

State of Rhode Island  
Department of Health  
Board of Medical Licensure & Discipline



**IN THE MATTER OF:**  
**Emilio Rodriguez-Peris M.D.**  
**License number MD 10391**  
**Complaint number C180168**

**CONSENT ORDER**

The Rhode Island Board of Medical Licensure and Discipline (hereinafter "Board") has reviewed and investigated the above referenced complaint pertaining to Dr. Emilio Rodriguez-Peris (hereinafter "Respondent") through its Investigative Committee.

**FINDINGS OF FACT**

1. Respondent has been a licensed physician in the State of Rhode Island since August 2<sup>nd</sup>, 2000. Respondent's office is located at 655 Board Street, Suite 201, Providence, Rhode Island. His specialty is Internal Medicine. He graduated from University of Madrid on June 30<sup>th</sup>, 1995.
2. The Board received a complaint from a physician who reported concerns regarding prescriptions written for a patient who was taking multiple controlled substances including an opioid and a benzodiazepine.
3. Respondent was the attending physician for Patient A who is 50 years old and has been treating for multiple medical problems including back pain, anxiety, depression, migraines, neck pain and other chronic medical problems.
4. Patient A was being treated with multiple medications at various times including some controlled substances such as; oxycontin® 80 mg twice a day (an opioid), Zolpidem ® daily (a benzodiazepine), butalbital-apap-caffeine daily as needed (a barbiturate), Xanax® three times a day as needed (a benzodiazepine). Patient A was also taking other medications, including mirtazapine, a psychoactive medication.
5. The Investigative Committee reviewed the medical records of Patient A provided by Respondent. The Investigative Committee concluded the medical records did not contain adequate documentation of a treatment plan, specifically, there was not documentation of what objectives were used to determine treatment success, or pain relief, or changes in physical or psychosocial function, or specific reference to diagnostic evaluation or other planned treatments in the context of pain management. Although there was some documentation regarding patient counseling, there was no documentation that it was the patient's responsibility to safeguard the medication and keep in a secure location.
6. Additionally, the Investigative Committee concluded the medical records did not contain adequate documentation of educating the patient about the adverse risk of taking alcohol, or other psychoactive medications, specifically benzodiazepines, or tolerance, addiction, overdose or death. There was no documentation that it was the patient's responsibility to safeguard the medication and keep in a secure location. There was no documentation of educating the patient about safe disposal options.
7. Respondent was the attending physician for Patient A who was prescribed an opioid, oxycontin ® 80 mg twice a day for greater than 90 consecutive days.
8. The Investigative Committee reviewed the medical records of Patient A provided by Respondent, and concluded the medical records did not contain a written patient treatment agreement.
9. Respondent was the attending physician for Patient A who was prescribed an opioid for greater than 12 months.
10. The Investigative Committee reviewed the medical record for Patient A, as supplied by Respondent and did not see documentation of Patient A's adherence with any medication

treatment plan; specifically, if pain, function, or quality of life have improved or diminished using objective evidence; and if continuation or modification of medications for pain management treatment is necessary based on the practitioner's evaluation of progress towards treatment objectives. It was also noted that Respondent did not check the Prescription Drug Monitoring Program as required.

11. Respondent prescribed Oxycontin® 80 mg, which is a daily morphine milligram equivalent (MME) of 360 MME to Patient A for several years.
12. The Investigative Committee did not see documentation in the medical record of consideration of referral to a pain management physician.
13. Respondent prescribed Oxycontin® 80 mg, which is a long acting opioid to Patient A for several years.
14. The Investigative committee did not see documentation in the medical record of specific requirements mandated by this regulation; *"Practitioners shall also document in the medical record that the following education has been given to the patient and the patient has had the opportunity to ask questions and understands the following risks: (1) Serious life-threatening or even fatal respiratory depression may occur; (2) Methadone treatment may initially not provide immediate pain relief, and patient needs to be aware of overdose potential if taken in excess of dose, as prescribed; (3) Accidental consumption of long-acting opioids especially in children, can result in fatal overdose; (4) Long-term opioid use can result in physical addiction to opiates and abrupt stopping of medication may cause withdrawal symptoms including, but not limited to: runny eyes, runny nose, insomnia, diarrhea, vomiting, restlessness, nausea, weakness, muscle aches, leg cramps and hot flushes. (c) Patients who receive long-acting opioid medication(s) on a long term basis (ninety (90) days or greater) shall have a written patient treatment agreement, which shall become part of their medical record. This written agreement may be started at any point the practitioner's discretion, based on individual patient history and risk, however no later than after ninety (90) days of treatment with an opioid medication. The written agreement shall be signed between, at a minimum, the practitioner and the patient (or their proxy). This written patient agreement for treatment may include, at the practitioner's discretion: (1) The patient's agreement to take medications at the dose and frequency prescribed with a specific protocol for lost prescriptions and early refills; (2) Reasons for which medication therapy may be discontinued, including but not limited to, violation of the written treatment agreement or lack of effectiveness; (3) The requirement that all chronic pain management prescriptions are provided by a single practitioner, or a limited agreed upon group of practitioners; (4) The patient's agreement to not abuse alcohol, misuse other prescribed medications or use other medically unauthorized substances or medications; (5) Acknowledgment that a violation of the agreement may result in action as deemed appropriate by the prescribing practitioner such as a change in the treatment plan or referral to an addiction treatment program; and (6) A request that toxicology screens be performed at random intervals at the practitioner's discretion"*.
15. Respondent violated the *Rules and Regulations for Pain Management, Opioid Use and the Registration of Distributors of Controlled Substances in Rhode Island [R21-28-CSD]* sections 3.2 (Documentation of Treatment Plan), 3.4 (Patient Education/Consent), 3.6 (Written Patient Treatment Agreement), 3.7 Periodic Review and 3.9 (Multidisciplinary Approach to Treatment of Chronic Pain) and 3.12 Long Acting Opioids.

**Based on the foregoing, the parties agree as follows:**

1. Respondent admits to the jurisdiction of the Board.
2. Respondent has agreed to this Consent Order and understands that it is subject to final approval of the Board, and this Consent Order is not binding on Respondent until final ratification by the Board.
3. If ratified by the Board, Respondent hereby acknowledges and waives:
  - a. The right to appear personally or by counsel or both before the Board;
  - b. The right to produce witnesses and evidence on his behalf at a hearing;
  - c. The right to cross examine witnesses;
  - d. The right to have subpoenas issued by the Board;
  - e. The right to further procedural steps except for those specifically contained herein;
  - f. Any and all rights of appeal of this Consent Order; and
  - g. Any objection to the fact that this Consent Order will be presented to the Board for consideration and review.
  - h. Any objection that this Consent Order will be reported to the National Practitioner Data Bank, Federation of State Medical Boards as well as posted on the department's public web site.
4. Respondent agrees to pay upon ratification of this Consent Order an administrative fee to the Board with a check for \$850.00 dollars made payable to the Rhode Island General Treasurer for costs associated with investigating the above-referenced

complaint.

5. Respondent hereby agrees to this reprimand on his physician license.
6. Respondent agrees to take within six (6) months of the ratification of this order a Board approved CME in Medical Records as well as a Board approved course in Controlled substance prescribing, such as the Vanderbilt course.
7. Respondent agrees that commencing within 30 days of ratification of this order, a Board approved monitor will review the content and medical decision making of 5 of Dr. Rodriguez-Peris' medical records for patients receiving prescriptions for controlled substances. These reviews will continue monthly for a period of 12 months following the ratification of this order. The Board approved monitor will provide a report to the Board at [DOH.PRCCompliance@health.ri.gov](mailto:DOH.PRCCompliance@health.ri.gov).
8. If any term of this Consent Order is violated, after it is signed and accepted, the Director of the Department of Health shall have the discretion to impose further disciplinary action including immediate suspension of Respondent's license to practice medicine. If the Director imposes further disciplinary action, Respondent shall be given notice and shall have the right to request an administrative hearing within twenty (20) days of the suspension and/or further discipline. The Director of the Department of Health shall also have the discretion to request a hearing after notice to Respondent of a violation of any term of this Consent Order. After hearing thereon, the Board may suspend Respondent's license, or impose further discipline, for the remainder of Respondent's licensing period if any alleged violation is proven by a preponderance of evidence.

Signed this 15 day of July, 2018.

  
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Emilio Rodriguez-Peris M.D.

Ratified by the Board of Medical Licensure and Discipline on the 11<sup>th</sup> day of July  
2018.

  
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Nicole Alexander-Scott, M.D., M.P.H.

Director  
Rhode Island Department of Health  
3 Capitol Hill, Room 401  
Providence, Rhode Island 02908

*Acting*