

Public

STATE OF NEW YORK

DEPARTMENT OF HEALTH

STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

BPMC No. 13-12

IN THE MATTER

OF

SANJAY TRIVEDI, M.D.
CO-12-06-3229-A

COMMISSIONER'S
SUMMARY
ORDER

TO: SANJAY TRIVEDI, M.D.
REDACTED

Matthew R. Kachergus, Esq.
Sheppard, White & Kachergus, P.A.
215 Washington Street
Jacksonville, FL 32202

The undersigned, Nirav R. Shah, M.D., M.P.H., Commissioner of Health, pursuant to New York Public Health Law §230, upon the recommendation of a Committee on Professional Medical Conduct of the State Board for Professional Medical Conduct, has determined that the duly authorized professional disciplinary agency of another jurisdiction, the State of Florida, Department of Health (hereinafter "Florida Board"), has made a finding substantially equivalent to a finding that the practice of medicine by **SANJAY TRIVEDI, M.D.**, Respondent, New York license number 249122, in that jurisdiction, constitutes an imminent danger to the health of its people, as is more fully set forth in the Order of Emergency Suspension of License, dated June 26, 2012, attached, hereto, as Appendix "A," and made a part, hereof.

It is, therefore:

ORDERED, pursuant to New York Public Health Law §230(12)(b), that effective immediately, **SANJAY TRIVEDI, M.D.**, shall not practice medicine in the State of New York or in any other jurisdiction where that practice is predicated on a valid New York State license to practice medicine.

ANY PRACTICE OF MEDICINE IN THE STATE OF NEW YORK IN VIOLATION OF THIS ORDER SHALL CONSTITUTE PROFESSIONAL MISCONDUCT WITHIN THE MEANING OF NEW YORK EDUCATION LAW §6530(29) AND MAY CONSTITUTE UNAUTHORIZED MEDICAL PRACTICE, A FELONY DEFINED BY NEW YORK EDUCATION LAW §6512.

This Order shall remain in effect until the final conclusion of a hearing which shall commence within thirty (30) days after the final conclusion of the disciplinary proceeding in Maryland.

The hearing will be held pursuant to the provisions of New York Public Health Law §230, and New York State Administrative Procedure Act §§301-307 and 401. The hearing will be conducted before a committee on professional conduct of the State Board for Professional Medical Conduct on a date and at a location to be set forth in a written Notice of Referral Proceeding to be provided to the Respondent after the final conclusion of the Maryland proceeding. Said written Notice may be provided in person, by mail, or by other means. If Respondent wishes to be provided said written notice at an address other than that set forth above, Respondent shall so notify, in writing, both the attorney whose name is set forth in this Order, and the Director of the Office of Professional Medical Conduct, at the addresses set forth below.

RESPONDENT SHALL NOTIFY THE DIRECTOR OF THE OFFICE OF PROFESSIONAL MEDICAL CONDUCT, NEW YORK STATE DEPARTMENT OF HEALTH, 150 BROADWAY, SUITE 355, ALBANY, NY 12204, VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED, OF THE FINAL CONCLUSION OF THE PROCEEDING IMMEDIATELY UPON SUCH CONCLUSION.

THESE PROCEEDINGS MAY RESULT IN A DETERMINATION THAT YOUR LICENSE TO PRACTICE MEDICINE IN NEW YORK STATE BE REVOKED OR SUSPENDED AND/OR THAT YOU BE FINED OR SUBJECT TO OTHER SANCTIONS SET FORTH IN NEW YORK PUBLIC HEALTH LAW §230-a. YOU ARE URGED TO OBTAIN AN ATTORNEY TO REPRESENT YOU IN THIS MATTER.

DATE: Albany, New York
Jan 10, 2013

REDACTED

NIRAV R. SHAH, M.D., M.P.H.
Commissioner of Health
New York State Department of Health

Inquires should be directed to:

Joel E. Abelove
Associate Counsel
Bureau of Professional Medical Conduct
Corning Tower – Room 2512
Empire State Plaza
Albany, New York 12237
(518) 473-4282

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

IN RE: The Emergency Suspension of the License of
Sanjay Trivedi, M.D.
License Number: ME 101999
Case Number: 2012-06500

ORDER OF EMERGENCY SUSPENSION OF LICENSE

John H. Armstrong, MD, State Surgeon General and Secretary of Health, ORDERS the Emergency Suspension of the license of Sanjay Trivedi, M.D. ("Dr. Trivedi"), to practice as a physician in the State of Florida. Dr. Trivedi holds license number ME 101999. His address of record is REDACTED. The following Findings of Fact and Conclusions of Law support the emergency suspension of Dr. Trivedi's license to practice as a physician in the State of Florida.

INTRODUCTION

Beginning in May 2010, the Federal Drug Enforcement Administration ("DEA"), the Florida Department of Law Enforcement ("FDLE"), the Florida Division of Insurance Fraud ("FDIF"), the Vero Beach Police Department ("VBPD"), the Jacksonville County Sheriff's Office ("JCSO"), the Sarasota County Sheriff's Office ("SCSO") and the Indian River County Sheriff's Office ("IRCSO") (hereafter collectively referred to as "Law Enforcement")

and the Florida Department of Health commenced a joint undercover investigation of Dr. Trivedi. The investigation was predicated upon information received by Law Enforcement that Dr. Trivedi was inappropriately prescribing large quantities of controlled substances from Jacksonville Back and Spine, a pain management clinic (the "Clinic") Law Enforcement suspect of being an illegal pill mill¹. According to Law Enforcement officials, Dr. Trivedi is conspiring with members of a major drug trafficking organization that is illegally distributing controlled substances in exchange for cash.

As part of their undercover investigation, Law Enforcement officers posed as patients during visits to Dr. Trivedi between October 2011 and November 2011. During these visits, undercover officers openly exhibited drug-seeking behavior. In particular, the officers repeatedly tested negative for controlled substances on drug screens administered by the Clinic despite reporting that they were taking controlled substances and, on several occasions, they informed Dr. Trivedi they had run out of medication early and were not suffering significant pain. Dr. Trivedi disregarded this

¹ The term "pill mill" is used by law enforcement agencies in Florida to refer to a clinic from which prescriptions for controlled substances are dispensed for illegal purposes.

drug-seeking behavior and prescribed large quantities of highly-addictive controlled substances to the officers over the course of several visits.

When they visited the Clinic, the undercover Law Enforcement officers were each equipped with hidden video and audio equipment, which they used to record their visits with Dr. Trivedi. Law Enforcement retained an independent medical expert, who is Board-Certified in Pain Management, Anesthesiology and Interventional Pain Management, to review the audio and video recordings of these visits, as well as patient records for each undercover officer. As detailed below, the expert opined Dr. Trivedi fell below the minimum standards of care applicable to the use of controlled substances for the treatment of pain.

As part of their investigation of Dr. Trivedi, Law Enforcement intercepted multiple telephone calls concerning the Clinic and Dr. Trivedi, which demonstrate that the owner of the Clinic was aware that Dr. Trivedi was prescribing excessive amounts of controlled substances to patients and was practicing below the minimum standards of care applicable to the treatment of patient pain with controlled substances.

FINDINGS OF FACT

1. The Department of Health ("Department") is the state agency charged with regulating the practice of medicine, pursuant to Chapters 20, 456 and 458, Florida Statutes (2011).

2. At all times material to this Order, Dr. Trivedi was licensed to practice medicine in the State of Florida pursuant to Chapter 458, Florida Statutes (2011), and was authorized to prescribe controlled substances classified under schedules two through five of Section 893.03, Florida Statutes (2011), to patients.

Facts Specific to C.J.

3. On October 3, 2011, Law Enforcement officer C.J. ("CJ"), acting in an undercover capacity, first presented to the Clinic as a forty-eight-year-old male patient with complaints of stiffness in his lower and middle back. CJ provided copies of his medical record from a prior-treating physician to the Clinic. CJ's prior medical record included the results of a magnetic resonance imaging ("MRI") study of CJ's thoracic spine (middle back) dated November September 21, 2011, and CJ's prescription history. CJ's MRI revealed normal findings with no abnormalities, and his medical record reflected no prior surgery or treatment to his lower or middle back. CJ's medical record included a history of receiving Oxycodone 30 mg,

Xanax 2 mg and carisoprodol 350 mg from a prior-treating physician between August 2010 and September 2011.

4. Oxycodone is commonly prescribed to treat pain. According to Section 893.03(2), Florida Statutes (2010-2011), oxycodone is a Schedule II controlled substance that has a high potential for abuse and has a currently accepted but severely restricted medical use in treatment in the United States. Abuse of oxycodone may lead to severe psychological or physical dependence.

5. Xanax is the brand name for alprazolam and is prescribed to treat anxiety. According to Section 893.03(4), Florida Statutes (2010-2011), alprazolam is a Schedule IV controlled substance that has a low potential for abuse relative to the substances in Schedule III and has a currently accepted medical use in treatment in the United States. Abuse of alprazolam may lead to limited physical or psychological dependence relative to the substances in Schedule III.

6. Carisoprodol, commonly known by the brand name Soma, is a muscle relaxant prescribed to treat muscular pain. According to Section 893.03(4), Florida Statutes (2011), carisoprodol is a Schedule IV controlled substance that has a low potential for abuse relative to the substances in

Schedule III and has a currently accepted medical use in treatment in the United States. Abuse of carisoprodol may lead to limited physical or psychological dependence relative to the substances in Schedule III.

7. During the course of this initial visit, CJ reported a pain level of five on a scale of one-through-ten without pain medication and two on a scale of one-through-ten with pain medication. CJ was asked by a medical assistant at the Clinic to undergo a urine drug screen, which was negative for any substances, including those controlled substances CJ had been prescribed by his prior physician. This should have alerted Dr. Trivedi to the possibility that CJ was abusing or diverting his medication.

8. After paying his visit fee of \$250.00, CJ was escorted into an examination room, where he was met by Dr. Trivedi. When Dr. Trivedi asked CJ "what bother[ed]" him, CJ replied that his lower and middle back were "stiff." Dr. Trivedi then performed a brief examination of CJ consisting of paipating CJ's back and checking CJ's strength/reflexes. Following the examination, Dr. Trivedi reviewed CJ's MRI and prescription history. Dr. Trivedi told CJ that his prior-treating physician had over-medicated him and that there was "nothing in the MRI that I can justify giving 30's (Oxycodone 30 mg) to you." Dr. Trivedi then told CJ that "I can give you

15's (Oxycodone 15 mg) if you want." When CJ responded that he "would prefer 30's," Dr. Trivedi stated "nothing shows up in your MRI; the best I can give you is 15's. . . I'll give you Mobic too . . . if you want something for sleep, I can give you Valium too."

9. Mobic is a nonsteroidal anti-inflammatory drug (NSAID) used to treat pain or inflammation caused by arthritis.

10. Valium is the brand name for diazepam, which is used to treat anxiety. According to Section 893.03(4), Florida Statutes (2011), diazepam is a Schedule IV controlled substance that has a low potential for abuse relative to the substances in Schedule III and has a currently accepted medical use in treatment in the United States. Abuse of diazepam may lead to limited physical or psychological dependence relative to the substances in Schedule III.

11. At the conclusion of this visit, Dr. Trivedi provided CJ with prescriptions for 28 dosage units of Valium 2 mg, 112 dosage units of Percocet 10-325 mg and 28 dosage units of Mobic 7.5 mg.

12. Percocet 10-325 mg contains oxycodone and acetaminophen, or Tylenol.

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13. On October 31, 2011, CJ returned to the Clinic for a follow-up visit with Dr. Trivedi. After paying a visit fee of \$250.00, CJ was escorted to an examination room where a medical assistant took CJ's weight and blood pressure and inquired about CJ's pain level. In response, CJ reported a pain level of five on a scale of one-through-ten without pain medication and two on a scale of one-through-ten with pain medication.

14. Upon entering the examination room, Dr. Trivedi asked CJ about his pain level. CJ reported that his lower back was stiff and his shoulder was sore. Dr. Trivedi then proceeded to perform a brief examination of CJ consisting of palpating CJ's back and checking CJ's reflexes and range of motion. Following the examination, Dr. Trivedi again told CJ that he could not justify prescribing Oxycodone 30 mg to him as CJ's MRI showed nothing wrong with his back. Nevertheless, Dr. Trivedi agreed to increase CJ's prescription of oxycodone from Percocet 10-325 mg to Oxycodone HCl 15 mg (an increase of 5 mg of oxycodone per dosage unit).

15. Oxycodone HCl is an extended-release form of oxycodone.

16. At the conclusion of this visit, Dr. Trivedi prescribed 28 dosage units of Valium 2 mg, 98 dosage units of Oxycodone HCl 15 mg and 28

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dosage units of Mobic 7.5 mg to CJ. Dr. Trivedi also referred CJ for an MRI of his lumbar spine and for a neurosurgery consult. On the face of the prescription for the neurosurgery consult, Dr. Trivedi included a note stating that CJ's "symptoms do not match imaging."

17. An independent medical expert, who is Board-Certified in Pain Management, Anesthesiology and Interventional Pain Management, reviewed the treatment provided by Dr. Trivedi to CJ and opined Dr. Trivedi fell below the minimum standards of care in several respects. In particular, the expert found Dr. Trivedi failed to utilize a multi-disciplinary approach in his treatment of the patient; prescribed large amounts of controlled substances to the patient without medical justification; prescribed Valium to the patient without any medical justification; failed to provide a written treatment plan to the patient; failed to order diagnostic tests; and prescribed increased amounts of controlled substances to the patient after the patient reported running out of medication early, reported no increases in pain, had a completely normal MRI and tested negative for the substances during drug screens.

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Facts Specific to G.J.

18. On October 3, 2011, Law Enforcement officer G.J. ("GJ"), acting in an undercover capacity, first presented to the Clinic as a forty-two-year-old male patient with complaints of lower and middle back pain. GJ provided copies of his medical record from a prior-treating physician to the Clinic. GJ's prior medical record included the results of a MRI study of GJ's cervical spine (neck/upper back) dated September 6, 2011, which revealed a small disc herniation in GJ's upper back, but no other abnormalities. GJ's prior medical record also contained the patient's prescription history for the period of August 1, 2010, through September 28, 2011, which indicated GJ had received monthly prescriptions for oxycodone, carisoprodol and alprazolam from a prior-treating physician during that time.

19. After paying an initial visit fee of \$250.00, GJ was escorted into an examination room by a medical assistant. During the course of this initial visit, GJ reported a pain level of four – six on a scale of one-through-ten without pain medication and two on a scale of one-through-ten with pain medication. GJ indicated his pain was in his lower and middle back despite the fact that his MRI was of his neck and upper back. GJ was

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asked by a medical assistant at the Clinic to undergo a urine drug screen, which was negative for any substances, including those controlled substances prescribed to GJ by his prior physician. This should have alerted Dr. Trivedi to the possibility that GJ was abusing or diverting his medication.

20. After entering the examination room, Dr. Trivedi asked GJ about his neck pain (even though GJ had not reported neck pain). GJ advised Dr. Trivedi that his pain was in his lower and middle back. Despite this, Dr. Trivedi continued palpating GJ's neck and questioning GJ about his neck pain.

21. Dr. Trivedi proceeded to conduct an examination of GJ that lasted approximately sixty seconds and consisted of checking GJ's reflexes and palpating GJ's neck, shoulder and back. Dr. Trivedi then asked GJ why he had travelled from Port St. Lucie (GJ's home) to Jacksonville to see a doctor. GJ answered that his work brought him to Jacksonville. Dr. Trivedi asked GJ whether he had taken oxycodone and Xanax in the past. When GJ responded in the affirmative, Dr. Trivedi indicated he would prescribe oxycodone and Valium to GJ.

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22. At the conclusion of this visit, Dr. Trivedi prescribed 112 dosage units of Roxicodone 30 mg and 28 dosage units of Valium 2 mg to GJ. Dr. Trivedi failed to discuss any other treatment options with GJ.

23. On October 31, 2011, GJ returned to the Clinic for a follow-up visit with Dr. Trivedi. After being escorted into an examination room by a medical assistant, GJ again reported a pain level of five on a scale of one-through-ten without pain medication. GJ also reported that he had run out of Roxicodone 30 mg about five days prior to his visit to the Clinic and had resorted to taking his wife's pain medication. The medical assistant cautioned GJ against sharing medication with others as this might draw unwanted attention from law enforcement or the Department of Health.

24. After Dr. Trivedi entered the examination room, he asked GJ about his neck pain. GJ, once again, told Dr. Trivedi that his pain was located in his lower back, not his neck. Dr. Trivedi recommended GJ undergo an MRI of his lower back and then performed an examination of GJ lasting approximately forty-five seconds and consisting of palpating GJ's back and neck, checking GJ's reflexes and pushing/pulling on GJ's hands and arms. When GJ told Dr. Trivedi that the amount of Roxicodone Dr. Trivedi had prescribed to him during his previous visit (four dosage units

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per day) was not enough, Dr. Trivedi agreed to increase the dosage to five units per day. When GJ asked Dr. Trivedi whether he could provide him with any additional pain medication, Dr. Trivedi indicated he would also prescribe Mobic to GJ.

25. At the conclusion of this visit, Dr. Trivedi prescribed 140 dosage units of Roxicodone 30 mg (an increase of 28 dosage units), 28 dosage units of Valium 2 mg and 28 dosage units of Mobic 7.5 mg to GJ. In addition, Dr. Trivedi provided GJ with a prescription for an MRI of his lumbar spine. Dr. Trivedi failed to discuss any other treatment options with GJ.

26. An independent medical expert, who is Board-Certified in Pain Management, Anesthesiology and Interventional Pain Management, reviewed the treatment provided by Dr. Trivedi to GJ and opined Dr. Trivedi fell below the standard of care in several ways. In particular, the expert found Dr. Trivedi performed an inadequate physical examination of the patient; failed to utilize a multi-disciplinary approach in his treatment of the patient; prescribed large amounts of controlled substances to the patient without medical justification; failed to provide a written treatment plan to the patient; and prescribed increased amounts of controlled

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substances to the patient after the patient reported running out of medication early, reported no increases in pain and tested negative for the substances during a drug screen.

Facts Specific to T.R.

27. On October 17, 2011, Law Enforcement officer T.R. ("TR"), acting in an undercover capacity, first presented to the Clinic as a twenty-seven-year-old male patient with complaints of lower, middle and upper back pain. TR provided copies of his medical record from a prior-treating physician to the Clinic. TR's prior medical record included the results of a MRI study of TR's lumbar spine (lower back) dated August 12, 2011, which revealed a disc bulge and minor/moderate stenosis in TR's lower back, but no other abnormalities. TR's prior medical record also contained the patient's prescription history for the period of September 1, 2010, through September 16, 2011, which indicated TR had received monthly prescriptions for oxycodone, carisoprodol and alprazolam from a prior-treating physician during that time.

28. After paying an initial visit fee of \$250.00, TR was escorted into an examination room by a medical assistant. During the course of this initial visit, TR reported a pain level of four – five on a scale of one-

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through-ten without pain medication and two on a scale of one-through-ten with pain medication. TR was asked by a medical assistant at the Clinic to undergo a urine drug screen, which was negative for any substances, including those controlled substances prescribed to TR by his prior physician. This should have alerted Dr. Trivedi to the possibility that TR was abusing or diverting his medication.

29. After entering the examination room, Dr. Trivedi asked TR about his back pain. TR advised Dr. Trivedi that his upper back was "stiff" and did not report having any pain in his lower or middle back. Dr. Trivedi proceeded to conduct an examination of TR that lasted less than two minutes and consisted of checking TR's reflexes and palpating TR's shoulders and back. During the exam, TR did not complain of pain. Dr. Trivedi failed to perform a range of motion examination of TR's spine.

30. Dr. Trivedi then asked TR why he had travelled from Daytona Beach (TR's home) to Jacksonville to see a doctor. TR answered that his work brought him to Jacksonville. Dr. Trivedi asked TR whether he had taken oxycodone and Xanax in the past. When TR responded in the affirmative, Dr. Trivedi indicated he would prescribe oxycodone and Valium to TR as he did not like to prescribe oxycodone and Xanax in combination.

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31. At the conclusion of this visit, Dr. Trivedi prescribed 112 dosage units of Roxicodone 30 mg, 28 dosage units of Valium 2 mg and 28 dosage units of Mobic 7.5 mg to TR. Dr. Trivedi also provided TR with a prescription for a neurosurgery consultation for his lumbar spine, but failed to provide TR with a referral to a particular neurosurgeon.

32. On November 14, 2011, TR returned to the Clinic for a follow-up visit with Dr. Trivedi. After paying a \$250.00 visit fee and being escorted into an examination room by a medical assistant, GJ reported a pain level of four on a scale of one-through-ten without pain medication. GJ also reported that he had run out of pain medication prior to his visit to the Clinic.

33. After Dr. Trivedi entered the examination room, he asked TR about his lower back pain. TR told Dr. Trivedi that his pain was located in his upper back and that his lower back was fine. Nevertheless, Dr. Trivedi insisted that TR's pain was located in his lower back and that we would need to undergo an MRI of his lower back. Dr. Trivedi then performed an examination of TR lasting approximately fifty seconds and consisting of checking TR's reflexes and pushing/pulling on TR's hands and arms. When GJ told Dr. Trivedi that the amount of Roxicodone Dr. Trivedi had

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prescribed to him during his previous visit (four dosage units per day) was inadequate because he had run out of the medication early, Dr. Trivedi agreed to increase the dosage. Again, the fact TR ran out of his medication early should have indicated to Dr. Trivedi that TR was abusing or diverting his medication.

34. At the conclusion of this visit, Dr. Trivedi prescribed 126 dosage units of Roxicodone 30 mg (an increase of 14 dosage units), 28 dosage units of Valium 2 mg and 56 dosage units of ibuprofen 600 mg to TR. Dr. Trivedi failed to inquire as to whether TR had seen a neurologist pursuant to the neurological prescription he had provided to TR during his prior visit.

35. An independent medical expert, who is Board-Certified in Pain Management, Anesthesiology and Interventional Pain Management, reviewed the treatment provided by Dr. Trivedi to TR and opined Dr. Trivedi fell below the standard of care in several respects. In particular, the expert found Dr. Trivedi performed an inadequate physical examination of the patient; failed to utilize a multi-disciplinary approach in his treatment of the patient; prescribed large amounts of controlled substances to the patient without medical justification; failed to provide a written treatment plan to the patient; and prescribed increased amounts of controlled

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substances to the patient after the patient reported running out of medication early, reported no increases in pain and tested negative for the substances during a drug screen.

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the State Surgeon General concludes as follows:

1. The State Surgeon General has jurisdiction over this matter pursuant to Sections 20.43 and 456.073(8), Florida Statutes (2011), and Chapter 458, Florida Statutes (2011).

2. Section 120.60(6), Florida Statutes (2011), authorizes the Department to suspend a physician's license if the Department finds that the physician presents an immediate, serious danger to the public health, safety, or welfare.

3. Section 458.331(1)(t)1, Florida Statutes (2011), subjects a physician to discipline, including suspension, for committing medical malpractice as defined in Section 456.50, Florida Statutes (2011). "Medical malpractice" is defined by Section 456.50(1)(g), Florida Statutes (2011), as "the failure to practice medicine in accordance with the level of care, skill, and treatment recognized in general law related to health care licensure."

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Section 456.50(1)(e), Florida Statutes (2011), provides that the "level of care, skill, and treatment recognized in general law related to health care licensure" means the standard of care that is specified in Section 766.102(1), Florida Statutes (2011), which states as follows:

The prevailing professional standard of care for a given health care provider shall be that level of care, skill, and treatment which, in light of all relevant surrounding circumstances, is recognized as acceptable and appropriate by reasonably prudent similar health care providers.

Section 458.331(1)(t)1., Florida Statutes (2011), directs the Board of Medicine to give "great weight" to this provision of Section 766.102, Florida Statutes (2011).

4. Dr. Trivedi failed to meet the prevailing standard of care in one or more of the following manners:

- a. By prescribing inappropriate quantities of controlled substances to Patients CJ, GJ and TR without justification;
- b. By failing to employ other modalities for the treatment of pain in connection with Patients CJ, GJ and TR; and
- c. By failing to order appropriate diagnostic or objective tests for Patients CJ, GJ and TR.

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5. Section 458.331(1)(nn), Florida Statutes (2011), subjects a physician to discipline, including suspension, for violating any provision of Chapters 456 or 458, Florida Statutes, or any rules adopted pursuant thereto.

6. Rule 64B8-9.013, Florida Administrative Code, sets forth the standards for the use of controlled substances for the treatment of pain, in part, as follows:

(3) Standards. The Board has adopted the following standards for the use of controlled substances for pain control:

(a) Evaluation of the Patient. A complete medical history and physical examination must be conducted and documented in the medical record. The medical record shall document the nature and intensity of the pain, current and past treatments for pain, underlying or coexisting diseases or conditions, the effect of the pain on physical and psychological function, and history of substance abuse. The medical record also shall document the presence of one or more recognized medical indications for the use of a controlled substance.

(b) Treatment Plan. The written treatment plan shall state objectives that will be used to determine treatment success, such as pain relief and improved physical and psychosocial function, and shall indicate if any further diagnostic evaluations or other treatments are planned. After treatment begins, the physician shall adjust drug therapy, if necessary, to the individual medical needs of each patient. Other treatment modalities or a rehabilitation program may be necessary depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial

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impairment.

* * *

(e) Consultation. The physician shall be willing to refer the patient as necessary for additional evaluation and treatment in order to achieve treatment objectives. Special attention must be given to those pain patients who are at risk for misusing their medications and those whose living arrangements pose a risk for medication misuse or diversion. The management of pain in patients with a history of substance abuse or with a comorbid GJychiatric disorder requires extra care, monitoring, and documentation, and may require consultation with or referral to an expert in the management of such patients.

(f) Medical Records. The physician is required to keep accurate and complete records to include, but not be limited to:

1. The complete medical history and a physical examination, including history of drug abuse or dependence, as appropriate;
2. Diagnostic, therapeutic, and laboratory results;
3. Evaluations and consultations;
4. Treatment objectives;

7. Dr. Trivedi violated Rule 64B8-9.013, Florida Administrative Code, in one or more of the following manners:

- a. By failing to document an adequate treatment plan for Patients CJ, GJ and TR.
- b. By failing to conduct or document an adequate physical examination of Patients CJ, GJ and TR;

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c. By failing to document adequate justification for the prescription of controlled substances to Patients CJ, GJ and TR; and

d. By failing to appropriately monitor Patients CJ, GJ and TR for drug diversion or drug abuse.

8. Physicians who liberally prescribe controlled substances without following the minimum standards of care applicable to the prescribing of those drugs pose a serious danger to the public health, welfare and safety. This is so because the controlled substances prescribed by these physicians are often potentially addictive and the misuse or abuse of these drugs can cause serious and lasting medical injury and death.²

9. The facts recited above support the conclusion that Dr. Trivedi is using his medical license to prescribe large quantities of controlled substances without following the minimum standards of care applicable to the prescribing of those drugs and without any regard for the health, safety and well-being of the individuals receiving these addictive and potentially lethal drugs. Dr. Trivedi's acts manifest such a pattern and propensity to practice below the appropriate standard of care that a

² The Proliferation of Pain Clinics in South Florida, November 19, 2009, Broward County Grand Jury report.

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continuation of this practice poses an immediate serious danger to the public health, safety or welfare.

10. A physician licensed in the State of Florida is one of a small number of licensed professionals allowed to prescribe, administer, and dispense controlled substances. The Legislature has vested a trust and confidence in these licensed professionals by permitting them to prescribe drugs with a high potential for abuse and harm. Inappropriate prescribing of highly addictive controlled substances to patients presents a danger to the public health, safety, or welfare, and does not correspond to that level of professional conduct expected of one licensed to practice medicine in this state.

11. In addition to Dr. Trivedi's distribution of drugs to patients in violation of state law, Dr. Trivedi consistently violated the standards governing the practice of medicine in Florida by failing to document adequate justification for the prescription of controlled substances to patients, performing inadequate or no physical exams and ignoring signs of drug dependency and diversion in patients. Dr. Trivedi's below-standard practice of medicine evidences his inability or unwillingness to comply with

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the professional and medical standards that govern physicians in the State of Florida.

12. Dr. Trivedi acted with indifference to the health of patients by prescribing the most highly addictive drugs to patients with no demonstration of medical need and in contravention of the well-known warnings, dangers and contraindications pertaining to the drugs.

13. Illegal activity by a physician necessarily affects that physician's ability to practice medicine as a physician's professional judgment and ethical standards are all implicated in these activities. Dr. Trivedi's involvement in an illegal drug trafficking organization manifests a lack of the professional judgment and ethical standards that are necessary to practice medicine in the State of Florida. Dr. Trivedi's willingness to practice medicine below the minimum standards of care and to endanger the lives of patients also demonstrates a lack of the good moral character required for licensure as a physician in the State of Florida.

14. Dr. Trivedi's professional and medical incompetence, his lack of good moral character, his willingness to use his medical license to facilitate the distribution of drugs in violation of state law, his indifference to the safety of patients and his unwillingness to carry out even the most basic

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functions required of physicians in the State of Florida, when taken together, demonstrate that Dr. Trivedi is incapable of, or unwilling to, practice medicine safely and that his continued practice of medicine poses an immediate serious danger to the public health, safety or welfare.

15. Dr. Trivedi's moral turpitude and unwillingness to practice within the standard of care makes obvious that his unsafe practice of medicine is likely to recur and that a less restrictive sanction, such as an emergency restriction order preventing Dr. Trivedi from prescribing controlled substances, would not be sufficient to protect the public from the immediate serious danger posed by Dr. Trivedi's continued practice as a medical doctor. Dr. Trivedi's actions in this case are not the result of carelessness or ignorance on his part; instead Dr. Trivedi's actions demonstrate his willingness to violate the laws, regulations and standards that govern the practice of medicine in the State of Florida. Nothing short of the immediate suspension of Dr. Trivedi's license to practice medicine would be sufficient to protect the public from the danger of harm presented by Dr. Trivedi.

16. Dr. Trivedi's continued practice as a physician constitutes an immediate serious danger to the health, safety and welfare of the public,

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IN RE: The Emergency Suspension of the License of
Sanjay Trivedi, M.D.
License Number: ME 101999
Case Number: 2012-06500

and this summary procedure is fair under the circumstances to adequately protect the public.

In accordance with Section 120.60(6), Florida Statutes (2011), it is

ORDERED THAT:

1. The license of Sanjay Trivedi, M.D., license number ME 101999, is hereby immediately suspended.

2. A proceeding seeking formal discipline of the license of Sanjay Trivedi, M.D., to practice as a physician will be promptly instituted and acted upon in compliance with Sections 120.569 and 120.60(6), Florida Statutes (2011).

DONE and ORDERED this 26th day of June, 2012.

REDACTED

John H. Armstrong, MD
State Surgeon General and
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PREPARED BY:

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IN RE: The Emergency Suspension of the License of
Sanjay Trivedi, M.D.
License Number: ME 101999
Case Number: 2012-06500

NOTICE OF RIGHT TO JUDICIAL REVIEW

Pursuant to Sections 120.60(6), and 120.68, Florida Statutes (2011), the Department's findings of immediate danger, necessity, and procedural fairness shall be judicially reviewable. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings are commenced by filing one copy of a Petition for Review, in accordance with Florida Rule of Appellate Procedure 9.100, with the Department of Health and a second copy of the petition accompanied by a filing fee prescribed by law with the District Court of Appeal within thirty (30) days of the date this Order is filed.

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