to such prescribing Dr. Chaudhary did not review the patient's PMP or order an initial drug screen. Further, during the course of Patient A's treatment -- which included prescribing buprenorphine for more than six years -- Dr. Chaudhary did not regularly check her PMP, order random pill counts, or routinely order random drug screens on dates other than when she presented for regular office visits. Had Dr. Chaudhary reviewed Patient A's PMP regularly, he could have discovered that she obtained prescription pain medication on at least five occasions in a 13-month period, as follows: #20 hydrocodone 7.5mg on 3/17/15, #6 hydrocodone 7.5mg on 4/1/15, #15 hydrocodone 5mg on 7/4/15, #20 oxycodone 5mg on 3/22/16, and #20 hydrocodone 5mg on 4/19/16.

b. On multiple occasions beginning in August 2016 (two months after Patient A reportedly stopped breastfeeding her youngest child), Dr. Chaudhary prescribed Subutex (buprenorphine mono-product) rather than Suboxone (buprenorphine with naloxone) based on Patient A's unconfirmed report of experiencing side effects (headache) from Suboxone. In fact,

Patient A had been prescribed Suboxone from the beginning of her treatment in November 2010 through January 2012 (before her second pregnancy) and from approximately May 2013 to May 2014 (between her second and third pregnancies) without documented side effects.

c. On multiple occasions between 2012 and early 2017, Dr. Chaudhary prescribed buprenorphine to Patient A at a dose of 24mg/day, although the manufacturer's recommended maintenance dose is 16mg/day. Additionally, on or about the dates listed below Dr. Chaudhary prescribed buprenorphine at doses greater than 24mg/day, although doses above 24mg/day have not been demonstrated to provide a clinical advantage:

- June 8, 2012 (prescribed #100 monthly),
- August 15, 2012 (prescribed #100 monthly), and
- January 4, 2017 (prescribed #150 in one month).

Of note, in a written response to questions posed by the Board's investigator, Dr. Chaudhary stated, "I have never prescribed more than 24mg per day" of buprenorphine.

d. During the course of her treatment, when Patient A presented for office visits sooner than the recommended monthly schedule, Dr. Chaudhary provided her with early prescriptions, enabling the patient to obtain extra buprenorphine. For example, between February 26, 2016 and December 12, 2016 (less than 10 months), Patient A obtained approximately 1,080 dosage units, a 12-month supply.

e. On multiple occasions, Dr. Chaudhary failed to appropriately respond to evidence that Patient A was using/abusing addictive substances, and he continued to prescribe buprenorphine (Subutex or Suboxone) to her through early 2017 despite the following information:

- Progress notes from June 8, 2012, state that that patient reported "taking extra dose of Suboxone at times." In response, Dr. Chaudhary increased her prescription from #90 Subutex per month to #100. At the time, Patient A was approximately 7 months pregnant.

- A urine drug screen (“UDS”) collected on September 12, 2012 (approximately three weeks after Patient A’s second child was born) was positive for alcohol/ethanol, hydrocodone, hydromorphone, oxycodone and oxymorphone. Progress notes from that date state that Patient A had a C-section “and had some meds then.” At the following office visit, on October 1, 2012, Dr. Chaudhary noted that Patient A denied using alcohol or benzodiazepines, but admitted to taking opiates following her C-section.
- A UDS collected on October 1, 2012 (approximately 5 to 6 weeks after Patient A had the C-section) was positive for hydrocodone, hydromorphone, and oxymorphone. Although this was Patient A’s second inconsistent test within a 30-day period, Dr. Chaudhary continued to provide regular prescriptions for Subutex, and did not order another drug test until December 10, 2012.
- A UDS collected on January 25, 2013 was positive for oxycodone and oxymorphone. This was Patient A’s third inconsistent test within four months, yet Dr. Chaudhary continued to provide regular prescriptions for buprenorphine and did not order another drug test until April 8, 2013.
- A UDS collected on October 15, 2014 was positive for tramadol (C-IV). Progress notes from that day and from the patient’s following office visit (on November 3, 2014) did not include any reports of her taking pain medication. At the patient’s November 26, 2014 appointment, Dr. Chaudhary noted, “Pt needs to get tooth pulled. She takes tramadol on + off.” Dr. Chaudhary did not note counseling the patient or confirming whether she had a prescription for tramadol.
- A UDS collected on March 20, 2015 was positive for hydrocodone, hydromorphone, oxycodone, and oxymorphone, as well as prescribed buprenorphine. A handwritten note on the test results states this was related to an auto accident and Dr. Chaudhary “was aware of it.” Of note, the only mention of an auto accident occurred in progress notes from three months before, on December 24, 2014, where Dr. Chaudhary noted that Patient A broke a tooth and her right forearm in the accident, but that “Pt is not taking Narcotics.”
- Progress notes from September 21, 2015 state that the patient reported taking hydrocodone relating to surgery on her right forearm. The note further states, “Pt advised to bring Rx bottle,” but progress notes from the following office visit, on October 19, 2015, do not mention anything about the issue, and Dr. Chaudhary did not order a urine screen for two and a half months (December 9, 2015).
- A UDS collected on February 22, 2016 was positive for hydrocodone and hydromorphone as well as prescribed buprenorphine. A handwritten note on the results says “got tooth pulled.” At the patient’s next office visit, on March 21, 2016, Dr. Chaudhary noted, “Pt is positive for Lortab... Pt will be discharged from care if she will be positive in future with Rx narcotics.”

- A UDS collected on August 6, 2016 was positive for amphetamine. At the patient's next office visit, on August 29, 2016, Dr. Chaudhary noted that "Pt claims she isn't sure was taking son's meds (adderall) by mistake and she could not figure out why she was so active."

3. Dr. Chaudhary violated Virginia Code § 54.1-2915(A)(3), (13), and (16) in the care and treatment of Patient B, a 25-year-old female, beginning in or about June 2013, for a diagnosis of drug dependence (Roxicodone). Specifically:

a. On or about June 4, 2013, Dr. Chaudhary began medication-assisted treatment by prescribing buprenorphine to Patient B without first reviewing her PMP, requesting or obtaining substance-abuse treatment records from prior drug rehabilitations/hospitalizations that she reported to him, or ordering a drug screen. Further, during the course of her treatment, which continued through early 2017, Dr. Chaudhary did not regularly check Patient B's PMP, order random pill counts, or order random drug screens on dates other than when she presented for regular office visits.

b. On multiple occasions between 2013 and 2017, Dr. Chaudhary prescribed buprenorphine to Patient B at doses up to 20mg/day, rather than the manufacturer's recommended maintenance dose of 16mg/day. Moreover, without an appropriate medical indication Dr. Chaudhary routinely prescribed Subutex (buprenorphine mono-product), rather than Suboxone (buprenorphine with naloxone), to Patient B. During such prescribing, Patient B was not pregnant or breastfeeding, and while Dr. Chaudhary subsequently documented an alleged intolerance to Suboxone, evidence in Patient B's chart for such intolerance is limited and conflicting. For example, Dr. Chaudhary did not complete FDA "adverse event" paperwork indicating that Patient B had experienced dizziness and nausea when taking Suboxone until approximately December 29, 2015, although the paperwork indicated the "adverse event" had occurred two and a half years earlier, on June 4, 2013. The date provided for the claimed

adverse event seems unlikely, as that was the date Patient B began treating with Dr. Chaudhary, and Dr. Chaudhary had prescribed Subutex, rather than Suboxone, to her on that date. Additionally, Patient B's PMP data indicates that she filled prescriptions for Suboxone (buprenorphine with naloxone) in May and June 2015, and her chart does not indicate that she reported any adverse reaction at that time.

c. Patient B's chart does not contain evidence of office visits with Dr. Chaudhary occurring between her first appointment on June 4, 2013 and November 4, 2014 -- an 18-month gap -- yet at the November 2014 appointment Dr. Chaudhary prescribed Subutex at a dose of 20mg/day (rather than an induction or tapering dose) and Klonopin (clonazepam, C-IV) at a dose of 2mg/day, and he did not require her to return to see him for three months (until February 10, 2015).

d. Patient B's chart indicates that while Dr. Chaudhary was prescribing Subutex he generally saw her for office visits every three months, and he did not require her to attend substance-abuse support groups or other counseling between appointments with him. Additionally, after Patient B was hospitalized under temporary detention orders from September 21-23, 2016 (for substance-induced psychosis and making suicidal statements) and October 10-13, 2016 (for hallucinations and suicidal ideation following overuse of prescribed medication), Dr. Chaudhary did not require her to present for re-evaluation until January 24, 2017. Further, at the January 2017 appointment Dr. Chaudhary did not alter Patient B's treatment, merely prescribing Subutex and clonazepam at the same doses as before, and providing her with prescriptions for three months' worth of Subutex.

e. On multiple occasions, Dr. Chaudhary failed to appropriately respond to evidence that Patient B was using or abusing addictive substances, and he continued to prescribe

buprenorphine and clonazepam to her regularly through early 2017, despite the following information:

- At an office visit on November 4, 2014, Patient B reported having a relapse and using cocaine twice a week for about a month. Dr. Chaudhary ordered a urine drug screen that day, but prior to receiving the results he provided Patient B with prescriptions for three months' worth of buprenorphine and clonazepam. Moreover, despite his knowledge of this relapse, Dr. Chaudhary did not require the patient to return to see him or to be drug tested again until her next regular appointment in three months (February 10, 2015).
- At an office visit on June 14, 2016, Patient B reported that another physician had prescribed Adderall (amphetamine/dextroamphetamine, C-II) but she "has not gone for refills." Dr. Chaudhary did not document consulting with the other physician or counseling Patient B that Adderall is contraindicated in individuals with a history of drug abuse. Additionally, Dr. Chaudhary likely did not check Patient B's PMP to confirm whether she had been prescribed Adderall, as no such prescription appears on her PMP in early to mid-2016.
- Records from the patient's TDO hospitalization from September 21-23, 2016 indicate she had been "abusing Adderall" and was "possibly injecting subutex." Dr. Chaudhary did not document taking any action in response to this information, although documentation in the patient's file indicates that he was informed of the TDO on the patient's date of admission and date of discharge
- Discharge records from a TDO hospitalization from October 10-13, 2016 noted a positive test for amphetamines. Despite having this information, Dr. Chaudhary did not check Patient B's PMP or follow up with her or the alleged prescribing physician regarding the Adderall prescription that patient had mentioned in June.
- Urine drug screens ordered by Dr. Chaudhary returned aberrant results on multiple occasions, as follows:
 - A UDS collected on November 4, 2014 was positive for cocaine and THC, in addition to prescribed buprenorphine and clonazepam.
 - A UDS collected on February 10, 2015 was negative for prescribed clonazepam.
 - A UDS collected on March 29, 2016 was positive for lorazepam, which Patient B was not being prescribed.
 - A UDS collected on January 24, 2017 was positive for alcohol metabolites.

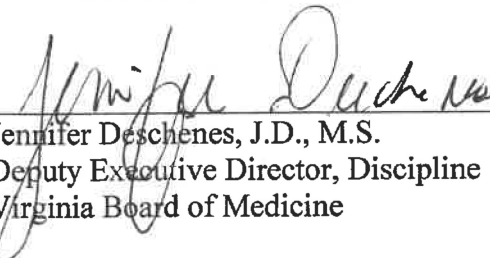
4. Dr. Chaudhary violated Virginia Code §54.1-2915(A)(3), (13), (16), and (18) and 18

VAC 85-20-26(C) of the Regulations Governing the Practice of Medicine, in that his medical records

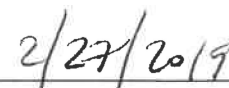
are illegible and/or incomplete. Specifically, Dr. Chaudhary's handwritten progress notes for Patients A and B, created between 2010 and early 2017, are extremely difficult to read or interpret. Additionally:

- On multiple progress notes for Patient A, current medications and/or doses were not documented (for example: 1/23/15, 3/20/15, 6/8/15, 8/3/15, 9/21/15, 11/9/15, 1/4/16, and 3/21/16).
- The charts of Patients A and B do not include complete information on prescriptions issued at each office visit, including medication names, number of dosage units, dosing instructions, and number of refills authorized.
- On multiple dates (e.g., May 14, 2014; January 23, 2015; June 8, 2015; July 6, 2015; and December 9, 2015) information in Patient A's chart indicates that a urine drug screen would be or was conducted, but complete results from such testing are not found in the chart.
- The copy of Patient B's chart produced by Dr. Chaudhary to the Board's investigator in this matter may be missing progress notes, as there are no office visits documented between June 4, 2013 and November 4, 2014, an 18-month period. Progress notes from the November 4, 2014 office visit do not mention a lengthy gap in treatment, and at that office visit Dr. Chaudhary prescribed 20mg/day of Subutex, rather than an induction or titrating dose, as would be expected if the patient needed to be re-started on the medication.
- On or about December 29, 2015, Dr. Chaudhary completed an FDA adverse event report regarding side effects (dizziness, nausea) that Patient B claimed to have experienced when taking Suboxone two and a half years earlier, on June 4, 2013; however, Patient B's chart does not support the contention that she experienced an adverse reaction to Suboxone while under Dr. Chaudhary's care.

See Confidential Attachment for the names of the patients referenced above.



Jennifer Deschenes, J.D., M.S.
Deputy Executive Director, Discipline
Virginia Board of Medicine



Date



COMMONWEALTH of VIRGINIA

Department of Health Professions Board of Medicine

March 27, 1998

John W. Hasty
Director of the Department

Warren W. Koontz, M.D.
Executive Director of the Board

Nazir A. Chaudhary, M.D.
P.O. Box 13135
Richmond, VA 23225

6606 West Broad Street
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(804) 662-9908
FAX (804) 662-9517

CERTIFIED MAIL
Z 359 584 417


RE: License No.: 0101-027959

Dear Dr. Chaudhary:

This letter is official notification of the decision of the Informal Conference Committee ("Committee") of the Virginia Board of Medicine ("Board"), which met with you on March 26, 1998, in Henrico, County, Virginia, to inquire into allegations that you may have violated certain laws governing the practice of medicine in Virginia, as set forth in the Board's Notice of Informal Conference dated February 23, 1998. After considering the documentation and testimony presented, the Committee found that there was no evidence to support a violation of the laws of Virginia and therefore unanimously voted to fully exonerate you on the allegations and close the matter.

Should you have any questions regarding the Committee's decision, you may refer them to Karen Perrine, Deputy Executive Director, Discipline, at (804) 662-7693.

Sincerely,


Warren W. Koontz, M.D.
Executive Director
Virginia Board of Medicine

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cc: Paul M. Spector, D.O., President, Virginia Board of Medicine
John W. Hasty, Director, Department of Health Professions
James L. Banning, Director, Administrative Proceedings Division
Mary Jane Hall, Esquire
Pamela L. Harris, Senior Legal Assistant
Division of Enforcement (91-00242/94-00727/95-01245)
Mary Lou Schellenger, Senior Administrative Assistant
Tamika Barrett, Program Support Technician
Vicki Hutson-McCloud, Administrative Proceedings



COMMONWEALTH of VIRGINIA

Department of Health Professions
Board of Medicine

John Hasty
Director of the Department

Warren W. Koontz, M.D.
Executive Director of the Board

February 23, 1998

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(804) 662-9908
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Nazir A. Chaudhary, M.D.
P. O. Box 13135
Richmond, VA 23225

CERTIFIED MAIL
Z 359 584 475

RE: License No.: 0101-027959

Dear Dr. Chaudhary:

This letter is official notification that an informal conference of the Virginia Board of Medicine ("Board") will be held on Thursday, March 26, 1998, at 9:30 a.m., at the Department of Health Professions, 6606 West Broad Street, Richmond, Virginia. The conference will be conducted pursuant to Sections 54.1-2919 and 9-6.14:11 of the Code of Virginia (1950), as amended ("Code").

An Informal Conference Committee ("Committee"), composed of three members of the Board, will inquire into allegations that you may have violated certain laws governing the practice of medicine in Virginia. Specifically, you may have violated Section 54.1-2915(A)(3), as further defined in Section 54.1-2914(A)(9) and (10) of the Code, in that:

1. From on or about April 6, 1988 to February 18, 1990, you provided treatment to Patient A, a resident of Forest Hill Manor ("Forest Hill"), Richmond, Virginia, for schizophrenia. During this period, you prescribed Haldol (Schedule IV) and Cogentin (Schedule VI), failing to adequately monitor the patient for possible adverse reactions as a result of extended use of these medications. On or about February 18, 1990, Patient A collapsed at the Forest Hill and expired of cardiac arrest subsequent to being transferred to the hospital.

2. From on or about June 14, 1990 to July 15, 1991, during the course of your treatment of Patient B, a resident of Bellamy Home for Adults ("Bellamy"), Richmond, Virginia, for schizophrenia, you failed to adequately monitor the patient, who had a fifteen (15) year medication history of Haldol and Cogentin use. On July 15, 1991, Patient B was transferred from Bellamy to the Metropolitan Hospital ("Metropolitan"), Richmond, Virginia, Emergency Room with a complaint of cramping in his left hand. Subsequently, the patient was discharged the same day with a diagnosis of mild dystonic reaction. Upon notification by Metropolitan Emergency Room staff of Patient B's discharge to Bellamy with dosage changes in medications, to include a decrease in Haldol from 40mg per day to 30mg per day and an increase in Cogentin from 2mg per day to 2mg

three (3) times per day, you failed to follow-up with the patient for evaluation and monitoring of medications pursuant to the discharging physician's order. As a result, on July 23, 1991, Patient B died of hyperthermia.

3. On or about February 2, 1995, at approximately 5:00 p.m., upon referral by Mary Washington Hospital ("Mary Washington"), Fredericksburg, Virginia, Resident C was placed at Kenmore Forest Home for Adults ("Kenmore"), an adult home in which you have an interest. By your own admission, Resident C had not been officially admitted to Kenmore. Further, you had not seen the resident nor had you been designated as the Resident C's treating physician. At approximately 6:00 p.m., Resident C complained of chest pains to Kenmore staff and was subsequently transferred to the Emergency Room at Chippenham Hospital, Richmond, Virginia. The patient was treated and discharged to be returned to Kenmore. Upon learning of his discharge to Kenmore, Resident C became upset and agitated and was temporarily placed by the Emergency Room treating physician, in Monument Manor, Richmond, Virginia, an adult home in which he had an interest. On or about February 3, 1995, after being informed that Resident C was not returned to Kenmore, you had a Temporary Detention Order issued to Monument Manor reporting that the resident "wanders; [and is] confused," which was unsubstantiated by consultation notes provided to you by Mary Washington.

4. From approximately 1989 to 1990:

A. While acting as the attending physician for the residents of Brook Haven Rest Home, Richmond, Virginia, you provided inadequate and substandard psychiatric services to include medication monitoring and independent counseling for approximately 30 to 35 residents in that you routinely completed these treatments within an half hour for all residents in the facility.

B. While acting as the attending physician for the residents of Shellette's Home for Adults, Richmond, Virginia, you provided substandard care in that you routinely failed to appear for scheduled appointments. When you did provide treatment, you counseled residents using a standard list of questions which did not vary with the functioning level of each resident.

In order to protect the privacy of Patients A, B and C, the patients have been referred to by letter only. Please see Attachment I of this notice for the identity of the individuals referenced above. The following actions may be taken by this Committee:

The following actions may be taken by this Committee:

1. If a majority of the Committee is of the opinion that a suspension or revocation of your license may be justified, the Committee shall present to the Board in writing its findings, and the Board may proceed with a formal hearing;

2. The Committee may notify you in writing that you are fully exonerated of any charge that might affect your right to practice medicine in Virginia;

3. The Committee may reprimand or censure you, or;

4. The Committee may place you on probation for such time as it may designate and direct that during such period you furnish the Committee or its chairman, at such intervals as the Committee may direct, evidence that you are not practicing in violation of the provisions of Chapter 29, Title 54.1 of the Code, which governs the practice of medicine in Virginia.


You have the right to information which will be relied upon by the Committee in making a decision. Therefore, I enclose a copy of the documents which will be distributed to the members of the Committee, and will be considered by the Committee when discussing the allegations with you and when deliberating upon your case. These documents are enclosed only with the original notice sent by certified mail, and must be claimed at the post office. If you have additional documents for review which are not contained in this package, please bring at least six copies with you to the meeting. I also enclose relevant sections of the Administrative Process Act, which governs proceedings of this nature, as well as laws relating to the practice of medicine and other healing arts in Virginia.

A request to continue this proceeding must be made in writing and directed to me at the address listed on this letter. Such request must be received by 5:00 p.m. on March 9, 1998. Only one such motion will be considered. Absent exigent circumstances, such as personal or family illness, a request for a continuance after March 9, 1998, will not be considered.

You may be represented by an attorney at the informal conference. If you obtain counsel, you should do so as soon as possible, as a motion for a continuance due to the unavailability of counsel will not be considered unless received by March 9, 1998. Further, it is your responsibility to provide the enclosed materials to your attorney.

Should you fail to appear at the informal conference the Board may proceed to a formal administrative hearing in order to impose sanctions. Should you have any questions regarding this notice, please contact Karen W. Perrine, Deputy Executive Director, Discipline, at (804) 662-7693.

Sincerely,


Warren W. Koontz, M.D.
Executive Director
Virginia Board of Medicine

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cc: Paul M. Spector, D.O., President, Virginia Board of Medicine
John W. Hasty, Director, Department of Health Professions
James L. Banning, Director, Administrative Proceedings Division
Pamela L. Harris, Senior Legal Assistant
Division of Enforcement (91-00242, 94-00727 & 95-01245)
Mary Lou Schellenger, Senior Administrative Assistant

Enclosures:

Virginia Code Sections:
54.1-2914
54.1-2919
54.1-2915
9-6.14:11
Informal Conference Package
Map
Attachment I