

**STATE OF RHODE ISLAND AND
PROVIDENCE PLANTATIONS**

**DEPARTMENT OF HEALTH
BOARD OF MEDICAL LICENSURE
AND DISCIPLINE**

**IN THE MATTER OF:
THOMAS PAOLINO, M.D.,
License Number MD04104
Controlled Substances Registration
Number CMD04104
BMLD Case Numbers
C12-815 (Patient A)
C12-291 (Patient B)
C12-624 (Patient C)
C12-497 (Patients D and E)**

**SUMMARY SUSPENSION OF
CONTROLLED SUBSTANCES REGISTRATION**

Thomas Paolino, M.D. (hereinafter "Respondent") is licensed as a physician in Rhode Island and is licensed to prescribe controlled substances under Rhode Island General Laws chapter 21-28, having both a state Controlled Substances Registration and a Federal Drug Enforcement Administration Registration to prescribe controlled substances. After review of several complaints, the records, and the written response of the Respondent, the Director of the Department of Health makes the following:

FINDINGS OF FACT

1. That Respondent's primary business address at 4474 Post Road, East Greenwich, Rhode Island. His primary specialty is psychiatry. He is a 1967 graduate of George Washington University Medical School.

2. Respondent saw Patient A on October 19, 2010, for major depression who had been taking oxycontin for several years. Patient A was receiving methadone, and Respondent prescribed her three benzodiazepines; and benzodiazepines taken in combination with methadone can be highly dangerous if not prescribed and monitored carefully and frequently. Patient A died in a motor vehicle accident on July 3, 2012, and her autopsy toxicology report received on October 3, 2012, revealed the presence of the four benzodiazepines (diazepam, oxazepam, temazepam, and alprazolam) in her system.
3. Respondent prescribed diazepam, temazepam, and alprazolam for Patient A on March 11, 2011, but Respondent's medical note did not record the order for diazepam; and the medical record did not include a problem summary list, a controlled substances log, prior medical history, social history, treatment goals, treatment plan, mental status examination, nor ongoing assessments of co-morbidities of substance abuse, all of which are required as minimum standards of care with Patient A's presenting medical issues.
4. While Respondent's records included prescriptions for controlled substances, they were indecipherable as to the date of the last prescription, and multiple diazepam prescriptions were not documented. There were no urine toxicology screens, pill counts, pharmacy control, nor diagnostic indication that this number of controlled substances was necessary, especially in light of Patient A's methadone regimen.
5. Respondent's coordination of Patient A's care was below the minimum standard of care, as seen in a January 24, 2012, report to the methadone maintenance program that Patient A was prescribed alprazolam (one milligram four times per day) but failed to mention that he had prescribed her another benzodiazepine, temazepam (30 milligrams each night), the same day. Patient A's last visit to Respondent was on June 11, 2012, but the

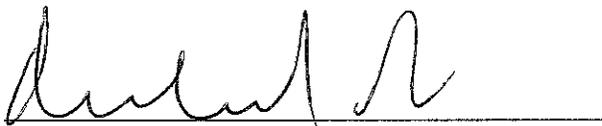
unsigned note for the visit was written by someone other than Respondent based on the handwriting being different from other notes Respondent has written.

6. Respondent has shown a pattern of inadequate medical records with Patient A and other patients, including Patients B, C, D and E. A review of these patients' records revealed at least one of the following problems each: no evidence of diagnoses; undocumented controlled substance prescriptions; inadequate monitoring of controlled substance prescribing; prescription of controlled substances in a pattern that lacks coordinated care with methadone clinics, especially regarding patient benzodiazepine usage; inadequate safeguards to prevent controlled substance diversion; lack of recorded indications for controlled substance use; prescribing other controlled substances such as amphetamine salts without documentation in medical record; frequent failure to document vital signs, examinations or meaningful notes.
7. On information and belief, Respondent has been out of his office since May 2012 but patient notes do not indicate where or by whom patients are seen since then.
8. Respondent was required by the Board in June 2011 (C11-025) to attend courses relating to prescription of controlled substances.
9. Respondent has a pattern of prescribing controlled substances to patients in a manner that does not meet the standards of acceptable practice.
10. The Respondent is in violation of Rhode Island General Laws § 5-37-5.1(19) and (26) for nonconformance to minimum standards of acceptable practice and for violation of state laws concerning standards of practice and prescribing of controlled substances.
11. The public health, safety, or welfare imperatively requires emergency action.

ORDER

1. Based on the foregoing, the Director of the Department of Health has determined that the continuation of the controlled substances registration of Thomas Paolino, M.D., constitutes an immediate threat to the health, welfare and safety of the public.
2. Accordingly, the controlled substances registration issued to Thomas Paolino, M.D., to prescribe controlled substances is hereby suspended forthwith pursuant to Rhode Island General Laws § 42-35-14(c).
3. This suspension shall continue until further Order of the Department of Health after an administrative hearing or other resolution.
4. The Respondent shall continue to be responsible for providing a proper medical home for any of his patients who need controlled substances prescribed to them, and shall continue to be responsible to transfer any medical records of such patients immediately upon request or when needed.
5. The Respondent is entitled to a hearing in accordance with Rhode Island General Laws § 42-35-14(c).

Signed this 12 day of October, 2012.



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CERTIFICATION OF SERVICE

I hereby certify that a copy of this Summary Suspension of Controlled Substances Registration Order was sent via certified mail to the Respondent, and electronic mail to his counsel, on the 12th day of October, 2012, at the following addresses:

Thomas Paolino, M.D.
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