

IN THE MATTER OF  
M. MICHAEL MASSUMI, M.D.

Respondent

License Number: D32831

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BEFORE THE

MARYLAND STATE

BOARD OF PHYSICIANS

Case Number: 7713-0070

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### CONSENT ORDER

#### PROCEDURAL BACKGROUND

On September 29, 2015, Disciplinary Panel A ("Panel A") of the Maryland State Board of Physicians (the "Board") charged **M. MICHAEL MASSUMI, M.D.** (the "Respondent"), License Number D32831, with violating the probationary conditions imposed under the Order Terminating Suspension and Imposing Probation, dated May 1, 2013; and with violating the Maryland Medical Practice Act (the "Act"), Md. Code Ann., Health Occ. II ("Health Occ. II") §§ 14-101 *et seq.* (2009 and 2014 Repl. Vols.).

Specifically, Panel A of the Board charged the Respondent with violating Condition No. Three (3) of the Order Terminating Suspension and Imposing Probation, dated May 1, 2013, which states:

Dr. Massumi must comply with the Maryland Medical Practice Act, Md. Code Ann., Health Occ. §§ 14-101 - 14-702, and all laws and regulations governing the practice of medicine in Maryland[.]

Disciplinary Panel A of the Board also charged the Respondent with violating the following provision of the Act under Health Occ. II § 14-404(a):

- (22) Fails to meet appropriate standards as determined by appropriate peer review for the delivery of quality medical and surgical care performed in an outpatient surgical facility, office, hospital, or any other location in this State[.]



On December 2, 2015, the Respondent appeared before Disciplinary Panel A. As a result of negotiations occurring before Disciplinary Panel A, the Respondent agreed to enter into the following Consent Order, consisting of Procedural Background, Findings of Fact, Conclusions of Law, Order, Consent and Notary.

### **FINDINGS OF FACT**

Disciplinary Panel A makes the following Findings of Fact:

#### **I. Background/Disciplinary History**

1. The Respondent was originally licensed to practice medicine in Maryland on September 17, 1985, under License Number D32831. The Respondent's medical license is active and is current through September 30, 2017.

2. The Respondent is board-certified in physical medicine and rehabilitation. The Respondent maintains a medical office at 660 Kenilworth Drive, Suite 200, Towson, Maryland 21204.

3. In or around 2010, the Board initiated an investigation of the Respondent under Case Number 2009-0512 after receiving a complaint from a former patient who alleged that the Respondent provided inappropriate treatment for her chronic back pain.

4. On March 24, 2011, the Board issued disciplinary charges against the Respondent under Case Number 2009-0512.

5. On January 17, 2013, after an evidentiary hearing before the Maryland Office of Administrative Hearings, the Board issued a Final Order in Case Number 2009-0512 in which it found as a matter of law that the Respondent violated the following provisions of the Act: Is guilty of unprofessional conduct in the practice of medicine, in violation of Health Occ. § 14-404(a)(3)(ii); Fails to meet appropriate



standards as determined by appropriate peer review for the delivery of quality medical and surgical care performed in an outpatient surgical facility, office, hospital, or any other location in this State, in violation of Health Occ. § 14-404(a)(22); and Fails to keep adequate medical records as determined by appropriate peer review, in violation of Health Occ. § 14-404(a)(40).

6. Pursuant to the Final Order, the Board suspended the Respondent's medical license for a minimum period of three months, during which time it ordered him to complete a course in interventional pain management. The Board also ordered that after the conclusion of his suspension, it would place him on probation subject to a series of probationary terms and conditions.

7. On May 1, 2013, the Board issued an Order Terminating Suspension and Imposing Probation, in which it terminated the suspension it imposed under its Final Order. The Board placed the Respondent on probation for 18 months, subject to a series of probationary terms and conditions, including practice supervision and peer review. In addition, Condition No. Three (3) required the following:

Dr. Massumi must comply with the Maryland Medical Practice Act, Md. Code Ann., Health Occ. §§ 14-101 - 14-702, and all laws and regulations governing the practice of medicine in Maryland[.]

8. As of the date of these charges, the Respondent is currently on probation with the Board.

## **II. Current Investigative Findings**

9. In or around March 2015, the Board ordered a practice review of the Respondent's practice. The Board obtained ten medical records and supporting materials from the Respondent that involve treatment he provided to patients from in or



around May 2013 through in or around August 2014. The Board referred these materials to its peer review entity for a practice review. The Respondent treated the patients in question with a variety of treatment modalities including various forms of interventional pain procedures and opioid and non-opioid drug therapy.

10. The practice review was performed by two physicians who are board-certified in physical medicine and rehabilitation and who have subspecialty certifications in pain medicine. The reviewers jointly concluded that in several of the cases ("Patients A through E," *infra*),<sup>1</sup> the Respondent failed to meet appropriate standards for the delivery of quality medical care.

11. The Respondent failed to meet appropriate standards for the delivery of quality medical and surgical care, in violation of Health Occ. II § 14-404(a)(22), when treating the patients identified herein. The Respondent prescribed opioid medications for extended periods of time, ranging from months to years, without sufficiently addressing inconsistencies in the patients' urine drug screening ("UDS")<sup>2</sup> results. These inconsistencies included positive test findings for illicit drugs (*e.g.*, cocaine, methamphetamine) and controlled substances/prescription medications the Respondent did not prescribe (*e.g.*, buprenorphine, benzodiazepines, gabapentin, methadone); and negative findings for opioid and non-opioid medications he was prescribing (*e.g.*, fentanyl, hydrocodone, Soma). The Respondent failed to provide appropriate oversight or sufficiently address these inconsistencies in his progress notes and/or failed to take appropriate steps to address them, to include such modalities as terminating the

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<sup>1</sup> For confidentiality purposes, the names of patients have not been identified in this Consent Order. The Respondent is aware of the identity of all patients identified herein.

<sup>2</sup> Urine drug screening will be variously referenced in this document as UDS or UDT (urine drug testing).



patient(s) from the practice; curtailing the prescribing of certain controlled substances where there were negative UDS findings; titrating or discontinuing the medications; utilizing pill counts; requiring more frequent visits with further monitoring or employing other forms of heightened surveillance; or referring patients for detoxification, addiction therapy or mental health/substance abuse counseling. In at least one case, the Respondent inappropriately provided early refills for opioid medications. Although the Respondent noted that he referred patients for detoxification or counseling, he did not note whether the patients followed through with such directives.

12. The Panel also alleges that the Respondent's actions, as described herein, constitute, in whole or in part, a violation of Condition Three (3) of the Order Terminating Suspension and Imposing Probation, dated May 1, 2013, in that the Respondent failed to comply with the Act.

13. Examples of these deficiencies are set forth in the following patient summaries.

**Patient A**

14. The Respondent treated Patient A, a man in his mid-30s, for back and hip pain. The Respondent's medical records note treatment provided from May 2013 through August 2014. During this treatment period, the Respondent provided injection therapy and also prescribed opioid and non-opioid medications.

15. On May 3, 2013, the Respondent prescribed medications including hydrocodone (Norco 10/325 mg, TID (three times per day)), Flector patches and Soma 350 mg.

16. On June 3, 2013, the Respondent began administering injection therapy and continued prescribing the medications noted above.

17. On June 4, 2013, the Respondent ordered UDS that was positive for hydrocodone but negative for Soma.

18. On June 28, 2013, the Respondent prescribed the above medications and also began prescribing fentanyl (Duragesic 25 mcg every 48 hours) patches. The Respondent did not address Patient A's negative UDS for Soma in his progress note. The Respondent ordered a magnetic resonance imaging study ("MRI") that demonstrated minimal if any degenerative disc disease other than disc herniation at L5-S1.

19. In July and August 2013, the Respondent administered a variety of injection therapies. On August 16, 2013, the Respondent prescribed fentanyl patches, Norco and Soma.

20. On September 4, 2013, the Respondent ordered UDS that was positive for hydrocodone but negative for fentanyl and Soma, two drugs the Respondent had been prescribing. The Respondent did not address these inconsistent findings in subsequent progress notes or take action to address these inconsistent UDS findings.

21. The Respondent wrote monthly prescriptions for fentanyl, hydrocodone, Vistaril and Soma that were filled on May 3, 2013, May 28, 2013, June 4, 2013, June 28, 2013, July 19, 2013, January 8, 2014, January 29, 2014, February 24, 2014, and March 21, 2014. By writing these monthly prescriptions at less than monthly intervals, the Respondent provided extra opioid medications to Patient A.



22. On December 6, 2013, the Respondent ordered UDS that was positive for hydrocodone and fentanyl but negative for Soma, which the Respondent had been prescribing. The Respondent did not address this inconsistent finding in his subsequent progress note or alter his prescribing of Soma in view of these inconsistent findings.

23. The Respondent's chart contains a letter to Patient A, dated December 23, 2013, that addresses Patient A's report that he had lost his "prescriptions" while staying in a hotel. The Respondent's letter states that "repeat events will incline us to assess the matter(s) otherwise and act accordingly."

24. The Respondent continued to refill Patient A's monthly amounts of opioid and non-opioid medications on an earlier-than-monthly basis, however.

25. On April 8, 2014, the Respondent ordered UDS that was positive for benzodiazepines (Xanax). The Respondent did not prescribe Xanax for Patient A. The Respondent did not address this inconsistent finding in his progress note.

26. Throughout the remainder of the treatment period, the Respondent administered a variety of injection therapies and continued prescribing the medication regimen noted above. The Respondent ordered UDS on April 30, 2014, and July 8, 2014. Patient A's UDS findings were largely consistent with the Respondent's prescribing with the exception of a negative finding for Soma on July 8, 2014.

#### **Patient B**

27. The Respondent treated Patient B, a man in his mid-50s, for low back pain and knee pain. Patient B is a close family relative of Patient C, *infra*. The Respondent's medical records note treatment provided from May 2013 through August 2014. During this treatment period, the Respondent administered various knee injections and also



prescribed opioid and non-opioid medications, including OxyContin 40 mg TID; Soma 350 mg QHS (taken at bedtime); Xanax 1 mg TID; and Medrol dosepak.

28. On June 4, 2013, the Respondent ordered UDS that was positive for opioids but negative for Soma or Xanax, both of which the Respondent prescribed on the prior visit, May 4, 2013. The Respondent did address these inconsistent findings such as considering decreasing the amount prescribed.

29. On June 20, 2013, the Respondent mailed Patient B prescriptions for oxycodone 15 mg, TID, and Soma.

30. On July 12, 2013, the Respondent noted that Patient B's UDS was "unremarkable." The Respondent began prescribing OxyContin 40 mg, TID on this date.

31. On August 9, 2013, the Respondent began prescribing clonazepam, a benzodiazepine, in addition to OxyContin 40 mg, TID (100 tablets).

32. On September 9, 2013, the Respondent ordered UDS that was positive for cocaine, and for buprenorphine, which the Respondent did not prescribe. The UDS did not reveal the presence of Soma for a second time.

33. In a note dated October 14, 2013, the Respondent stated, "repeat such irregularities may be grounds for dismissal from care." Despite this warning, the Respondent continued to prescribe opioids without alteration or change, and without employing other modalities to address this finding.

34. On November 11, 2013, the Respondent suggested that Patient B undergo formal detoxification.



35. On December 10, 2013, the Respondent noted he was awaiting the results of UDS to decide if Patient B needed detoxification treatment but continued prescribing high dosage, long-acting opioid medications. Patient B's UDS was positive for oxycodone, which the Respondent prescribed, and buprenorphine, which the Respondent had not prescribed. The UDS was also negative for Soma and clonazepam, which the Respondent was prescribing. Despite these inconsistencies, the Respondent continued Patient B on opioid medications, Soma and clonazepam without an alteration in dosage and without taking other action.

36. On January 10, 2014, the Respondent noted that Patient B informed him that his positive test finding for buprenorphine was due to his use of a previous prescription.

37. On February 7, 2014, the Respondent ordered UDS that, while positive for opioids, which the Respondent prescribed, was negative for Soma, which the Respondent was also prescribing. The Respondent did not appropriately address this negative finding or adjust his prescribing of Soma in light of several negative UDS findings for this drug.

38. The February 7, 2014, UDS report indicates that a UDS was performed on January 10, 2014. The February 7, 2014, report states that UDS performed on January 10, 2014, was positive for cocaine. The Respondent, however, did not note in his chart that he ordered a UDS on January 10, 2014, nor is a formal UDS report from January 10, 2014, in the chart.

39. On April 7, 2014, the Respondent ordered UDS that was negative for clonazepam and Soma, two drugs he was prescribing. Despite these negative findings,



the Respondent continued prescribing Soma and clonazepam without an alteration in dosage and without sufficiently addressing these inconsistent findings. During this time, the Respondent continued to provide injection therapy for Patient B.

40. On July 3, 2014, the Respondent ordered UDS that was negative for Soma. During the remainder of the treatment period, the Respondent continued to prescribe opioid medications, clonazepam and Soma, despite several inconsistent UDS findings for Soma.

### **Patient C**

41. The Respondent treated Patient C, a woman in her mid-50s, for neck, shoulder and back pain. The Respondent's medical records note treatment provided from May 2013 through July 2014. During this treatment period, the Respondent performed interventional injection therapy and also regularly prescribed opioid and non-opioid medications, including OxyContin 20 mg TID, Soma and benzodiazepines.

42. In a summary of care, dated March 28, 2014, the Respondent noted that he warned Patient C after her UDS revealed a positive result for illicit drug use. The Respondent also noted that he warned Patient C's close family relative, who was also a patient. The Respondent reported, "They are middle-aged and this slip may have been a 'one-off' matter. I doubt we'll see it again."

43. On June 4, 2013, the Respondent ordered a UDS that was positive for Xanax and gabapentin, both of which the Respondent had not prescribed. Patient C's UDS was also negative for Soma, which the Respondent had prescribed. The Respondent did not address these findings in his note or alter his prescribing regimen in view of these inconsistencies.



44. On July 19, 2013, the Respondent noted in his office note that he asked Patient C "to desist from non-prescribed analgesics."

45. On September 20, 2013, the Respondent ordered a UDS that was positive for cocaine. The UDS was also positive for gabapentin, which the Respondent did not prescribe.

46. On October 14, 2013, the Respondent noted, "UDT abnormalities have been discussed. If repetitive they may be grounds for dismissal."

47. On November 11, 2013, the Respondent noted, "We have noted sequential irregularities on her UDT. She has been formally asked to seek immediate detox. Her follow-up here is predicated on this." The Respondent continued Patient C on opioid medications, however.

48. On December 10, 2013, the Respondent noted, "We are awaiting the most recent UDT results to make a decision as to possible benefits from detox."

49. On January 10, 2014, the Respondent ordered a UDS that was positive for cocaine. The UDS was also positive for clonazepam, a drug the Respondent was not prescribing at that time. The UDS was negative for Soma, which the Respondent regularly prescribed.

50. The January 10, 2014, UDS report indicates that a UDS was performed on December 10, 2013. The January 10, 2014, report states that a December 10, 2013, test noted a positive finding for buprenorphine, which the Respondent did not prescribe. The Respondent's chart does not contain a formal UDS report from December 10, 2013, however. These UDS results indicate that Patient C tested positive for cocaine on at least two occasions.



51. On February 7, 2014, the Respondent noted, "Her follow-up is contingent on her seeking counseling and Detox from illicit." Despite this note, the Respondent continued prescribing opioid medications to her, without an alteration in dosage. The Respondent's note for this date does not state what if any detoxification or therapy treatment Patient C may have undergone. On this date, the Respondent ordered UDS that was positive for opiates but negative for Soma, which he had been continually prescribing for her.

52. The Respondent continued to treat Patient C until in or around August 2014. During that treatment period, he provided interventional injection therapy and continued to prescribe opioid and non-opioid medications.

53. On April 7, 2014, and July 3, 2014, the Respondent ordered UDS that, while positive for opioids, was negative for Soma. The Respondent did not address this inconsistency in his notes and did not adjust his prescribing of Soma, for which Patient C continued to test negative.

#### **Patient D**

54. The Respondent treated Patient D, a man in his early-30s, for spine and knee pain. The Respondent's medical records note treatment provided from May 2013 through August 2014. During this treatment period, the Respondent performed interventional injection therapy and prescribed various opioid and non-opioid medications including fentanyl patches, hydrocodone (Lortab 7.5/500 mg TID) and Soma 350 mg.

55. On May 6, 2013, the Respondent mailed Patient D a prescription for fentanyl patches. The Respondent did not document this prescription in a progress



note. The Respondent continued to prescribe fentanyl patches for Patient D until near the end of the treatment period.

56. On May 20, 2013, the Respondent faxed in a prescription for hydrocodone (Lortab) to an area pharmacy for Patient D. The Respondent did not document this prescription in an office note, however.

57. On May 29, 2013, the Respondent prescribed hydrocodone and Soma. On this date, the Respondent ordered UDS that, while positive for hydrocodone and Soma, was negative for fentanyl. The Respondent did not address this finding in his progress notes or otherwise address this inconsistency.

58. On June 24, 2013, the Respondent added temazepam to his prescribing of hydrocodone and Soma. On June 28, 2013, Patient D picked up a prescription for fentanyl patches from the Respondent's office. The Respondent did not document this prescription in his progress note.

59. On August 19, 2013, the Respondent documented for the first time prescribing fentanyl patches in his progress notes.

60. On September 13, 2013, the Respondent ordered UDS that was negative for fentanyl and Soma, medications the Respondent had prescribed. In his progress note for this date, the Respondent noted, "no abuse on medication database review."

61. On October 11, 2013, the Respondent noted, "UDT is unremarkable." The Respondent did not note Patient D's negative UDSs for fentanyl in this note.

62. On December 2, 2013, the Respondent ordered UDS that was negative for fentanyl and hydrocodone, medications the Respondent had been prescribing on a



monthly basis. The Respondent did not address these inconsistent findings in his notes or take appropriate action in view of these inconsistencies.

63. On December 30, 2013, the Respondent ordered UDS that he stated was "unremarkable." The Respondent did not order any subsequent UDS until July 16, 2014.

64. The Respondent continued to perform lumbar spinal injections in December 2013 and February 2014, and performed prolotherapy from April through July 2014. The Respondent continued to prescribe fentanyl patches, hydrocodone, Soma and temazepam until June 2014, after which he discontinued prescribing fentanyl patches and hydrocodone. On a visit dated August 18, 2014, the Respondent prescribed oxycodone 5 mg.

#### **Patient E**

65. The Respondent treated Patient E, a woman in her early-50s, for neck and arm pain. The Respondent's medical records noted treatment provided from May 2013 through December 2013. During this treatment period, the Respondent performed a series of peripheral injections and prescribed opioid and non-opioid medications including OxyContin 20 mg (typically TID), Soma and Topamax.

66. On May 10, 2014, the Respondent ordered UDS that was positive for methamphetamine. The Respondent did not address this finding in his note.<sup>3</sup>

67. On September 6, 2013, the Respondent ordered UDS that was positive for cocaine. Patient E's UDS was also positive for methadone and temazepam, neither of

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<sup>3</sup> In a supplemental memorandum, dated May 25, 2015, the Respondent stated that Patient E's positive methamphetamine finding was "related to her weight loss program under the care of her primary care physician and not illicit use." The Respondent did not note this in his progress notes, however.



which the Respondent prescribed. The Respondent did not address these findings in his note.

68. On September 25, 2013, the Respondent provided Patient E with a "warning on the irregularity of her UDT." On this date, the Respondent ordered UDS that was positive for cocaine. The Respondent did not address this finding in his note. On this visit, the Respondent continued to prescribe OxyContin 20 mg BID (twice per day) and also began prescribing oxycodone 5 mg BID, despite positive test findings for illicit controlled substances and Schedule II controlled substances he had not prescribed.

69. On October 22, 2013, the Respondent's note states, "UDT irregularities are of concern and have been noted. If repetitive they may be grounds for dismissal of care." The Respondent ordered UDS for this date that was positive for cocaine. Notwithstanding these findings, the Respondent continued to prescribe OxyContin 20 mg BID and oxycodone 5 mg BID on this visit.

70. On December 9, 2013, the Respondent's note indicates that "illicits have been registered in [Patient E's] UDT" and that he will discharge her from care and will provide her with a list of detoxification programs. Despite discharging Patient E due to her use of illicit drugs, the Respondent provided her with prescriptions for OxyContin, Vistaril and Soma.

71. The Respondent's actions, as described above, constitute failing to meet appropriate standards as determined by appropriate peer review for the delivery of quality medical and surgical care performed in an outpatient surgical facility, office, hospital, or any other location in this State, in violation of Health Occ. II § 14-404(a)(22).



72. The Respondent's actions, as described above, constitute a violation of Condition No. Three (3) of the Order Terminating Suspension and Imposing Probation, dated May 1, 2013.

### **CONCLUSIONS OF LAW**

Based on the foregoing Findings of Fact, Disciplinary Panel A finds as a matter of law that the Respondent violated: Health Occ. § 14-404(a)(22), Fails to meet appropriate standards as determined by appropriate peer review for the delivery of quality medical and surgical care performed in an outpatient surgical facility, office, hospital, or any other location in this State; and Condition No. Three (3) of the Order Terminating Suspension and Imposing Probation, dated May 1, 2013.

### **ORDER**

Based upon the foregoing Findings of Fact and Conclusions of Law, it is, by a majority of the quorum of Disciplinary Panel A considering this case, hereby:

**ORDERED** that the Respondent's license to practice medicine in the State of Maryland is **SUSPENDED** for **NINETY (90) DAYS**, commencing on January 1, 2016, and concluding on March 30, 2016; and it is further

**ORDERED** that at the conclusion of the **NINETY (90) DAY SUSPENSION** imposed above, Panel A shall **ADMINISTRATIVELY TERMINATE** the suspension; and it is further

**ORDERED** that after Panel A administratively terminates the Respondent's suspension of licensure imposed above, it shall place the Respondent on **PROBATION** for a minimum period of **THREE (3) YEARS**, and continuing until he successfully completes the following probationary terms and conditions:



1. Within one (1) year of the date Panel A executes the Consent Order, the Respondent shall successfully complete Panel A-approved coursework in the appropriate prescribing of opioid medications. This coursework shall not be internet-based but shall involve personal didactic instruction, and shall consist of not less than twenty-five (25) hours of instruction. The Respondent shall begin enrolling in the required coursework within ninety (90) days of the date Panel A executes the Consent Order. The Respondent shall submit written documentation to Panel A regarding the particular coursework he proposes to fulfill the condition. Panel A reserves the right to require the Respondent to provide further information regarding the coursework he proposes, and further reserves the right to reject his proposed coursework and require submission of an alternative proposal. Panel A will approve a coursework only if it deems the curriculum and the duration of the coursework adequate to satisfy its concerns. The Respondent shall be responsible for submitting written documentation to Panel A of his successful completion of the coursework. The Respondent understands and agrees that he may not use the coursework to fulfill any requirements mandated for licensure renewal. The Respondent shall be solely responsible for furnishing Panel A with adequate written verification that he has completed the coursework according to the terms set forth herein.

2. The Respondent shall immediately register with the Chesapeake Regional Information System for our Patients (CRISP) in order to obtain access to the DHMH Prescription Drug Monitoring Program (PDMP) and shall regularly query prescription information for patients for whom he is prescribing controlled substances or prescription medications.



3. The Respondent shall place a copy of the information obtained from the PDMP in the medical records of all patients for whom he is prescribing controlled substances or prescription medications.

4. Panel A reserves the right to conduct a peer review by an appropriate peer review entity, or a chart review by a Panel A designee, to be determined at the discretion of Panel A.

5. The Respondent shall comply with the Maryland Medical Practice Act and all laws, statutes and regulations pertaining to the practice of medicine.

**AND IT IS FURTHER ORDERED** that after the conclusion of the entire three year (3) period of probation, the Respondent may file a written petition to the Board requesting termination of his probation. After consideration of his petition, the probation may be terminated through an order of the Board or a Board panel. The Respondent may be required to appear before the Board or a Board panel. The Board or a Board panel will grant the termination if the Respondent has fully and satisfactorily complied with all of the probationary terms and conditions of this Consent Order, including the expiration of the three (3) year period of probation, and if there are no outstanding complaints related to the charges before the Board; and it is further

**ORDERED** that if the Respondent violates any of the terms or conditions of this Consent Order or of probation, the Board or a Board panel, in its discretion, after notice and an opportunity for a hearing before an administrative law judge at the Office of Administrative Hearings if there is a genuine dispute as to the underlying material facts, or an opportunity for a show cause hearing before the Board or a Board panel, may impose any other disciplinary sanctions the Board or a Board panel may have imposed,



including a reprimand, probation, suspension, revocation and/or a monetary fine, said violation being proven by a preponderance of the evidence; and it is further

**ORDERED** that the Respondent shall not apply for early termination of probation; and it is further

**ORDERED** that the Respondent shall be responsible for all costs incurred in fulfilling the terms and conditions of the Consent Order; and it is further

**ORDERED** that the Consent Order is considered a **PUBLIC DOCUMENT** pursuant to Md. Code Ann., General Provisions §§ 4-101 *et seq.* (2014).

12/22/2015  
Date

Christine A. Farrelly  
Christine A. Farrelly, Executive Director  
Maryland State Board of Physicians

#### **CONSENT**

I, M. Michael Massumi, M.D., acknowledge that I have had the opportunity to consult with counsel before signing this document. By this Consent, I agree and accept to be bound by this Consent Order and its conditions and restrictions. I waive any rights I may have had to contest the Findings of Fact, Conclusions of Law and Order.

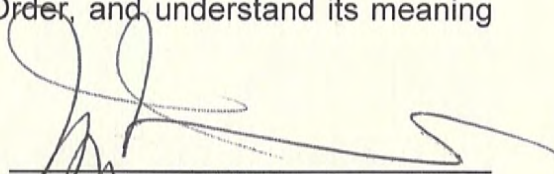
I acknowledge the validity of this Consent Order as if entered into after the conclusion of a formal evidentiary hearing in which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf, and to all other substantive and procedural protections as provided by law. I acknowledge the legal authority and the jurisdiction of Panel A to initiate these proceedings and to issue and enforce this Consent Order. I also affirm that I am



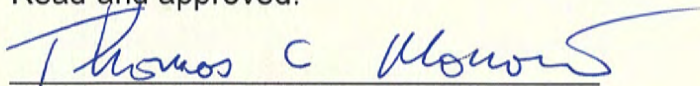
waiving my right to appeal any adverse ruling of Disciplinary Panel B that might have followed any such hearing.

I sign this Consent Order after having had an opportunity to consult with counsel, without reservation, and I fully understand and comprehend the language, meaning and terms of this Consent Order. I voluntarily sign this Order, and understand its meaning and effect.

2015/12/21  
Date

  
M. Michael Massumi, M.D.  
Respondent

Read and approved:

  
Thomas C. Morrow, Esquire  
Counsel for Dr. Massumi

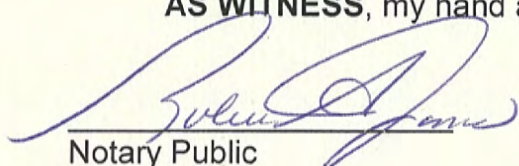
**NOTARY**

STATE OF MARYLAND

CITY/COUNTY OF: HARFORD

I HEREBY CERTIFY that on this 21 day of December, 2015, before me, a Notary Public of the State and County aforesaid, personally appeared M. Michael Massumi, M.D., and gave oath in due form of law that the foregoing Consent Order was his voluntary act and deed.

AS WITNESS, my hand and Notary Seal.

  
Notary Public

My commission expires: 05.27.17