Controlled Substances Prescribing Investigations: An Investigator's Perspective

EDWIN ROGERS
CHIEF INVESTIGATOR
ALABAMA BOARD OF MEDICAL EXAMINERS

ROBERT STEELMAN
DEPUTY CHIEF INVESTIGATOR
ALABAMA BOARD OF MEDICAL EXAMINERS

1

Complaints

How they are received

1. Patient provides a written complaint
2. Hospitals or other physicians
3. Pharmacists
4. Law Enforcement
5. Self-reporting
6. ALBME

2

Improper Prescribing of Controlled Substances

- Not for a legitimate medical purpose
- Prescribing to oneself or family member
  - **Rule 545-X-4-.06 (12)** Prescribing or dispensing a controlled substance to oneself or to one's spouse, child, sibling (including step- and half-siblings), parent, intimate partner, or to any other person where the physician's professional objectivity, the patient's autonomy, or informed consent are substantially compromised, unless such prescribing or dispensing is necessitated by emergency or other exceptional circumstances.

3

Improper Prescribing of Controlled Substances

- Prescribing without proper credentials (ACSC/DEA, QACSC/LPSP/DEA)
- Prescribing outside scope of practice or protocols
- PAs/NPs prescribing-controlled substances for weight loss
- Questionable drug combinations

4

Complaint Process

- The Licensee's prescribing and patient prescription history is reviewed through the PDMP.
- Why?
- Patient PDMP history indicates previous physicians and types of medications prescribed.
- The Licensee's complaint history is also reviewed

5

What Happens?

"If an investigator shows up at my office, what should I expect?"

6

Formal Investigations

- Board investigator hand-delivers complaint to licensee, usually unannounced
- This matter is between the Board and the Licensee
- Your time is valuable!
- Based upon the interview with the complainant, the investigator may be able to answer questions more completely, and possibly, provide some pertinent information not contained in the written complaint
- If you don't know, you don't know

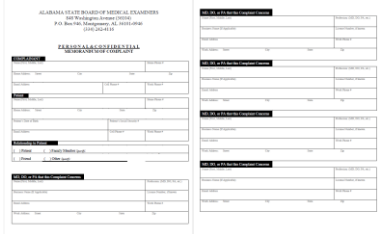
7

Formal Investigations

- Notice of Investigation
- Subpoena for patient medical records
- Gathering of facts, typically not building a criminal case
- After the interview, which is documented as a part of the investigation, the investigator will ask the Licensee to review the chart and other pertinent documents and to write a response explaining his or her version of the situation
- Interview office staff if necessary and any other potential witnesses

8

What to Expect



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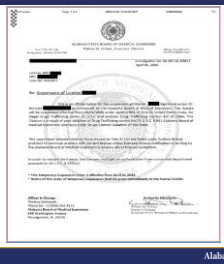
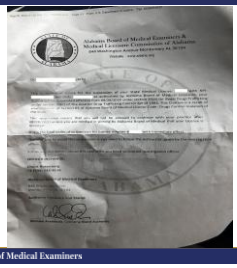
What you will not get!!





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What you will not get!!

This is an official notice for the suspension of license: [redacted] registered under Dr. Michael [redacted] as authorized by the Alabama Board of Medical Examiners. The license will be suspended effective from 04/01/2026 under section 841 of Title 21 United States Code, for Illegal drugs Trafficking under 21 U.S.C and aviation Drug Trafficking Control Act of 1984; This Citation is a result of your violation of Drug Trafficking controlled 21 U.S.C. § 841 Alabama Board of Medical Examiners Licensure Code: Drugs Control Violation of the State.

11

Phone Call to Scammers

12

The Board

Credentials Committee

- A committee of the Board reviews the investigation thoroughly.
- One member of the committee has access to every item obtained in the investigation and presents his/her findings to the full committee.
- The committee presents its report and a recommendation to the full Board.
- The full Board will discuss and review the case before the final Board decision is made.

13

Decisions

Possible Outcomes of an Investigation

- Standard Response
- Occasionally, the physician reviewer and/or the committee believes they need more information, and the Licensee may be invited to attend a meeting to explain and answer questions concerning the situation.
- Letter of Concern
- In addition to the Letter of Concern, the Board may ask the physician to voluntarily attend additional education or evaluation.
- Voluntary agreements or restrictions
- Board Orders
- Administrative Complaints (Often accompanied with a Summary Suspension)

14

How To Prevent Diversion in the Office

- Know your staff
- Limit the number of personnel authorized to call in prescriptions
- Keep controlled substances away from public access and limit employee access
- Communicate with pharmacist and other physicians
- Don't give your token away
- No presigned prescriptions
- Access to prescription pad – never leave on desks or countertops

15

Case Studies

16

Case Study #1

PRESCRIBING CONCERNS AT PAIN CLINIC

- Pharmacy contacted Board with concerns
- Multiple prescriptions with **different signatures** from Dr. G
- Patient presented with **future-dated Suboxone Rx**, then returned with **backdated Rx** (different signature)
- Pharmacist refused to fill due to safety/validity concerns

17

Case Study #1

PRESCRIBING CONCERNS AT PAIN CLINIC

Doctor's PDMP:

- Ranked **#40 in Alabama** for controlled substances prescribing
- **73% narcotics**, **19% sedatives**, **4% stimulants**
- Average **110 MME/day**; 1,324 prescriptions at **120 MME** each**61 patients** >120 MME.
- Multiple patients receiving **similar high-dose opioid prescriptions**.

18

Case Study #1

PRESCRIBING CONCERNS AT PAIN CLINIC

Investigation:

- Physician admitted to using a "**fancy**", "**normal**" and a "**tired**" signature
- Signature samples from Dr. G and the questioned prescriptions were submitted for forensic handwriting analysis.
- The handwriting expert concluded that the signatures on the disputed prescriptions **to be inconsistent with Dr. G's handwriting and were written by someone else**, supporting concerns of possible forgery/diversion

Case Study #1

PRESCRIBING CONCERNS AT PAIN CLINIC

- Not board-certified in pain management, (**Psychiatrist**) but CME completed
- Claimed routine use of **pain contracts, urine drug screens, and PDMP checks**
- Denied knowingly endangering patients despite **polypharmacy** and **high-dose regimens**
- Subpoenaed chart revealed patient **never treated by Dr. G**
- Internal investigation linked **terminated staff member with SUD** to fraudulent prescriptions
- **Police report filed**

Case Study #2

PRESCRIBING CONCERNS AT PAIN CLINIC

Key Takeaways for Clinicians

- **Signature variability** can mask forgery/diversion
- **PDMP monitoring** can highlight concerning prescribing trends
- **Staff diversion** risk is real — secure pads/e-scripts
- Pharmacists serve as an **early warning system** for unsafe/fraudulent prescribing

Case Study #2

PRESCRIBING CONCERNS AT PAIN CLINIC

How it started

- Prescriptions sent to pharmacy **before patient appointments**.
- Pharmacist recognized pattern, provided prescription copies.

Case Study #2

PRESCRIBING CONCERNS AT PAIN CLINIC

Physician Admission

- Nurses calling in prescriptions on **Fridays when physician absent**.
- Admitted he shared **e-scribe credentials** → violation of **21 CFR Part 1311**.
- Acknowledged he could not see all patients (80 per day), and prescriptions sometimes renewed without patient contact.

Case Study #2

PRESCRIBING CONCERNS AT PAIN CLINIC

- Only one physician (3 days/week); heavy patient load.
- **Refills alternated monthly** without consistent physician oversight.
- **Telemedicine only**; no patient sign-in logs.

Case Study #2

PRESCRIBING CONCERNS AT PAIN CLINIC

Red Flags for Clinicians

- Prescriptions issued **before visits**.
- **Delegation of prescribing authority** to staff.
- **High-risk dosing patterns** (>120 MME, duplicate scripts for couples).
- Contradictory explanations for patient evaluation.

25

Case Study #3

ALABAMA PAIN CLINIC HEALTH CARE FRAUD AND KICKBACK CONSPIRACY

- An Alabama-based pain clinic owner pled guilty in a multi-million-dollar scheme involving health care fraud and kickbacks. Was sentenced to 28 months in Federal Prison.
- The clinic owner conspired with a diagnostic company to receive illegal payments in exchange for ordering medically unnecessary nerve conduction tests. These payments were intentionally disguised as "staffing hourly fees" to evade legal detection.
- The owner admitted to routinely billing insurers for high-level patient visits that were not medically justified. This "upcoding" continued even after formal warnings were issued stating that such billing practices were inappropriate.

26

Case Study #3

ALABAMA PAIN CLINIC HEALTH CARE FRAUD AND KICKBACK CONSPIRACY

Conclusion

- This case demonstrates the serious repercussions of healthcare fraud.
- Prioritize clinical necessity of procedures over financial incentives.
- Documentation as a legal safeguard. Avoid “upcoding” unless justified.
- Watch out for financial pressure on clinical staff.
- Awareness of legal risks can protect healthcare professionals.
- ***This individual also owned the clinics referenced in the first two case studies.***

27

Case Study #4

PILL MILL

How it started

- Received multiple calls from Pharmacists along highway 280 in reference to Oxycodone/Hydrocodone prescriptions
- Patients are all from **Huntsville,** Alabama
- Clinic is non-physician owned
- Clinic is in **Opelika**, Alabama
- Physician is a **Pediatrician** and according to BME records is employed in Montgomery

28

Case Study #4

PILL MILL

Doctor's PDMP:

- Oxycodone: **73,162 in six months**
- **Six** patients from **Opelika**
- Physician address is in Montgomery
- All patients are **adults**

29

Case Study #4

PILL MILL

Patient's PDMP:

- All patients have a **history of receiving pain medications**
- Multiple physicians/pharmacies
- Many of the patients are **related**
- Several of the patients have been seen by physicians in **South Florida**

30

Case Study #4

PILL MILL

Investigation:

- Interviewed the clinic owner
- Interviewed the physician: "The patients that we've had are basically follow-up patients from other clinics."
- Learned that the clinic is the **subject of an investigation by DEA**
- BME investigation is worked in conjunction with DEA investigation
- Found numerous patients with **extensive criminal histories**

31

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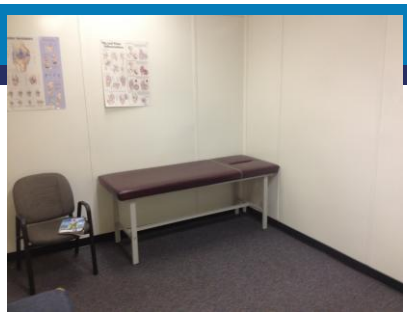

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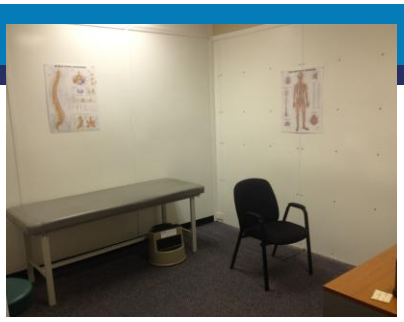

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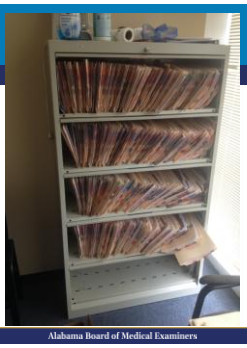
34



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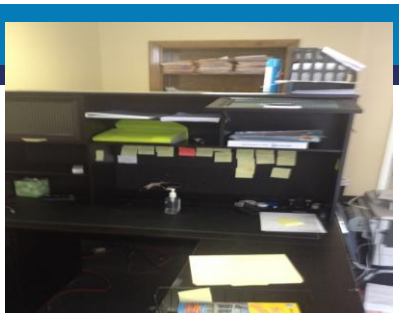

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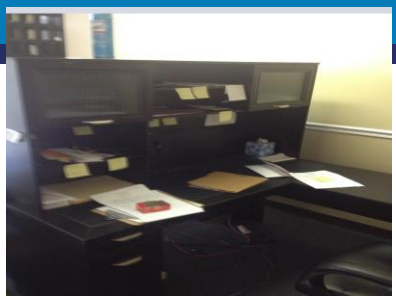

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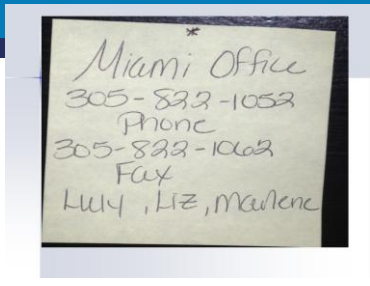
Miami Office
305-822-1052
Phone
305-822-1062
Fax
Lucy, Liz, Marlene

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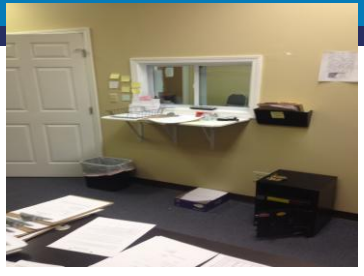

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Case Study #4

PILL MILL

Conclusion:

- Voluntary Surrender of Alabama Medical License, ACSC, and DEA Certificate
- In Federal Court, the doctor admitted he worked as a doctor at a **"pill mill"**
- Doctor assisted the two owners in **laundering money generated from the unlawful prescribing of controlled substances**
- Deported

41

Case Study #5

How it started

- ABME received a patient complaint regarding the doctor's excessive prescribing habits
- Reviewed prescribing in the PDMP
- Physician ranked **#94** in state for controlled substance prescribing
- **9,791 prescriptions for a total of 858, 316 controlled substances**
- Physician accessed PDMP 230 times during this time period

42

Case Study #5

Investigation:

Doctor states:

- Registered as a pain management provider
- Utilizes UDS, patient agreements and personally checks the PDMP
- Also indicated that he was not aware of the cost for an office visit **"cash only"**
- **Only person that can order a drug screen or pill count is the office manager, not the physician. Office manager "owner" controls most of what happens in practice.**

43

Case Study #5

Investigation:

- Board Review: Send for Expert Review
- Excessive dosage and amounts of opioid analgesics
- Inadequate and incomplete documentation of care
- Inadequate attention to possible or suspected medicine diversion
- Excessive prescribing including duplicate prescriptions

44

Case Study #5

- Other quality of care issues:

a) Lack of attention to complicating condition: All patients

b) Hazardous doses of medication: All patients

c) Lack of attention and documentation to other forms of therapy: All patients

45

Case Study #5

Conclusion:

- ACSC and Pain Management Registration Revoked/Revocation of ACSC suspended
- ACSC: Limited to acute pain and not more that (5) day supply which shall be less that forty-five (45) MME's per day

46

Resources

Board Website: www.albme.gov

- Rules page: Rules and Laws | Alabama Board of Medical Examiners & Medical Licensure Commission
- Practice Issues & Opinions | Alabama Board of Medical Examiners & Medical Licensure Commission (albme.gov)
- Investigations & Misconduct | Alabama Board of Medical Examiners & Medical Licensure Commission (albme.gov)
- Reporting | Alabama Board of Medical Examiners & Medical Licensure Commission (albme.gov)

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- Receive alerts for new rules, agendas, newsletters, etc.
- We are also on Facebook and LinkedIn

47

Contact Information

Edwin Rogers, Chief Investigator
Direct: (334) 833-0179
E-mail: erogers@albme.gov

Robert Steelman, Deputy Chief Investigator
Direct: (334) 833-0198
E-mail: bsteelman@albme.gov

48