

BEFORE THE VIRGINIA BOARD OF MEDICINE

IN RE: **CRAIG CHARLES KRAUSE, M.D.**
License Number: 0101-233772
Case Number: 180474, 175368


ORDER OF SUMMARY SUSPENSION

Pursuant to Virginia Code § 54.1-2408.1(A), a quorum of the Board of Medicine (“Board”) met by telephone conference call on January 18, 2018, after a good faith effort to convene a regular meeting of the Board had failed. The purpose of the meeting was to receive and act upon information indicating that Craig Charles Krause, M.D., may have violated certain laws relating to the practice of medicine and surgery in the Commonwealth of Virginia, as more fully set forth in the attached “Notice of Formal Administrative Hearing and Statement of Allegations,” which is attached hereto and incorporated by reference herein.

WHEREUPON, pursuant to its authority under Virginia Code § 54.1-2408.1(A), the Board concludes that a substantial danger to public health or safety warrants this action and ORDERS that the license of Dr. Krause, M.D., to practice medicine and surgery in the Commonwealth of Virginia is SUSPENDED. It is further ORDERED that a hearing be convened within a reasonable time of the date of entry of this Order to receive and act upon evidence in this matter.

Pursuant to Virginia Code § 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 or copying on request.

FOR THE BOARD



William L. Harp, M.D.
Executive Director
Virginia Board of Medicine

ENTERED: _____

1/18/18

STATEMENT OF ALLEGATIONS

The Board alleges that:

1. At all times relevant hereto, Craig Charles Krause, M.D., was licensed to practice medicine and surgery in the Commonwealth of Virginia.

2. Craig Charles Krause, M.D., violated Virginia Code § 54.1-2915.A(3), (12), (13), (16), and (19) and 18 VAC 85-20-29.A(2) and 18 VAC 85-20-100.A(1) of the Regulations Governing the Practice of Medicine, Osteopathy, Podiatry, and Chiropractic in that on numerous occasions during patient treatment visits over the course of multiple years (from approximately 2012 to 2016), Dr. Krause engaged in sexual contact with patients concurrent with and by virtue of the practitioner/patient relationships or otherwise engaged during the course of the practitioner/patient relationships in conduct of a sexual nature that reasonable patients would consider lewd or offensive. Specifically, without the consent or knowledge of his patients, Dr. Krause surreptitiously videoed images of his patients' feet for his own sexual arousal or gratification, as set forth below:

a. During a search of Dr. Krause's office, conducted pursuant to the investigation of matters leading to Dr. Krause's arrest on various felonies involving controlled substance distribution on August 9, 2016 (*see* Allegation 3(c), below), Prince William County Police discovered a tablet computer belonging to Dr. Krause, containing approximately 3,000 video clips and 10,000 photographs of patients' feet, including Patients BB and CC. The images on the tablet computer exclusively were of female patients, wearing open-toed shoes, some of whom were underage teenagers, such as Patient BB. The images were taken from Dr. Krause's point of view at his psychiatric office practice locations in Gainesville and Fairfax, Virginia.

b. Dr. Krause admitted to taking these videos and photographs of his patients' feet without having any therapeutic purpose for doing so. Although he denied these pictures were

taken for sexual purposes and stated that he honestly did not know why he had taken them, a police review of his tablet computer indicated that Dr. Krause frequently visited websites focused on foot fetishes.

3. Craig Charles Krause, M.D., violated Virginia Code §§ 54.1-2915.A(3), (8), (12), (13), (16), (17), and (18), 54.1-3303.A, and 54.-3408.A in that he facilitated the illegal distribution of Schedule II and Schedule IV controlled substances when he routinely prescribed large quantities of stimulants, benzodiazepines, and other medications to Patients D and N in 2015 and 2016, even after he was aware (or should have been aware) that these patients were illegally selling or distributing these medications. Specifically:

a. In or about February 2016, Dr. Krause was contacted by Prince William County Police and informed that Patient D (an 18-year-old female student) was abusing the stimulant and benzodiazepine medication he prescribed to her, and Patient D has been arrested and charged with possession with intent to distribute (including to classmates) marijuana (C-I) and Adderall (C-II). Police also informed Dr. Krause that Patient D was being investigated for prescription fraud with respect to an Adderall prescription filled in January 2016, which was written by her prior psychiatrist in August 2015. In his conversation with police, Dr. Krause stated he would not have prescribed Adderall to Patient D had he known she was selling this medication. Notwithstanding this statement, Dr. Krause continued to prescribe Adderall and Xanax (alprazolam, C-IV) to Patient D thereafter, and was contacted again by police on or about May 10, 2016, at which time he stated he was “not convinced” by the information concerning Patient D previously provided to him by the detectives in February 2016. Dr. Krause stated he continued to prescribe Adderall to Patient D because he (erroneously) believed Patient D’s parents were controlling her medication. At this meeting with the police, Dr. Krause was shown text messages from Patient D regarding her

illegal distribution of Adderall and Xanax, and stated he was “now convinced” and would no longer prescribe to Patient D. However, on or about June 1, 2016, Dr. Krause admitted to police that he continued to prescribe Adderall and Xanax to Patient D after their May 2016 meeting, allegedly because Patient D was still in school. Ultimately, in the Prince William County Circuit Court, Patient D was charged with seven felony counts of possession with the intent to distribute controlled substances, possession of a Schedule I or II controlled substance, distribution of a controlled substance, possession with intent to distribute a controlled substance in a school zone, and prescription fraud, for which she is scheduled to enter a plea on or about March 15, 2018 (offense dates December 11, 2015, February 1, 2016, February 18, 2016, and January 5, 2017).

b. Despite the fact that Dr. Krause was aware that Patient N (an 18-year-old male) came to him on or about August 4, 2015, “hooked on Xanax” and documented in Patient N’s psychiatric evaluation that he had been arrested three months earlier on felony charges of illegally distributing Xanax and marijuana oil, Dr. Krause nevertheless initiated and continued to regularly prescribe multiple controlled substances, including Xanax, to Patient N until his conviction (on or about June 8, 2016) in Prince William County Circuit Court on reduced misdemeanor charges of possession of Schedule IV controlled substances and marijuana.

c. In connection with the foregoing, and his prescription of medications to other patients, Dr. Krause was arrested in Prince William County on or about August 9, 2016, and charged with seven felony counts relating to the possession or distribution of Schedule II or Schedule IV controlled substances.

4. Craig Charles Krause, M.D., violated Virginia Code § 54.1-2915.A(3), (13), and (16) in that he failed to respond appropriately to a history or reports of suicidal thoughts or actions by, and instead

regularly prescribed controlled substances of abuse (including stimulants and benzodiazepines) without adequate monitoring to, Patients C, V, and BB. Specifically:

a. On or about September 10, 2014, December 26, 2014, and January 16, 2015, Patient C, a 17-year-old male with a community reputation (known to Dr. Krause) as a drug dealer, was admitted to psychiatric hospitals following suicide attempts by overdosing on prescription and non-prescription medications (including Xanax and sleeping pills). Despite being aware of this information and having copies of Patient C's discharge summaries from these facilities indicating that Patient C had a history of polysubstance abuse, including Xanax, cocaine, and marijuana, Dr. Krause prescribed Patient C Ambien, a Schedule IV controlled substance with abuse potential not recommended for children under 18 years of age, from October 2014 to January 2016. Moreover, Dr. Krause prescribed 20mg qhs of that medication, when the maximum safe recommended daily dosage is 10mg.

b. Beginning in or about August 2011 and continuing until shortly before Patient V committed suicide on December 22, 2012 via medication overdose (on dextromethorphan, hydrocodone, and fluoxetine, the latter two medications prescribed by Dr. Krause), Dr. Krause treated Patient V for post-traumatic stress disorder, traumatic brain injury, auditory and visual hallucinations, panic disorder, and benzodiazepine dependence without responding (or documenting responding) appropriately to signs and symptoms of Patient V's deteriorating mental status. Specifically, Dr. Krause continued to treat Patient V on an out-patient basis and, after he became aware of Patient V's emergency department admission on or about March 28, 2012 for suicidal ideation (subsequent to running out of Klonopin (C-IV)), as well as reports from Patient V's family and the patient that he was overtaking his medication and felt like a "zombie," Dr. Krause nevertheless continued to prescribe Patient V abusable controlled substances without

adequate monitoring or management. Moreover, Dr. Krause added hydrocodone (C-III) to Patient V's medication regimen, allegedly to treat an inadequately documented and diagnosed chronic pain condition.

c. Despite his documented awareness that Patient BB had intentionally overdosed on her prescribed medications or otherwise contemplated suicide on several occasions (e.g., relayed by the patient at her first office visit on or about June 28, 2011, when 13 years old; patient expressed suicidal ideation during her May 12, 2012 office visit; medication overdose on or about September 22, 2012, leading to intensive care unit hospitalization; patient admitted taking more medication than prescribed in December 2013, but did not go to the emergency room; and deliberate Lamictal overdose, requiring emergency room treatment on or about December 4, 2014), Dr. Krause failed to respond adequately to or provide appropriate treatment and monitoring for this critical ongoing condition.

5. Craig Charles Krause, M.D., violated Virginia Code §§ 54.1-2915.A(3), (8), (12), (13), (16), (17), and (18), 54.1-3033.A, and 54.1-3408.A and 18 VAC 85-20-26.C of the Regulations Governing the Practice of Medicine, Osteopathy, Podiatry and Chiropractic in his treatment of Patients B, D, E, F, G, H, I, J, L, N, O, P, S, U, W, X, Z, and AA. Specifically:

a. With respect to Dr. Krause's treatment of the preceding patients for purported Attention Deficit/Hyperactivity Disorder ("ADHD"), including prescribing stimulant medications therefore:

i. Dr. Krause diagnosed these patients with ADHD without performing or documenting an adequate examination or assessment, obtaining relevant prior medical records, or consulting with any current or prior treating providers. Instead, Dr. Krause relied on the patients' subjective reports in a one-page Adult Self-Report Symptom

Checklist. Moreover, Dr. Krause's records fail to reflect that he evaluated, referred for additional evaluation, and/or treated these patients for disorders with similar symptoms, such as anxiety, depression, or mood disorders before diagnosing them with ADHD.

ii. Despite symptom complaints by Patients B, D, E, F, G, I, L, N, O, and S of difficulty sleeping or insomnia, Dr. Krause prescribed these patients stimulants without first determining whether underlying sleep disorders were present and/or ensuring that the stimulants prescribed constituted the minimum effective dose. Instead, Dr. Krause routinely prescribed these patients sedatives and/or sleep medications, such as Ambien (C-IV), Sonata (C-IV), Restoril (C-IV), Silenor (C-IV), and/or Xanax to counteract the described symptoms.

iii. Dr. Krause prescribed stimulants to Patients AA, E, and G, in circumstances that were not indicated or were medically contraindicated, as set forth below:

- Beginning in or about December 2011, Dr. Krause prescribed Vyvanse (C-II) to Patient AA (a 22-year-old female), despite reports from Patient AA that she had difficulty sleeping and experienced unintended weight loss while taking this medication. Moreover, a psychologist who evaluated Patient AA in January 2013 on Dr. Krause's referral, diagnosed her with mathematics disorder; disorder of written expression; major depressive disorder, severe; and generalized anxiety disorder, but declined to make a diagnosis of ADHD at that time, concluding that more information was necessary to discern a clear diagnosis of ADHD and recommending retesting in one year. Despite these findings and the fact that recommended follow-up testing was not

performed a year later, Dr. Krause continued to prescribe Vyvanse to Patient AA through April 2014.

- Although Dr. Krause stated in a January 8, 2014 letter to Patient E's attorney that "the medications she is taking, specifically the amphetamines, affect her perceptions and behaviors in a negative way," he nevertheless regularly prescribed her amphetamines (Adderall) from July 2014 to January 2015.
- Despite the contraindication in prescribing Adderall to patients with moderate to severe hypertension, Dr. Krause failed to change or document changes to his prescription of Adderall 20mg tid to Patient G (a 28-year-old female), even after the patient reported (on or about May 5, 2015) that she recently had been admitted to the emergency room with a blood pressure of 167/90 mmHg. Instead, Dr. Krause commenced prescribing Propranolol ER to Patient G, without thereafter monitoring (or documenting) her blood pressure, or otherwise adequately evaluating or working-up this condition.

iv. Dr. Krause routinely failed to titrate medication dosages appropriately to ensure the minimum effective dose was prescribed (or to document the same), frequently changed stimulants prescribed without documenting an adequate rationale therefore, concomitantly prescribed multiple stimulants, and prescribed doses of stimulants in excess of recommended limits, as stated in product labeling approved by the United States Food and Drug Administration, to include with respect to Patients B, D, F, and N, as set forth below:

- Starting in June 2012, Dr. Krause began prescribing Patient B Vyvanse 100mg to be taken every morning, and Adderall 10mg to be taken every afternoon, even though that Vyvanse dosage exceeded the maximum recommended safe dose of 70mg/day. Subsequently, Dr. Krause increased the daily dosages of Adderall to 20mg per day and Vyvanse to 140mg per day, a strength that Dr. Krause reduced to 110mg per day, after Patient B reported significant side effects on or about November 25, 2013.
- Between on or about December 16, 2015 and on or about June 2, 2016, Dr. Krause prescribed Adderall XR (C-II) 30mg and Adderall XR 10mg to Patient D on a daily basis, without documenting the medical justification for such prescribing and in excess of the maximum recommended safe daily adult dose of 20mg for Adderall XR.
- On or about April 20, 2015, a medication list for Patient F, generated in Dr. Krause's practice, referenced her current medications as Adderall 30mg every morning, Vyvanse 70mg every morning, and Adderall 20mg every afternoon; however, Dr. Krause failed to document the medical justification for such concurrent stimulant prescribing.
- On or about December 7, 2015, Dr. Krause prescribed Xanax XR 3mg #30 to Patient N, and only two days later added Xanax XR 2mg #30 and Xanax 0.5mg #30 to the patient's medication regimen without documenting the medical rationale or justification therefore.

b. Dr. Krause diagnosed Patients C and V with medical conditions without performing an adequate work-up or diagnostic testing to establish the existence of such conditions and hence prescribed medications therefore that were not medically necessary or were contraindicated.

Specifically:

i. On or about December 22, 2015, in a prior authorization form for Patient C's insurance company to obtain coverage for Xyrem (C-III), Dr. Krause stated that Patient C's diagnosis was narcolepsy; however, there is no sleep study or other documentation in Dr. Krause's record to support such a diagnosis. Further, Dr. Krause simultaneously prescribed Xyrem to Patient C at the same time as he prescribed Ambien (10mg up to twice daily); however, simultaneous administration of Ambien and Xyrem is contraindicated due to the risk of respiratory depression, low blood pressure, fainting, coma, and death.

ii. From approximately March to October 2012, Dr. Krause prescribed Patient V hydrocodone to treat alleged chronic pain; however, Dr. Krause failed to perform (or document) adequate physical examinations or assessments or diagnostic testing to determine the etiology of such pain, nor did he adequately monitor and manage the pain medication that he prescribed Patient V.

c. Without proper monitoring or management (including providing or referring for substance abuse evaluation or treatment when indicated), Dr. Krause initiated the prescription of or continued to prescribe medically abuseable controlled substances to Patients C, D, H, M, N, P, U, V, and AA, even when the patients had a known history of substance abuse and/or exhibited signs and symptoms of medication abuse, misuse, or diversion.

d. In addition to the excessive dose of stimulants prescribed to Patients B, D, F, and N (described in Allegation 5(a)(iv), above), Dr. Krause prescribed the following medications to patients in excess of the recommended safe maximum daily dosing, as set forth below:

Patient	Medication Prescribed	Maximum Recommended Safe Daily Dose
D	Ambien 20mg daily	10mg
O	Ambien 20mg daily	10mg
S	Celexa 60mg daily	40mg

6. Craig Charles Krause, M.D., violated Virginia Code § 54.1-2915.A(3), (13), and (16) in that he failed to diagnose or treat properly Patient E, as set forth below:

a. In a letter to Patient E’s attorney, dated November 12, 2013, regarding her mental status and criminal charges against her, Dr. Krause stated, “None of [Patient E’s] presentation is either bizarre or implausible and she apparently “passed” a polysomnograph [*sic*] test which supports the veracity of her claims. There is not [*sic*] evidence of a serious thought disorder or psychosis, her communication is logical and goal directed.” However, on or about December 2, 2013, Dr. Krause inexplicably wrote another letter to Patient E’s attorney, stating that, “I am reasonably, medically certain that [Patient E] is suffering from some kind of delusional disorder... [and] may not understand the nature of the charges against her, the penalties, and is clearly unable to cooperate with her attorney’s, the court’s or probation officer’s advice...” There is no documentation in Patient E’s record to support Dr. Krause’s change in opinion regarding her mental status in less than a month’s time, other than Dr. Krause noted further conversation with the patient’s attorney.

b. An April 27, 2016 letter prepared by the Virginia Department of Behavioral Health and Developmental Services (located in Dr. Krause’s treatment file for Patient E) detailed that the patient had been admitted to Western State Hospital for treatment to restore her competence for a criminal trial, noting that she exhibited significant paranoid thinking (although Patient E did not

accept that she had a psychotic disorder). Despite this information and numerous records from other evaluating providers documenting that Patient E suffered from psychosis and/or met the diagnostic criteria for “a major psychiatric disorder characterized by symptoms of schizophrenia, primarily paranoia and delusional thinking,” Dr. Krause failed to evaluate or perform (or document evaluating or performing) a work-up with respect to these diagnoses formulated by other psychiatric evaluators/providers, and hence failed to prescribe Patient E antipsychotic medications as recommended by these other mental health practitioners as necessary to restore Patient E’s sanity for purposes of her criminal charges. Moreover, there is no documentation in Dr. Krause’s file for Patient E that he ever conferred or consulted with any of these other practitioners regarding the patient’s diagnoses or treatment.

7. Craig Charles Krause, M.D., violated Virginia Code § 54.1-2915.A(3), (13), and (16) in that he failed to coordinate care with other treatment providers for Patients C, D, E, F, G, H, I, J, K, L, M, N, O, S, V, W, X, Y, Z, AA, and CC, adversely impacting patient care, to include:

- a. In or about March 2015, Dr. Krause failed to take action after receiving notice that he and another physician were both prescribing lithium to Patient C.
- b. An Intake Screening Form for Patient E showed that she was currently seeing a mental health provider, yet there is no documentation in Dr. Krause’s records that he attempted to obtain records from, or communicate with, such a provider.
- c. On or about October 9, 2015, Patient M listed four other physicians as his psychiatric treatment providers on his registration form for Dr. Krause. There is no indication Dr. Krause obtained records from, or consulted with, any of these providers, or determined which providers, if any, would still be providing services to Patient M.

d. After Dr. Krause became aware that Patient S was pregnant in or about May 2016, there is no evidence that he consulted and conferred with her obstetrician to ensure that the plethora of psychotropic medications he was prescribing her were appropriate and safe while the patient was pregnant.

8. Craig Charles Krause, M.D., violated Virginia Code § 54.1-2915.A(3), (8), (12), (13), (16), (17) and (18) and 18 VAC 85-20-90 of the Regulations Governing the Practice of Medicine, Osteopathy, Podiatry and Chiropractic in that he prescribed phentermine (C-IV) for weight loss to Patients D, M, X, Y, Z, and AA. Specifically:

a. Dr. Krause failed to perform and record an appropriate history and physical examination of each patient prior to the initiation of pharmacology for weight loss, nor did he obtain or review laboratory work, including for thyroid function.

b. Dr. Krause failed to obtain and/or review the results of an electrocardiogram performed and interpreted within 90 days of initiating pharmacology for weight loss.

c. Dr. Krause failed to prescribe and record a diet and exercise program for each patient receiving pharmacology for weight loss.

d. Dr. Krause failed to record the patient's blood pressure, pulse, or weight, prior to the initiation of therapy, or within 30 days following initiation.

9. Craig Charles Krause, M.D., violated Virginia Code § 54.1-2915.A(3), (13), and (16) in his treatment of Patients H, M, and P, with Suboxone (C-III) for opioid dependence. Dr. Krause failed to utilize regular urine or serum screens to determine whether the patients were compliant with his treatment regimen; to obtain comprehensive drug use histories; to perform or document a comprehensive history and physical examination; and to provide (or refer) each patient for adequate counseling, vocational, or educational services.

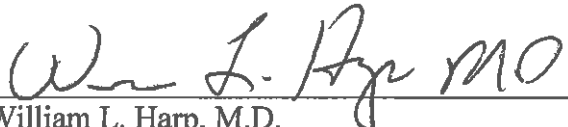
10. Craig Charles Krause, M.D., violated Virginia Code § 54.1-2915.A(3), (12), (13), (16), and (19) and 18 VAC 85-20-26.C of the Regulations Governing the Practice of Medicine, Osteopathy, Podiatry, and Chiropractic in that he failed to maintain accurate, legible, and complete records for Patients A – CC. Specifically, Dr. Krause’s psychiatric progress notes for these patients are largely illegible. Moreover, he failed to obtain a complete medical and psychiatric history on each patient, including relevant records from prior treating providers. Further, the accuracy of Dr. Krause’s records is in question due to the fact that he often made statements to third-parties (e.g., insurance companies or attorneys) that were unsupported by the information contained in his records (*see* Allegations 5(b)(i) and 6 above).

11. Craig Charles Krause, M.D., violated Virginia Code § 54.1-2915.A(4) and (14) in that he is unable to practice with safety to his patients or the public due to mental illness, i.e., he has been diagnosed with bipolar I disorder, attention deficit hyperactive disorder, combined type, conditions which require ongoing treatment and monitoring. Specifically:

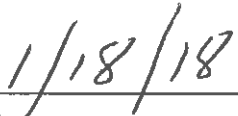
- a. *See* Confidential Exhibit.
- b. *See* Confidential Exhibit

Pursuant to Virginia Code § 54.1-2400.2(K), the Board considered whether to disclose or not disclose Dr. Krause’s health records or health services.

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



William L. Harp, M.D.
Executive Director
Virginia Board of Medicine



Date