

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



IN THE MATTER OF:
Peter Rintels M.D.
License Number MD 07910
Case # C16-1258

CONSENT ORDER

The Rhode Island Board of Medical Licensure and Discipline (hereinafter "Board") has reviewed and investigated the above referenced complaint pertaining to Dr. Peter Rintels (hereinafter "Respondent") through its Investigative Committee. Respondent has been a licensed physician in the State of Rhode Island since January 2nd, 1991. His primary specialty is Hematology and Oncology. His practice is located at 1220 Pontiac Avenue Suite 101, Cranston, Rhode Island.

FINDINGS OF FACT

1. Respondent was the attending physician for "Patient A" The Board received report C 16-1258 regarding Patient A (alias) regarding care she received while under the care of the Respondent.
2. Patient A presented to Respondent for management of Sickle cell disease.
3. The Board received a complaint regarding Respondents management of Patient A while she was an inpatient (at a hospital not connected to the respondent's practice) from May through part of June of 2014. While hospitalized, Patient A had opioid prescriptions filled at an outside pharmacy. Additionally, complainant was concerned that Patient A required much lower doses of opioids for a pain crisis while an inpatient as opposed to Patient A's usual outpatient doses. Complainant was concerned Respondent was not monitoring for diversion.

4. The Board retained an expert to review the complaint.
5. The Board expert noted several concerns, including prescriptions filled when Patient A was an inpatient, the lack of a demonstrable pattern of performing pill counts, and prescribing Oxycodone and OxyContin in large quantities monthly.
6. Respondent was attending physician for Patient B who has a history of several medical problems including narcotic analgesic dependency subsequent to being started on opiates for peri-operative pain.
7. Respondent records in his medical record a diagnosis of narcotic analgesic dependency.
8. Respondent is a prescriber but he is not part of an opioid treatment program.
9. Respondent had a pattern of prescribing methadone to Patient B monthly outside of an opioid treatment program. Respondent notes in a progress note "*I offered referral to a clinic for this purpose, which she declined.*" Respondent notes in a latter portion of this progress note "*I've continually offered her the option of moving into more appropriate setting for this.*" Respondent had prescribed methadone to Patient B monthly for years and was periodically weaning the dosage.
10. Respondent is the attending physician for Patient C.
11. Respondent has been treating Patient C who has Sickel Cell trait since 2006 because of complaints of periodic pain episodes with opioids (for pain crisis.) Patient C does not have Sickel Cell disease.
12. Respondent notes it is very unusual for any patient to have any symptoms with sickel cell trait, however, Respondent further notes Patient C was previously being treated with opioids from another prescriber and reported being hospitalized in Connecticut for this disorder prior to being a patient of Respondent.
13. Patient C has a history of alcoholism and opioid use disorder.
14. The expert reviewer noted concerns with respect to prescribing for Patient C including prescribing Dilaudid contemporaneous to patient testing positive for drugs of abuse and in despite of negative urine drug screens for opioids.
15. Respondent was the attending physician for Patient D. Patient D was seen by

Respondent's colleague until the colleague's death in 2012. Respondent thereafter inherited the treatment of Patient D; specifically, opioid management for cervical adenopathy.

16. Respondent noted in the medical record several times there was no hematological cause for this pain and that she should be referred to pain management. Patient D declined referral to pain management and was not willing to allow her medication to be decreased. Respondent continued to prescribe large doses of opioids to Patient D without a clear understanding of the bases for Patient D's pain.
17. Respondent had a pattern of prescribing increasing doses of hydrocodone and subsequently oxycodone without clear justification for the patient's underlying pain.
18. Respondent was the attending physician for Patients A, B, C and D.
19. Review of the medical records by the investigative committee for the above patients did not reveal documentation of appropriate patient education/consent in the medical record as required.
20. Respondent did maintain a Written Pain agreement for some patients, yet Respondent did not enforce these pain agreements in a reasonable manner.
21. Respondent prescribed methadone to Patient B.
22. Respondent did not document in the medical record required patient education, safe storage, risks of accidental ingestion by children and risks of methadone and other long acting opioids.
23. The Board finds the Respondent to have been cooperative and forthright during the investigative phase of this matter.
24. Based on the investigation, it is the Board's conclusion that Respondent's conduct described above, although improper for the reasons outlined, was undertaken in good faith.
25. Respondent violated Rhode Island General Laws § 5-37-5.1 (19) as well as § 5-37-5.1 (26) *Violating any state or federal law or regulation relating to controlled substances;* (CFR Title 21 Part 1306.07) as well as, the Rules and Regulations for Pain management,

Opioid use and the Registration of Distributors of Controlled Substances in Rhode Island R21-28-CSD §§ 3.4 Patient Education/Consent, 3.7 Written Pain Agreement and 3.12 (b) Long acting opioids/methadone.

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 within (60) days of the ratification of this Consent Order an administrative fee to the Board with a check for \$5377 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.

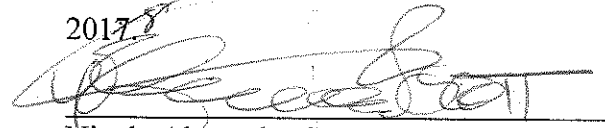
6. Respondent agrees to monitoring for 3 years from Affiliated Monitors within 30 days of ratification of this order. This monitoring will include review of 10 medical records monthly for 12 months, and if reports are favorable, quarterly for the next 24 months of patients receiving schedule 2 opioids regarding compliance with pain management Rules and Regulations.
7. Respondent shall take within 6 months of the effective date of this order a Board approved course in controlled substance prescribing such as the Vanderbilt prescribing course.
8. In the event that 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 immediately suspend Respondent's license, and/or impose further disciplinary action. If the Director suspends Respondent's license and/or imposes further disciplinary action, Respondent shall be given notice and shall have the right to request a hearing within twenty (20) days of the immediate suspension and/or further discipline. The Director of the Department of Health shall also have the discretion to request an administrative hearing after notice to Respondent of a violation of any term of this Consent Order. The Administrative Hearing Officer may suspend Respondent's license, or impose further discipline, for the remainder of Respondent's licensing period if the alleged violation is proven by a preponderance of evidence.

Signed this 17th day of December, 2017.


Peter Rintels M.D.

Ratified by the Board of Medical Licensure and Discipline on the 16th day of January

2017


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

Director

Rhode Island Department of Health

3 Capitol Hill, Room 401

Providence, Rhode Island 02908