

**IN THE COURT OF COMMON PLEAS, FRANKLIN COUNTY, OHIO
CIVIL DIVISION**

RONALD B. CASSELBERRY, M.D.,

Appellant,

vs.

STATE MEDICAL BOARD OF OHIO,

Appellee.

Case No. 19CV002170

JUDGE CHRIS M. BROWN

**ENTRY DENYING APPELLANT'S MOTION TO STAY
THE ORDER OF THE STATE MEDICAL BOARD OF OHIO PENDING APPEAL**

This matter is before the Court on Appellant's Motion to Stay the Order of the State Medical Board of Ohio. The Court finds that there is no unusual hardship to the Appellant resulting from the execution of the Appellee's Order pending determination of the appeal. The Court finds that Appellant has not established that he will suffer an "undue hardship" as required by R.C. 119.12. The harm cited by Appellant, including closing his medical practice and the ensuing economic and reputational harm is not unusual- it is the same harm endured by all physicians with their medical licenses suspended or revoked.

Accordingly, Appellant's Motion to Stay the Order of the State Medical Board pending appeal is not found to be well-taken and is hereby **DENIED**.

IT IS SO ORDERED.

JUDGE CHRIS M. BROWN

Franklin County Court of Common Pleas

Date: 04-01-2019

Case Title: RONALD B CASSELBERRY MD -VS- STATE MEDICAL BOARD
OF OHIO

Case Number: 19CV002170

Type: ORDER TO STAY

It Is So Ordered.

The image shows a handwritten signature in black ink, which appears to be "Christopher M. Brown", written over a circular official seal. The seal contains the text "COMMON PLEAS COURT", "FRANKLIN COUNTY, OHIO", and "WITH GOD ALL THINGS ARE POSSIBLE".

/s/s Judge Christopher M. Brown

BEFORE THE STATE MEDICAL BOARD OF OHIO

RONALD BLANE CASSELBERRY, M.D.

5555 Mayfield Road
Lyndhurst, Ohio 44124

Appellant,

vs.

STATE MEDICAL BOARD OF OHIO

30 East Broad Street, 3rd Floor
Columbus, OH 43215

Appellee.

Case No. _____

Judge _____

Board Case No. 17-CRF-0086

APPEAL FROM THE ENTRY
OF ORDER OF FEBRUARY 13, 2019,
MAILED March 11, 2019

NOTICE OF APPEAL

Appellant, Ronald B. Casselberry, M.D., by and through counsel, and pursuant to R.C. 119.12, timely submits this notice of appeal from the Entry of Order of Appellee, the State Medical Board of Ohio ("Board"), which permanently revoked Dr. Casselberry's Ohio certificate to practice medicine and surgery. The Board's Entry of Order is dated February 13, 2019, and was mailed March 11, 2019. The grounds for this appeal are that the Board's Entry of Order is not supported by reliable, probative, and substantial evidence and is not in accordance with the law.

A copy of the Board's Entry of Order is attached as "Exhibit A."

Respectfully submitted,

DINSMORE & SHOHL, LLP

By: _____

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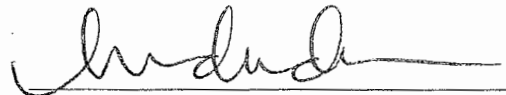
Counsel for Respondent Ronald B. Casselberry, M.D.

STATE MEDICAL BOARD
OF OHIO
2019 MAR 13 PM 2:23
2019 MAR 15 PM 12:28

CERTIFICATE OF SERVICE

The undersigned hereby certifies that on this 13th day of March, 2019, the foregoing Notice of Appeal was filed via hand delivery with the State Medical Board of Ohio, a copy filed with the Franklin County Court of Common Pleas, and with an additional copy served by regular U.S. mail upon:

Melinda Snyder, Esq.
Kyle Wilcox, Esq.
Assistant Attorney General
Ohio Attorney General's Office
Health and Human Services
30 East Broad Street, 26th Floor
Columbus, OH 43215



Eric J. Plinke

Heidi W Dorn

STATE MEDICAL BOARD
OF OHIO
2019 MAR 13 PM 2:24



State Medical Board of
Ohio

30 E. Broad St., 3rd Floor
Columbus, Ohio 43215
(614) 466-3934
www.med.ohio.gov

February 13, 2019

Ronald Blane Casselberry, M.D.
5555 Mayfield Road
Lyndhurst, OH 44124

RE: Case No. 17-CRF-0086

Dear Doctor Casselberry:

Please find enclosed certified copies of the Entry of Order; the Report and Recommendation of R. Gregory Porter, Esq., Hearing Examiner, State Medical Board of Ohio; and an excerpt of draft Minutes of the State Medical Board, meeting in regular session on February 13, 2019, including motions approving and confirming the Report and Recommendation as the Findings and Order of the State Medical Board of Ohio, and adopting an Amended Order.

Section 119.12, Ohio Revised Code, may authorize an appeal from this Order. Any such appeal must be filed in accordance with all requirements specified in Section 119.12, Ohio Revised Code, and must be filed with the State Medical Board of Ohio and the Franklin County Court of Common Pleas within (15) days after the date of mailing of this notice.

THE STATE MEDICAL BOARD OF OHIO

Kim G. Rothermel, M.D.
Secretary

KGR:jam
Enclosures

CERTIFIED MAIL NO. 91 7199 9991 7038 7137 6105
RETURN RECEIPT REQUESTED

cc: Gregory D. Seeley and Jasmyn J. Stover, Esqs
CERTIFIED MAIL NO. 91 7199 9991 7038 7137 6112
RETURN RECEIPT REQUESTED

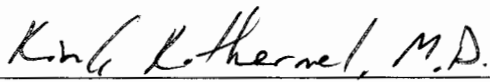
Mailed 3-11-19

CERTIFICATION

I hereby certify that the attached copy of the Entry of Order of the State Medical Board of Ohio; Report and Recommendation of R. Gregory Porter, State Medical Board Hearing Examiner; and excerpt of draft Minutes of the State Medical Board, meeting in regular session on February 13, 2019, including motions approving and confirming the Findings of Fact, Conclusions and Proposed Order of the Hearing Examiner as the Findings and Order of the State Medical Board of Ohio, and adopting an amended Order; constitute a true and complete copy of the Findings and Order of the State Medical Board in the matter of Ronald Blane Casselberry, M.D., Case No. 17-CRF-0086, as it appears in the Journal of the State Medical Board of Ohio.

This certification is made by authority of the State Medical Board of Ohio and in its behalf.

(SEAL)



Kim G. Rothermel, M.D. *MRG*
Secretary

February 13, 2019

Date

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF

*

*

CASE NO. 17-CRF-0086

RONALD BLANE CASSELBERRY, M.D. *

ENTRY OF ORDER


This matter came on for consideration before the State Medical Board of Ohio on February 13, 2019.

Upon the Report and Recommendation of R. Gregory Porter, State Medical Board Hearing Examiner, designated in this Matter pursuant to R.C. 4731.23, a true copy of which Report and Recommendation is attached hereto and incorporated herein, and upon the modification, approval, and confirmation by vote of the Board on the above date, the following Order is hereby entered on the Journal of the State Medical Board of Ohio for the above date.

It is hereby ORDERED that:

On the thirty-first day following the date on which this Order becomes effective, the license of Ronald B. Casselberry, M.D., to practice medicine and surgery in the State of Ohio shall be PERMANENTLY REVOKED. During the 30-day interim, Dr. Casselberry shall not undertake the care of any patient not already under his care.

This Order shall become effective immediately upon the mailing of the notification of approval by the Board.


Kim G. Rothermel, M.D. 1/10/19
Secretary

(SEAL)

February 13, 2019
Date

BEFORE THE STATE MEDICAL BOARD OF OHIO

In the Matter of

*

Case No. 17-CRF-0086

Ronald B. Casselberry, M.D.

*

Hearing Examiner Porter

Respondent.

*

REPORT AND RECOMMENDATION

Basis for Hearing

In a notice of opportunity for hearing dated June 14, 2017 ("Notice"), the State Medical Board of Ohio ("Board") notified Ronald B. Casselberry, M.D., that it proposed to take disciplinary action against his certificate to practice medicine and surgery in Ohio. The Board based its proposed action on allegations concerning Dr. Casselberry's care of 17 patients identified on a confidential Patient Key from on or about October 1, 2010 through in or during September 2013. (State's Exhibit ("St. Ex.") 21A)

In addition, the Board alleged that such conduct constitutes:

- "Failure to maintain minimal standards applicable to the selection or administration of drugs, or failure to employ acceptable scientific methods in the selection of drugs or other modalities for treatment of disease," as that clause is used in Ohio Revised Code Section ("R.C.") 4731.22(B)(2).
- "A departure from, or the failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established," as that clause is used in R.C. 4731.22(B)(6).
- "[V]iolating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board," as that clause is used in R.C. 4731.22(B)(20), to wit:
 - Utilizing Prescription Drugs for the Treatment of Intractable Pain, Ohio Administrative Code Rule ("Rule") 4731-21-02.
 - Standards and Procedures for Review of "Ohio Automated Rx Reporting System" (OARRS), Rule 4731-11-11, as in effect between November 30, 2011 through December 30, 2015.
 - General Provisions, Rule 4731-11-02, as in effect from September 3, 2008 through December 30, 2015. Further, pursuant to Rule 4731-11-02(F), as in

effect from September 3, 2008, through December 30, 2015, a violation of Rule 4731-11-02 constitutes a violation of R.C. 4731.22(B)(2) and 4731.22(B)(6)

Accordingly, the Board advised Dr. Casselberry of his right to request a hearing and received his written request on July 13, 2017. (St. Exs 21A, 21B)

Appearances

Michael DeWine, Ohio Attorney General, Kyle C. Wilcox and Melinda R. Snyder, Assistant Attorneys General, on behalf of the State of Ohio. Jazmyn J. Stover and Gregory D. Seeley, Esqs. on behalf of Dr. Casselberry.

Hearing Date: June 4, 2018

PROCEDURAL MATTERS

1. The record was held open to allow the parties an opportunity to submit written closing arguments. The arguments were timely submitted, and the record closed on July 20, 2018.
2. Some of the patient charts submitted as exhibits contained records for other patients. Those pages have been removed by the Hearing Examiner.

SUMMARY OF THE EVIDENCE

All exhibits and the transcript of testimony, even if not specifically mentioned, were thoroughly reviewed and considered by the Hearing Examiner prior to preparing this Report and Recommendation.

Background Information

1. Ronald Blane Casselberry, M.D., obtained his medical degree in 1985 from the Ohio State University College of Medicine. From 1985 through 1989, he participated in a residency in anesthesiology at Metro Health Medical Center in Cleveland, Ohio. From 1987 through 1995, Dr. Casselberry was also in the Army Reserve Medical Corp. (Hearing Transcript ("Tr.") at 17-19)
2. After completing his residency in 1989, Dr. Casselberry opened his own practice on West 25th Street in Cleveland, Ohio. He described the practice as an industrial clinic which treated people injured at work or in car accidents. In 2002, Dr. Casselberry moved his practice to Chardon Road in Richmond Heights, Ohio. In 2007, he moved the practice to its current location on Mayfield Road in Lyndhurst, Ohio. (Tr. at 5, 18-19, 50) Dr. Casselberry has both a pain medicine practice as well as a wellness practice which operate out of the same office. (Tr. at 53) The patient records show that Dr. Casselberry has used multiple names for his

practice including the Pain Relief Center, Dr. Casselberry's Integrative Health Center, and the Casselberry Clinic. Dr. Casselberry has operated a pain management practice since 1989. (Tr. at 64) Around 2011, Dr. Casselberry applied for, but did not receive, a license to operate a pain management clinic from the Board of Pharmacy. (Tr. at 24-25, 64-65)

3. In addition to his private practice, Dr. Casselberry worked as a staff anesthesiologist at Metro Health Medical Center from 1989 until May 1994. (Tr. 47, 49) Dr. Casselberry also worked at the Cleveland Clinic's Ashtabula County Medical Center's Anesthesiology Department from 2000 to 2015. (Respondent's Exhibit ("Resp. Ex.") B at 1) Further, Dr. Casselberry testified that, from October 2012 through June 2016, he was a consultant with Parker Hannifin and that he was involved with the development of an employee wellness strategy. (Tr. at 45)
4. Dr. Casselberry is not board certified in any specialty. (Tr. at 47)

Stipulations

5. Dr. Casselberry and the State entered into the following written stipulations, which were accepted and admitted into the record¹:

Respondent Ronald Blane Casselberry, M.D. ("Dr. Casselberry") and the State of Ohio hereby agree and stipulate as follows in the above captioned matter:

1. During the time period from approximately October 1, 2010 through September 2013, Dr. Casselberry provided care in the routine course of his medical practice, for Patients 1 through 17.
2. As demonstrated in the documentation in his medical records for the 17 patients treated, Dr. Casselberry failed to meet the minimum standard of care and failed to comply with the State's rules for prescribing/utilizing prescription drugs for the treatment of long term intractable pain. These failures included, but are not limited to:
 - a. Failure to complete and/or document the completion of an appropriate history and physical exam to establish a diagnosis and treatment plan.
 - b. Failure to complete and/or document the completion of updating imaging and/or diagnostic testing to support the patient's treatment plan.

¹ Tr. at 7

- c. Failure to appropriately refer and/or document appropriate referral and/or appropriately follow-up on referrals to specialists.
 - d. Failure to properly document medications prescribed.
 - e. Failure to document appropriate toxicology screening to determine compliance with medications prescribed and/or use of other non-prescribed medications and/or illicit substances to identify possible addiction issues.
 - f. Failure to document and/or appropriately treat and/or medically manage documented complaints/diagnoses.
 - g. The amount and/or type and/or combinations of narcotics prescribed were not supported by history, diagnoses, physical exam, test findings and/or documentation of rationale.
 - h. Failure to complete and/or document completion of appropriate OARRS checks in the frequency required by State rules.
3. Dr. Casselberry further stipulates that the above conduct listed in paragraphs 1 & 2 constitutes violations of Ohio Revised Code Section 4731.22(B)(2); 4731.22(B)(6); 4731.22(B)(20) and Ohio Administrative Code Sections 4731-21-02, 4731-11-02 and 4731-11-11, as those provisions were in effect between October 2010 and September 2013.
4. Dr. Casselberry further stipulates to the qualifications of Dr. Nirmala R. Abraham and stipulates and accepts the report and findings of Dr. Abraham dated June 2, 2017.
5. The State and Dr. Casselberry further stipulate that all the conduct noted in the June 14, 2017 citation letter occurred before September 29, 2015 and is therefore not subject to civil monetary penalty by the State Medical Board.
6. These stipulations in no way prevent Dr. Casselberry from providing the Board with mitigation evidence and the State from examining some of these stipulations further in the proceedings under Case No. 17-CRF-0086.

(Joint Exhibit 1)

Treatment of Patients

General Comments from the State's Expert

6. Nirmala R. Abraham, M.D., acted as the State's expert and reviewed Dr. Casselberry's charts from Patient 1 through 17. (St. Exs 19, 20)
7. Dr. Abraham received her medical degree from Loma Linda University in Loma Linda, California, in 1998. She then did a year-long internship at Kettering Medical Center followed by a three-year anesthesiology residency at the University of Pennsylvania. Dr. Abraham then completed a pain medicine fellowship at the University of California, Los Angeles ("UCLA") in 2003. From 2003 through 2005, Dr. Abraham was a clinical instructor at the UCLA Department of Anesthesiology, Pain Medicine. From 2005 through 2010, she was an assistant professor of the UCLA Department of Anesthesiology, Pain Medicine, as well as an assistant director at the UCLA Pain Management Center. She is currently the Medical Director at the Sycamore Pain Management Center in Miamisburg, Ohio. (St. Ex. 20)
8. Dr. Abraham opined that Dr. Casselberry's treatment of all 17 identified patients from October 2010 through September 2013 violated R.C. 4731.22(B)(2), R.C. 4731.22(B)(6), and Rules 4731-21-01 through 4731-21-06. (St. Ex. 19) In particular, Dr. Abraham opined that:
 - Dr. Casselberry failed to complete initial histories and physicals, to obtain imaging or other diagnostic testing, to refer to specialists, or to establish a diagnosis and treatment plan. (St. Ex. 19 at 2)
 - Dr. Casselberry's follow-up visit documentation was "severely deficient" as it only contained the subjective complaints and medications prescribed with minimal to no physical exam or diagnosis and, in addition, many prescriptions for controlled substances were provided by mail or simply picked up by the patient with no visit. (St. Ex. 19 at 2)
 - Dr. Casselberry's medical management of his patients' conditions was not appropriate due to use of high doses of controlled substances, failure to consider standard multi-modal treatment options, and the offering of dietary supplements, CAM, and infusion treatments with no scientific basis. (St. Ex. 19 at 2)
 - Dr. Casselberry's treatment was not appropriate to the complaint or diagnosis. The majority of visits were conducted by registered nurses and nurse practitioners, and prescriptions were written by Dr. Casselberry even when a nurse practitioner conducted the visit. Further, Dr. Casselberry did not refer patients when mental health issues or possible opioid abuse or addiction were observed. Finally, there is no documentation that Dr. Casselberry was present or available for consultation during patient encounters conducted by nurses. (St. Ex. 19 at 2)

General Comments from Dr. Casselberry

9. Dr. Casselberry testified that, from 2010 to 2013, he had about 250 pain patients who were seen on a monthly basis. (Tr. at 55) Dr. Casselberry testified that, during this time, he was the only physician at his pain medicine practice and that he also had a certified nurse practitioner ("CNP"), a nurse, and an office manager. (Tr. 50-52) Dr. Casselberry further testified that, during this time, his pain medicine practice was open one day a week and every other Saturday and that he and the CNP would see approximately 50-60 people each day. (Tr. at 52, 55) The other days of the week, Dr. Casselberry operated his wellness practice. (Tr. at 53) Dr. Casselberry only accepted cash or credit cards at his practice. (Tr. 56) Dr. Casselberry testified that he "ran into obstacles trying to become a provider" for insurance companies and that he "didn't want to go through what they required." (Tr. at 56-58)
10. When asked about the use of drug screens from 2010 through 2013, Dr. Casselberry testified "[a]t that time, I did not do any drug screening, whether it's urine or blood at that time because, I mean, I probably should have, but I did not because these people were coming in regularly and I didn't suspect there might be an issue." (Tr. at 63) Dr. Casselberry further claimed that none of his patients during that time period had an issue with illegal substances but admitted that the only way he would have known is if the patient told him. (Tr. at 63-64)
11. Despite not being board certified, Dr. Casselberry answered affirmatively when asked if he considered himself a specialist in long-term pain relief treatment. (Tr. at 91). Dr. Casselberry explained his answer further:

In response to your question, I mean, these are people that I've treated for years and I haven't taken any new patients, so I'm not setting myself out there as though I'm open for business for new people. I'm taking care of these people long-term. And as attrition or whatever, so whatever, maybe I'm a specialist for the people I'm treating here, but I don't know how to answer that.

(Tr. at 92)

12. Dr. Casselberry testified that he had pursued training in pain management including CME's. However, the only course he could recall at hearing was a course regarding acupuncture that was either 100 or 200 CME credit hours. (Tr. at 48-49)
13. Dr. Casselberry testified that he also failed to document any discussions he had with patients about the side effects of opioids or benzodiazepines.

Q. Did you warn patients in this timeframe, 2010 to 2013, of the side effects of prescribing long-term opioid medications?

A. Yes, we would have a discussion.

Q. Is that something you would document in your patient chart?

A. No, I did not.

Q. Is that something you think is important to document?

A. Yes.

Q. Same question as far as prescribing benzodiazepines, would you have discussions with side effects with patients?

A. I didn't document it if I did.

(Tr. at 62)

14. Dr. Casselberry testified that he was unaware of Rule 4731-11-11, as in effect between November 30, 2011 through December 30, 2015, which required physicians to review OARRS and document such review when prescribing controlled substances on a protracted basis and at least annually thereafter. (Tr. at 99-100) Further, Dr. Casselberry could not recall when he signed up for OARRS and "I think, specifically maybe in 2014 or during 2013. I don't recall. But from then, my understanding was, and I might be incorrect, is that if you had suspicion or there was some aberrant behavior, to check the OARRS, but I don't know if it was required prior." (Tr. at 99)
15. In the Stipulations, Dr. Casselberry acknowledged that his medical records for Patients 1 through 17 were substandard. When asked why, Dr. Casselberry testified "I don't know if I could -- I would say that I just needed to be educated and improve my standards, I mean, as you can see." (Tr. at 87) When asked if he believed in 2010 through 2013 that his documentation was adequate, Dr. Casselberry responded "Well, this is what I have, so yes. I mean, these were long-term patients that I had, yeah." (Tr. at 87-88)
16. Due to the large number of patients involved in this matter and the fact that Dr. Casselberry has stipulated to the violations contained in the Notice, the Hearing Examiner has selected a few patients to highlight examples of the patient care provided by Dr. Casselberry.

Patient 1

17. Patient 1 is a female born in 1955 who first saw Dr. Casselberry in 1997. Patient 1 is married to Patient 2. In 2004, Patient 1 fractured her right ankle in a motor vehicle accident. Surgery was performed to implant hardware in order to repair the damage. (St. Ex. 1a at 92-103)
18. During the relevant time period, Patient 1 complained of right ankle pain and low back pain. Patient 1's pain levels during the relevant time period are regularly reported as 8 or 9 out of 10 despite it being noted that the pain medication is effective. Patient 1 was prescribed Demerol 100mg #150, Oxycontin 40mg #90, and Valium 10mg #60 each month during the relevant time period. (St. Ex. 1a and 1b)

19. During the hearing, Dr. Casselberry was unable to identify a diagnosis for Patient 1 from his records:

Q. Do you remember, and I'm looking on Page 71 [in Resp. Ex. A], it says a diagnosis of lower back pain and ankle pain; do you see that?

A. Yes.

Q. Is that a diagnosis or is that symptoms, someone has lower back pain and they have ankle pain?

A. I don't know how to answer that because it could be both.

Q. Explain your answer.

A. I mean, it could be low back pain and then underneath, it could be from degenerative disk disease, it could be from nerve entrapment. So it could be more specific. And the ankle pain, underlying, could it be because of a fracture or a break or could it be because there's hardware that's in the ankle? So that's how come I say that.

Q. But we don't know by looking at the record, though?

A. Yes.

Q. Is that correct?

A. Yes.

(Tr. at 80)

20. During the relevant time period, the Hearing Examiner did not see any physical examinations, vital signs, or diagnoses charted. Many of the visit notes during the relevant time period are signed by the CNP. Further, there are no consultations with specialists, OARRS reviews, or drug screens documented. (St. Ex. 1a and 1b)

Patient 2

21. Patient 2 is a male born in 1949 who first saw Dr. Casselberry in 1997. Patient 2 is married to Patient 1. During the relevant time period, Dr. Casselberry treated Patient 2 for low back pain by prescribing Oxycontin 40mg #60, Demerol 100mg #100, and Valium 10mg #60 on a monthly basis. Patient 2's pain level was regularly charted as 8 out of 10 despite it being noted that the pain medication was effective. (St. Ex. 2) Dr. Casselberry testified that Patient 2 was diagnosed with lower back pain. (Tr. at 85)

22. The Hearing Examiner did not find any physical examinations, vitals, or diagnoses documented during the relevant time period. Many of the visit notes during the relevant time period are

signed by the CNP. Further, there are no records of consultations with specialists, OARRS reviews, or drug screens. Finally, it does not appear that Dr. Casselberry ever obtained any imaging or diagnostic testing on Patient 2. (St. Ex. 2)

Patient 9

23. Patient 9 is a female born in 1955 who first saw Dr. Casselberry in 2004.² She lives in Grove City, Ohio. In 2003, prior to being seen by Dr. Casselberry, x-rays of her lumbar spine showed abnormal alignment of vertebra, postural abnormalities of the pelvis, and moderate to severe degenerative disc disease. (St. Ex. 9 at 163) During the relevant time period, Patient 9 regularly complained of pain in her lower back and shoulders. (St. Ex. 9) Patient 9's treatment is summarized as follows:

- From October 2010 through September 2013, Dr. Casselberry or his staff saw Patient 9 a total of only five times, but he mailed, faxed or called in monthly prescriptions for her. During the relevant time period, Patient 9 was seen in Dr. Casselberry's office in August 10 2011, November 8, 2011, June 20, 2012, April 3, 2013, and April 30, 2013. (St. Ex. 9 at 59, 61, 81, 105, 113) Of those five visits, it appears that Dr. Casselberry saw Patient 9 on only two occasions. (St. Ex. 9 at 59 and 81) There is only one brief physical exam charted during the relevant time period. (St. Ex. 9 at 81)
- In October 2010, Dr. Casselberry was prescribing Xanax 1mg #60 and Norco 10/325 #180 on a monthly basis. (St. Ex. 9 at 117)
- In June 2012, he increased the Norco to #200 after the patient reported sometimes taking six and one-half pills per day. (St. Ex. 9 at 81)
- In April 2013, Dr. Casselberry charted that Patient 9 "Had a meltdown – depressed" and noted that she had recently been put on antidepressants. (St. Ex. 9 at 59) There is no notation whether Dr. Casselberry consulted with the other prescribing physician regarding Patient 9's mental state or referred her to a mental health professional. (St. Ex. 9)

24. Despite only charting a handful of office visits with Patient 9 during the relevant time period, Dr. Casselberry charged the patient \$130-\$140 each month for an office visit regardless of whether such office visit actually occurred. (St. Ex. 9 at 7, 13-15) The Hearing Examiner did not see any record of OARRS reports, drug screening, or consultations with specialists. (St. Ex. 9) When asked why he was treating a patient that lived in Grove City, Dr. Casselberry explained that Patient 9 had previously lived in the Cleveland area and her job transferred her to Columbus. He further testified that "she would be the only one that I recall that traveled from far away to get her medication. Because we had a prior relationship, I just -- maybe it

² Dr. Abraham's report on Patient 9 states that the initial consultation was in 1994, but this appears to be a typo. (St. Ex. 19 at 11)

was poor judgment on my part not to recommend she find somebody down in Grove City, but that's not a practice that I participate in usually." (Tr. at 104)

Patient 10

25. Patient 10 is a female born in 1971 who first saw Dr. Casselberry in 2007. Patient 10 claimed to have a rheumatologist and to have been diagnosed with fibromyalgia, lupus, osteoarthritis, and chondromalacia patella. (St. Ex. 10 at 23) However, the Hearing Examiner was unable to locate any records from, or consults with, Patient 10's rheumatologist, or any other specialist, to support these diagnoses. During the relevant time period, Patient 10 was primarily treated by a CNP with the occasional note from Dr. Casselberry. During the relevant time period, Patient 10 regularly complained of pain in her neck and knees. (St. Ex. 10) Patient 10's treatment is summarized as follows:

- In October 2010, Patient 10 was being prescribed each month Oxycontin 40mg #90, Percocet 10/325 #120, and Provigil 200mg #30. (St. Ex. 10 at 165) Dr. Casselberry began prescribing Provigil in January 2010 when the patient requested "something to counteract sleepiness from medications." (St. Ex. 10 at 199)
- In January 2011, Patient 10 claimed that Oxycontin did not work as well since it had been changed and requested Opana. No prescription changes were made at this time. (St. Ex. 10 at 159)
- In March 2011, Patient 10 claimed the pain medication was not lasting as long as it did previously which caused her to take more Percocet. Dr. Casselberry discontinued the Oxycontin 40mg and started Opana 20mg #90 and charted that the reason for the change was due to the formulation change in Oxycontin and the patient's costs. (St. Ex. 10 at 147)
- In early April 2011, Patient 10 complained that the Opana was not effective and was prescribed Oxycontin 40mg #120 which represents an increase of 30 pills over her previous prescriptions. (St. Ex. 10 at 141-145)
- In June 2011, Oxycontin 40mg #120 was discontinued and Oxycontin 60mg #90 was prescribed instead. No explanation for this change was charted. (St. Ex. 10 at 133)
- In August 2011, the prescription was changed back to Oxycontin 40mg. At this time, Patient 10 was receiving Oxycontin 40mg #120, Percocet 10/325 #120 on a monthly basis as well as a three-month supply of Provigil. (St. Ex. 10 at 129)
- In January 2012, Dr. Casselberry changed the monthly opioid prescriptions to Oxycontin 40mg #60, Oxycontin 60mg #60, and Percocet

10/325 #120 with a note that Oxycontin 40mg was not strong enough and Oxycontin 60mg was too strong. (St. Ex. 10 at 117)

- In March 2012, Dr. Casselberry added a trial of Norco 10/325mg #30 to Patient 10's regimen. (St. Ex. 10 at 107-109) Norco was not prescribed at the next visit in April 2012. (St. Ex. 10 at 103)
 - In June 2012, Patient 10 spoke to Dr. Casselberry on the telephone, and Dr. Casselberry agreed to change the Oxycontin prescriptions to Oxycontin 60mg #120 so that Patient 10 could save money on her copays. This was also the last month that she received a prescription for Provigil. (St. Ex. 10 at 99)
 - In September 2012, Patient 10 called to report that she was "somehow" short by 14 pills and wanted Dr. Casselberry to call in Vicodin. Dr. Casselberry called in a prescription for Norco 10/325 #30. (St. Ex. 10 at 87)
 - In February 2013, the CNP seeing Patient 10 charted "would like to try Adderall (not habit forming)." (St. Ex. 10 at 71)
 - In April 2013, Dr. Casselberry added Adderall 10mg #60 to Patient 10's monthly prescriptions in order to "help c̄ energy." (St. Ex. 10 at 69) Later that month, the Adderall 10mg prescription was increased to #90 with no explanation charted. (St. Ex. 10 at 63).
 - In June 2013, Adderall was doubled to Adderall 20mg #90 with no explanation charted. (St. Ex. 10 at 59)
 - In September 2013, Patient 10 is being prescribed Percocet 10/325 #120, Oxycontin 60mg #120, and Adderall 20mg #90 each month. (St. Ex. 10 at 53)
26. Throughout the relevant time period, the Hearing Examiner did not see any physical exams or vital signs charted for Patient 10 nor did he see any evidence of drug screens being used or consultations with specialists. Many of the visit notes during the relevant time period are signed by the CNP. Dr. Casselberry repeatedly increased the dosages of the prescribed narcotics despite the lack of documented consultations or diagnostic tests. Further, there was only one OARRS report in the entire chart which was only obtained after the patient claimed that some of her narcotics were stolen by her roommate's friends. (St. Ex. 10 at 175-177, 181; St. Ex. 19 at 12). Finally, during the relevant period, Dr. Casselberry and his staff did not chart any diagnoses. (St. Ex. 10)

Patient 13

27. Patient 13 is a male born in 1979 who first saw Dr. Casselberry in 2010. In February 2010, prior to his first appointment with Dr. Casselberry, Patient 13 had x-rays of his hips and lumbar spine. (St. Ex. 13 at 161-165) After review of the x-rays, a rheumatologist noted that Patient 13 had early “osteoarthritis changes involving the right hip and normal radiographs of the lumbar spine and left hip,” and further noted “tenderness along the paralumbar spinal muscles in the normal range of motion of the hips without extra articular changes to suggest inflammatory arthritis.” (St. Ex. 13 at 155, 161)
28. During the relevant time period, Patient 13 regularly complained of low to mid back pain and bilateral hip pain. (St. Ex. 13) Patient 13’s treatment is summarized as follows:
- At the first appointment in April 2010, Dr. Casselberry charted a brief physical exam, diagnosed Patient 13 with “LSS,” and prescribed Percocet 10/325 #100 and Soma #30. (St. Ex. 13 at 147)
 - In November 2010, Dr. Casselberry increased the Percocet to #120 per month with no charted explanation. (St. Ex. 13 at 123)
 - In April 2011, Dr. Casselberry again increased the Percocet to #140 per month while still prescribing Soma. This increase occurred after Patient 13 stated that “perhaps the medication he is on is being more tolerated and he feels he may need a slight increase.” (St. Ex. 13 at 115)
 - In August 2013, Dr. Casselberry was still prescribing Percocet 10/325 #140 and Soma 350mg #30 each month. (St. Ex. 13 at 43)
29. Dr. Casselberry only charted one limited physical exam of Patient 13 during the entire time he treated him. Further, most of the visit notes are signed by the CNP. The Hearing Examiner found no OARRS reports or drug screens in the treatment record. (St. Ex. 13)

Patient 16

30. Patient 16 is a female born in 1960 and is married to Patient 17. She suffers from several serious medical conditions including multiple sclerosis. Patient 16 first saw Dr. Casselberry in 1998. The chart does contain some records and imaging from Patient 16’s other treatment providers. In addition to multiple sclerosis, an MRI in 2006 showed a previous cervical spinal fusion and cervical degenerative disc disease (St. Ex. 16a at 32-33; St. Ex. 19 at 18)
31. From October 2010 through September 2013, Patient 16 regularly complained of low back pain, pain from the multiple sclerosis, knee pain, and foot pain. (St. Ex. 16a and 16b) Dr. Casselberry initially testified at hearing that he did not document, and could not remember, the diagnoses for Patient 16:

Q. Okay. And if we turn over, let's say, to the next page, 23 [of St. Ex. 16b], we see chief complaint there from 3-20 of '13?

A. Yes.

Q. Something foot pain, right foot pain or left foot pain?

A. Left foot pain.

Q. Bilateral knee pain; is that what that means?

A. Yes.

Q. And then lower back pain?

A. Yes.

Q. Those aren't actual diagnoses, those are just symptoms the patient was having?

A. Correct.

Q. Was there ever an actual diagnosis for the patient?

A. It's not documented here.

Q. Do you recall just from the treatment of this patient if they had any?

A. No.

(Tr. at 76-77)

32. Upon redirect examination, Dr. Casselberry testified that he had refreshed his memory and that he had been treating Patient 16 for diagnoses of "breast cancer, the neck surgery, history of MS with exacerbation requiring IVs and emergency room visits." (Tr. at 102)

33. Patient 16's treatment is summarized as follows:

- In October 2010, Dr. Casselberry was prescribing Oxycontin 40mg #90, Oxycontin 80mg #90, Valium 10mg #60, and Celebrex 200mg #30 to Patient 16 every month. (St. Ex. 16a at 166)
- In September 2012, Dr. Casselberry denied Patient 16's request to change her prescription for Oxycontin 40mg to Oxycodone 15mg #240. (St. Ex. 16a at 144) In October 2012, Patient 16 informed Dr. Casselberry that she preferred her husband's (Patient 17) pain relief regimen, and Dr. Casselberry changed her prescription of Oxycontin 40mg to

Oxycodone 30mg #120. (St. Ex. 16a at 143) Two weeks later, Dr. Casselberry increased the Oxycodone 30mg to #150 "to manage pain and for break thru." (St. Ex. 16a at 142)

- In September 2013, Dr. Casselberry was prescribing Oxycontin 80mg #90, Oxycodone 30mg #150, and Valium 10mg #60. (St. Ex. 16b at 11)
- Patient 16's prescriptions were occasionally picked up by Patient 17, her husband. In these instances, Patient 16 was still charged for a regular office visit. (St. Exs. 16a and 16b)

34. Dr. Casselberry was asked at hearing why Patient 16 was on Valium for an extended period of time.

Q. Okay. Is there a reason why this patient was on Valium for such a long period of time, Doctor?

A. For nerves and muscle relaxant.

Q. Okay. That's a two-part. Let's break those down.

A. Sure.

Q. When you say for a patient's nerves, what do you mean?

A. Well, Valium is for anxiety, and the Valium can also act as a muscle relaxant.

Q. And how do you make a determination -- because everybody obviously has anxiety, we're all human beings, correct?

A. Right, exactly.

Q. How do you make a determination that a patient like this needed to be on Valium for multiple years?

A. Admittedly, it's not documented.

(Tr. at 75)

35. In addition to not being able to locate any OARRS reports, the Hearing Examiner was unable to locate documentation of any consultations with Patient 16's other treatment providers. Many of the visit notes during the relevant time period are signed by the CNP. Further, the Hearing Examiner did not see any physical exams charted for Patient 16 or any evidence of drug screens being used during the relevant time period. (St. Exs. 16a and 16b)

Patient 17

36. Patient 17 is a male born in 1962 and is married to Patient 16. He first saw Dr. Casselberry in 1996. (St. Ex. 17 at 187) In 2003, Dr. Casselberry referred Patient 17 for testing which revealed bilateral carpal tunnel syndrome and ulnar mononeuropathy. (St. Ex 17 at 601-607, St. Ex 19 at 19) From October 2010 through September 2013, Patient 17 regularly complained of low back pain, shoulder pain, knee pain, and hip pain. (St. Ex. 17) Patient 17's treatment is summarized as follows:

- In October 2010, Dr. Casselberry was prescribing Patient 17 Oxycontin 80mg #90, Oxycontin 40mgs #90, Percocet 10/325 #60, and Adderall 20mg #60 on a monthly basis. (St. Ex. 17 at 711) Dr. Casselberry began prescribing Adderall in December 2009 after Patient 17 complained of a "problem c̄ conc and anxiety not helped c̄ valium." (St. Ex 17 at 739)
- In February 2011, Dr. Casselberry increased the Adderall prescription to #90 each month with no documented rationale. (St. Ex. 17 at 701) In April 2011, it appears that Patient 17 received his last prescription for Adderall, but no explanation is charted. (St. Ex. 17 at 695)
- In November 2011, Patient 17 informed Dr. Casselberry that he had been diagnosed with Hepatitis C and that in "Feb this year told has a EF 8% but now at 30%. Has a pacemaker and defibrillator now." Dr. Casselberry discontinued the Oxycontin 40mg and Percocet, continued Oxycontin 80mg #90, and began prescribing oxycodone 15mg #240 and Xanax 1mg #60. (St. Ex 17 at 681)
- In May 2012, Dr. Casselberry increased the Xanax to 2mg #90 and noted that Patient 17 was under a lot of stress from taking care of his mother and his wife. (St. Ex. 17 at 671)
- In September 2012, Dr. Casselberry changed the monthly oxycodone prescription to 30mg #120. Later that month, Dr. Casselberry declined a request from Patient 17 to change back to 15mg. (St. Ex. 17 at 661) In October 2012, Dr. Casselberry doubled the oxycodone 30mg prescription to #240 each month with no explanation charted and discontinued Xanax. (St. Ex. 17 at 659) Later that same month, he restarted Xanax 2mg #30 for insomnia. (St. Ex. 17 at 653)
- In April 2013, Dr. Casselberry lowered the dosage of oxycodone 30mg to #150 monthly. (St. Ex. 17 at 641)
- In September 2013, Dr. Casselberry was prescribing Oxycontin 80mg #90, oxycodone 30mg #150, and Xanax 2mg #30. (St. Ex. 17 at 631)

- Dr. Abraham noted in her opinion that morbid obesity was documented at one point and there was no discussion of its relationship to chronic pain. Dr. Abraham also noted that Dr. Casselberry did not make changes to Patient 17's treatment in response to his increasing medical issues. (St. Ex. 19 at 19)
- Patient 17's prescriptions were occasionally picked up by Patient 16, his wife. In these instances, Patient 17 was still charged for a regular office visit. (St. Ex. 17)

37. Dr. Abraham noted in her report that an MRI had been ordered in 2008, but this report was actually for another patient not identified on the Patient Key. (St. Ex 19 at 19, St. Ex. 17 at 69) The Hearing Examiner was unable to locate any imaging or OARRS reports in the chart for Patient 17. Further, the Hearing Examiner did not locate any record of consultations with specialists or Patient 17's other treatment providers. (St. Ex. 17)

Changes to Dr. Casselberry's Practice

38. Dr. Casselberry testified that, as of the hearing date, he had four employees at the Pain Relief Center including another physician, a nurse practitioner, a nurse, and a medical assistant. (Tr. at 21) The Pain Relief Center is open during normal business hours on Thursdays and Fridays as well as half a day every other Saturday. (Tr. at 21). Dr. Casselberry testified that his pain patient population has been steady for the two years prior to the hearing and that he does not advertise or recruit new patients. (Tr. at 20-21) He further testified that, as of the hearing, he had approximately 275-280 pain patients. (Tr. at 92) Dr. Casselberry explained that an increase in his pain patient population was due to a physician who retired and who sent some of his patients to Dr. Casselberry. (Tr. at 93)
39. Dr. Casselberry testified that, as of the hearing date, pain patients were primarily seen by himself, another physician, or the CNP, and he further testified that the physicians still primarily issued the prescriptions despite the CNP having prescriptive rights. (Tr. at 22-23) However, Dr. Casselberry admitted, "If the patient doesn't see the physician, they would see the nurse practitioner. And on some Saturdays, if I'm not there, I have a Registered Nurse see the patient, but I'm available." (Tr. at 37) Dr. Casselberry testified that he was available by telephone and lived only 15 minutes from the practice. (Tr. at 22)
40. In 2014, Dr. Casselberry hired Dr. Steven Thomas as a consultant on his practice operations. (Tr. at 25-26) Dr. Thomas did not appear or testify at the hearing. Dr. Casselberry testified:
- In 2014, I hired a consultant to come in to help me out with the practice operations just because the way the climate has changed in pain management, I wanted to be not only minimal standards but a good quality of care standard, and so I started implementing changes. The first thing I did was started weaning people off the benzos and Soma.

(Tr. at 25-26)

Dr. Casselberry further testified, "I had been working with [Dr. Thomas] as a consultant in my other practice. So as far as operations, efficiencies, I asked him to help me out on the pain management side." (Tr. at 26)

41. Dr. Casselberry summarized Dr. Thomas's overview of his practice as follows as follows:

Q. What kind of overview did he do? Can you give us a synopsis of what he did exactly?

A. Well, for example, the recommendation was to get some training and some learning, so I need to take Dr. Parran's course. So that way, I could find out what the standard of care or even operate a good quality of care versus what I was doing prior. So that was the first thing was to get educated.

Then the next was to look at how do we document, and thus the progress note sheet, but also the checking OARRS and making sure that people were only going to one pharmacy, as well as doing urine drug screens.

Q. So you acknowledge in this timeframe we're looking at, 2010 to 2013, that there were a lot of things in your pain management practice that you weren't doing that you should have been doing?

A. Yes.

(Tr. at 58-59)

42. Dr. Casselberry testified that Dr. Thomas recommended weaning patients off benzodiazepines and Soma and then reduce the Morphine Equivalent Dose ("MED"). (Tr. at 26) Dr. Thomas further recommended that Dr. Casselberry update the form of his progress note to include additional information specific for a pain management practice, that he perform urine drug screens, that he conduct risk assessments, and that he attend courses on controlled substance prescribing and medical documentation. (Tr. 33-36)

43. In response to a question about the importance of reducing the MED, Dr. Casselberry testified:

During that time, we were told that we have to address people's pain or else. It's a fifth vital sign and we need to treat accordingly. But I found out that going through this process, that people can still be able to function and take their pain medication but maybe they don't need as much as we've been prescribing back then because that's what I'm finding out having gone through this process.

(Tr. at 32-33)

44. Dr. Casselberry testified that he participated in the Case Western Reserve University course on controlled substance prescribing in November 2015 and a medical documentation course in late 2017. (Tr. at 35)
45. Dr. Casselberry provided additional medical records for Patients 1 through 17. These additional records include the time period from September 2013 through approximately September 2017. (Resp. Ex. A) They were not reviewed by the State's expert and are not included in her opinion. (St. Ex. 19) The additional medical records show that patients were being treated not only by Dr. Casselberry but were frequently seen by nurses and other physicians. (Resp. Ex. A)
46. The additional medical records show that Dr. Casselberry and his employees did, for the most part, lower patients' MED as well as discontinue benzodiazepines and Soma. The records also show that Dr. Casselberry did begin using two new progress note forms beginning in late 2014. (Resp. Ex. A)
47. Dr. Casselberry testified that not all of the changes he has made to his practice are reflected in the additional records:

Q: All of the new charts or new forms that you use, are they all reflected in the updated records that the –

A. No, they aren't.

Q. So you've added additional forms?

A. I can give you examples.

Q. Okay.

A. So one is prior we were told not to put the OARRS report in the chart. And now we are and I'm glad we are, and so that's one thing. The other is the risk assessment sheet we keep in the chart now, as well as the urine drug screening.

(Tr. at 104-105)

48. When asked how often his practice is running OARRS reports, Dr. Casselberry testified “[n]ow we're doing it monthly.” (Tr. at 104) It is not clear from the record when Dr. Casselberry began obtaining monthly OARRS reports as this is not reflected in the additional records. While the additional records demonstrate that Dr. Casselberry and his employees are using OARRS, the records show that Dr. Casselberry and his employees are still failing to check OARRS, or chart checking OARRS, every 90 days are required by current law and rule. Further, the OARRS checks were not being consistently charted in the Patient Data sheet at the beginning of each patient record. For the patients discussed above, OARRS reports or charting that OARRS was checked was noted by the Hearing Examiner as follows:

- Patient 1 – July 2015, September 2015, November 2015, March 2016, June 2016, and July 2017. (Resp. Ex. A at 3, 13, 38, and 41)
 - Patient 2 – July 2015, September 2015, March 2016, June 2016, and July 2017. (Resp. Ex. A at 78, 84-87, 88-90, 95, 122, and 125)
 - Patient 9 – July 2015, September 2015, December 2015, and April 2016.³ (Resp. Ex. A at 595, 606-607, 610-611, and 614-615)
 - Patient 10 – July 2015, September 2015, March 2016, April 2016, June 2016, and May 2017. (Resp. Ex. A at 651, 662, 687, 698, and 700)
 - Patient 13 – July 2015, September 2015, and March 2016.⁴ (Resp. Ex. A at 943-945, 951-952, and 954-956)
 - Patient 16 – October 2015, December 2015, March 2016, June 2016, August 2017, and September 2017 (Resp. Ex. A at 1097, 1098-1099, 1102, 1137, 1142, and 1145)
 - Patient 17 – February 2014, September 2015, December 2015, March 2016, and August 2017. (Resp. Ex. A at 1184-1185, 1192-1194, 1222, 1225, and 1229)
49. The additional medical records show that Dr. Casselberry and his employees still do not regularly refer patients to specialists for consultations or obtain imaging and diagnostic testing. (Resp. Ex. A)
50. However, the records do show that Dr. Casselberry and his staff did begin drug testing patients. Patients 3, 4, and 13 all tested positive for cocaine. (Resp. Ex. A. at 170, 235, 942) Those patients did not return to Dr. Casselberry's practice for treatment after having tested positive. The Hearing Examiner did not see any discharge letters or referrals to substance abuse specialists in the additional records. Several other patients tested positive for THC or were otherwise inconsistent. If these results were discussed with the patients, those discussions do not appear to have been noted in the charts. Interestingly, Patient 17 does not appear to have ever been drug tested despite having been previously prescribed suboxone by a different provider. (Resp. Ex. A at 1238) Patient 16 had one drug screen in July 2016 which was noted to be both "Expected" and "Not Expected." (Resp. Ex. A at 1103) The Hearing Examiner did not find an explanation for this contradiction.
51. Dr. Casselberry testified at hearing "my goal is to be in absolute compliance, but I need guidance and training and just to work really as a team with the community to help with this

³ Dr. Casselberry stopped treating Patient 9 in March 2016.

⁴ Dr. Casselberry stopped treating Patient 13 in April 2016.

problem.” (Tr. at 38) When asked for an explanation of the current documentation requirements for the treatment of long-term intractable pain, Dr. Casselberry answered:

Well, I'll just say there has to be a Consent Agreement.⁵ There's got to be an OARRS check periodically, I know it's quarterly, and urine drug screen, a risk assessment and then on the progress note, the things I discussed earlier, unless you want me to go through that list.

But also a consultant, a specialist who in that particular area of pain as a consultant or updated imaging studies of some sort, preferably an MRI or CT scan, yeah. And so that specialist would have to be scheduled within five years or every five years.

With the risk assessment, there's a risk assessment for the medication for opioids, and that would include checking with the family member as well but also a risk assessment so, for example, for depression.

(Tr. at 94)

52. Dr. Casselberry submitted a number of letters of support from patients, employees, physicians, and other professional acquaintances. (Resp. Ex. B) One of these letters is from Dr. Casselberry's personal psychologist who noted that Dr. Casselberry may have Attention Deficit Disorder but also acknowledged that he had not performed an assessment.⁶ (Resp. Ex. B at 1271)

FINDINGS OF FACT

1. From approximately October 1, 2010 through September 2013, Ronald B. Casselberry, M.D., provided care in the routine course of his medical practice for Patients 1 through 17 as identified on a confidential Patient Key. During the relevant time period, Dr. Casselberry failed to meet the minimal standard of care and failed to comply with the State's rules for prescribing/utilizing prescription drugs for the treatment of long-term intractable pain in his care and treatment of Patients 1 through 17. These failures include:
 - a. Failure to complete and/or document the completion of an appropriate history and physical exam to establish a diagnosis and treatment plan.
 - b. Failure to complete and/or document the completion of updating imaging and/or diagnostic testing to support the patient's treatment plan.

⁵ The Hearing Examiner interprets "Consent Agreement" to refer to a controlled substances medications agreement.

⁶ Dr. Casselberry is not charged with a violation of R.C. 4731.22(B)(19), and this information may not be used as a basis for discipline in the current case.

- c. Failure to appropriately refer and/or document appropriate referral and/or appropriately follow-up on referrals to specialists.
 - d. Failure to properly document medications prescribed.
 - e. Failure to document appropriate toxicology screening to determine compliance with medications prescribed and/or use of other non-prescribed medications and/or illicit substances to identify possible addiction issues.
 - f. Failure to document and/or appropriately treat and/or medically manage documented complaints/diagnoses.
 - g. The amount and/or type and/or combinations of narcotics prescribed were not supported by history, diagnoses, physical exam, test findings and/or documentation of rationale.
 - h. Failure to complete and/or document completion of appropriate OARRS checks in the frequency required by State rules.
2. Dr. Casselberry and the State stipulated that all conduct relevant to this matter occurred before September 29, 2015; therefore, Dr. Casselberry is not subject to a civil monetary penalty pursuant to R.C. 4731.225.

CONCLUSIONS OF LAW

- 1. The acts, conduct, and/or omissions of Ronald B. Casselberry, M.D., as set forth in Findings of Fact 1.a through 1.h, individually and/or collectively, constitute “[f]ailure to maintain minimal standards applicable to the selection or administration of drugs, or failure to employ acceptable scientific methods in the selection of drugs or other modalities for treatment of disease,” as that clause is used in R.C. 4731.22(B)(2).
- 2. The acts, conduct, and/or omissions of Dr. Casselberry, as set forth in Findings of Fact 1.a through 1.h, individually and/or collectively, constitute “[a] departure from, or the failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established,” as that clause is used in R.C. 4731.22(B)(6).
- 3. The acts, conduct, and/or omissions of Dr. Casselberry, as set forth in Findings of Fact 1.a through 1.h, individually and/or collectively, constitute “violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board,” as that clause is used in R.C. 4731.22(B)(20), to wit: Rule 4731-21-02, Utilizing Prescription Drugs for the Treatment of Intractable Pain.

4. The acts, conduct, and/or omissions of Dr. Casselberry, as set forth in Findings of Fact 1.a through 1.h, individually and/or collectively, constitute “violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board,” as that clause is used in R.C. 4731.22(B)(20), to wit: Rule 4731-11-11, Standards and Procedures for Review of “Ohio Automated Rx Reporting System” (OARRS), as in effect between November 30, 2011, through December 30, 2015.
5. The acts, conduct, and/or omissions of Dr. Casselberry, as set forth in Findings of Fact 1.a through 1.h, individually and/or collectively, constitute “violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board,” as that clause is used in R.C. 4731.22(B)(20), to wit: Rule 4731-11-02, General Provisions, as in effect from September 30, 2008, through December 30, 2015. Further, pursuant to Rule 4731-11-02(F), as in effect from September 30, 2008, through December 30, 2015, a violation of Rule 4731-11-02 constitutes a violation of R.C. 4731.22(B)(2) and 4731.22(B)(6).
6. As described in Findings of Fact 2, Dr. Casselberry is not subject to a civil monetary penalty pursuant to R.C. 4731.225.

RATIONALE FOR THE PROPOSED ORDER

It is clear that Dr. Casselberry committed a significant number of violations of Board statutes and rules. He regularly prescribed high doses of narcotics with benzodiazepines on a protracted basis without performing or documenting an appropriate history and physical exam, without obtaining imaging or diagnostic testing, without checking OARRS, without performing appropriate toxicology screens, without always documenting the medications prescribed, and without making referrals to specialists. His medical records often reflect only superficial information of the patient’s subjective complaint. At least one patient was rarely seen in his office, but Dr. Casselberry would still provide monthly prescriptions for high dose narcotics. Many times, it seemed as if the patients were the ones directing treatment with Dr. Casselberry simply responding to their requests for more drugs. Further, Dr. Casselberry supervised and allowed his staff, including a certified nurse practitioner, to practice below minimal standards.

These violations are serious. Further, Dr. Casselberry has been operating his pain management practice for many years alongside his general wellness practice and testified at hearing that he needs guidance and training in order to be compliant with the Board’s statutes and rules. However, Dr. Casselberry has had years in which to pursue appropriate training and has failed to do so. This Hearing Examiner is not convinced that Dr. Casselberry’s pain management practice can be remediated with additional training.

While the additional medical records he produced at hearing do show that Dr. Casselberry made improvements by reducing the amount of narcotics and benzodiazepines prescribed, the records

also show that Dr. Casselberry and his staff still fail to check, or document checking, OARRS at the required frequency, do not regularly document discussions regarding inconsistent drug screens or referrals to substance abuse professionals, and do not regularly obtain consultations from specialists.

The proposed order would suspend Dr. Casselberry's license for a minimum of one year, followed by two years of probation. Probationary terms include a practice plan and monitoring physician. Moreover, Dr. Casselberry would be permanently limited from dispensing, ordering, or prescribing controlled substances as well as from owning or operating a medical practice which provides chronic pain management, from collaborating with and/or supervising any healthcare professional who provides chronic pain management. As the conduct giving rise to the violations occurred prior to September 29, 2015, the Board is not authorized to impose a civil penalty.

PROPOSED ORDER

It is hereby ORDERED that:

- A. **PERMANENT LIMITATION/RESTRICTION:** The certificate of Ronald B. Casselberry, M.D., to practice medicine and surgery in the State of Ohio shall be permanently LIMITED and RESTRICTED as follows:
1. Dr. Casselberry shall not prescribe, write orders for, give verbal orders for, administer, or personally furnish any controlled substances;
 2. Dr. Casselberry shall not own or operate a medical practice which provides chronic pain management regardless of whether such practice operates under terminal distributor of dangerous drugs with a pain management classification from the Ohio Board of Pharmacy; and
 3. Dr. Casselberry shall not collaborate with and/or supervise any healthcare professional who provides chronic pain management.
- B. **SUSPENSION OF CERTIFICATE:** Commencing on the thirty-first day following the date on which this Order becomes effective, the license of Dr. Casselberry to practice medicine and surgery in the State of Ohio shall be SUSPENDED for an indefinite period of time, but not less than one year.
- C. **CONDITIONS FOR REINSTATEMENT OR RESTORATION:**
1. **Application for Reinstatement or Restoration:** Dr. Casselberry shall submit an application for reinstatement or restoration, accompanied by appropriate fees, if any.
 2. **Medical Records Course(s):** At the time he submits his application for reinstatement or restoration, or as otherwise approved by the Board, Dr. Casselberry shall provide

acceptable documentation of successful completion of a course or courses on maintaining adequate and appropriate medical records. The exact number of hours and the specific content of the course or courses shall be subject to the prior approval of the Board or its designee. Any course(s) taken in compliance with this provision shall be in addition to the Continuing Medical Education requirements for relicensure for the Continuing Medical Education period(s) in which they are completed.

In addition, at the time Dr. Casselberry submits the documentation of successful completion of the course(s) on maintaining adequate and appropriate medical records, he shall also submit to the Board a written report describing the course(s), setting forth what he learned from the course(s), and identifying with specificity how he will apply what he has learned to his practice of in the future.

3. **Additional Evidence of Fitness To Resume Practice:** In the event that Dr. Casselberry has not been engaged in the active practice of medicine and surgery for a period in excess of two years prior to application for reinstatement or restoration, the Board may exercise its discretion under Section 4731.222, Ohio Revised Code, to require additional evidence of his fitness to resume practice.

D. **PROBATION:** Upon reinstatement or restoration, Dr. Casselberry's license shall be subject to the following PROBATIONARY terms, conditions, and limitations for a period of at least two years:

1. **Obey the Law:** Dr. Casselberry shall obey all federal, state, and local laws, and all rules governing the practice of medicine and surgery in Ohio.
2. **Modification of Terms; Exception:** Dr. Casselberry shall not request modification of the terms, conditions, or limitations of probation for at least one year after imposition of these probationary terms, conditions, and limitations, except that Dr. Casselberry may make such request with the mutual approval and joint recommendation of the Secretary and Supervising Member
3. **Declarations of Compliance:** Dr. Casselberry shall submit quarterly declarations under penalty of Board disciplinary action and/or criminal prosecution, stating whether there has been compliance with all the conditions of this Order. The first quarterly declaration must be received in the Board's offices on or before the first day of the third month following the month in which this Order becomes effective. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month.
4. **Personal Appearances:** Dr. Casselberry shall appear in person for an interview before the full Board or its designated representative during the third month following the month in which Dr. Casselberry's license is restored or reinstated, or as otherwise directed by the Board. Subsequent personal appearances shall occur as otherwise directed by the Board. If an appearance is missed or is rescheduled for any reason,

ensuing appearances shall be scheduled based on the appearance date as originally scheduled.

5. **Practice Plan; Monitoring Physician:** Within 30 days of the date of Dr. Casselberry's reinstatement or restoration, or as otherwise determined by the Board, Dr. Casselberry shall submit to the Board and receive its approval for a plan of practice in Ohio. The practice plan, unless otherwise determined by the Board, shall be limited to a supervised structured environment in which Dr. Casselberry's activities will be directly supervised and overseen by a monitoring physician approved by the Board. Dr. Casselberry shall obtain the Board's prior approval for any alteration to the practice plan approved pursuant to this Order.

At the time Dr. Casselberry submits his practice plan, he shall also submit the name and curriculum vitae of a monitoring physician for prior written approval by the Secretary and Supervising Member of the Board. In approving an individual to serve in this capacity, the Secretary and Supervising Member will give preference to a physician who practices in the same locale as Dr. Casselberry and who is engaged in the same or similar practice specialty.

The monitoring physician shall monitor Dr. Casselberry and his medical practice, and shall review Dr. Casselberry's patient charts. The chart review may be done on a random basis, with the frequency and number of charts reviewed to be determined by the Board.

Further, the monitoring physician shall provide the Board with reports on the monitoring of Dr. Casselberry and his medical practice, and on the review of Dr. Casselberry's patient charts. Dr. Casselberry shall ensure that the reports are forwarded to the Board on a quarterly basis and are received in the Board's offices no later than the due date for Dr. Casselberry's declarations of compliance.

In the event that the designated monitoring physician becomes unable or unwilling to serve in this capacity, Dr. Casselberry shall immediately so notify the Board in writing. In addition, Dr. Casselberry shall make arrangements acceptable to the Board for another monitoring physician within 30 days after the previously designated monitoring physician becomes unable or unwilling to serve, unless otherwise determined by the Board. Dr. Casselberry shall further ensure that the previously designated monitoring physician also notifies the Board directly of his or her inability to continue to serve and the reasons therefor.

The Board, in its sole discretion, may disapprove any physician proposed to serve as Dr. Casselberry's monitoring physician, or may withdraw its approval of any physician previously approved to serve as Dr. Casselberry's monitoring physician, in the event that the Secretary and Supervising Member of the Board determine that any such monitoring physician has demonstrated a lack of cooperation in providing information to the Board or for any other reason.

6. **Tolling of Probationary Period While Out of Compliance:** In the event Dr. Casselberry is found by the Secretary of the Board to have failed to comply with any provision of this Order, and is so notified of that deficiency in writing, such period(s) of noncompliance will not apply to the reduction of the probationary period under this Order.
 7. **Required Reporting of Change of Address:** Dr. Casselberry shall notify the Board in writing of any change of residence address and/or principal practice address within 30 days of the change.
- E. **TERMINATION OF PROBATIONS; PERMANENT LIMITATION:** Upon successful completions of probation, as evidenced by a written release from the Board, Dr. Casselberry's certificate will be restored, but shall thereafter be permanently LIMITED and RESTRICTED as specified in paragraph A, above.
- F. **REQUIRED REPORTING WITHIN 30 DAYS OF EFFECTIVE DATE OF THIS ORDER:**
1. **Required Reporting to Employers and Others:** Within 30 days of the effective date of this Order, Dr. Casselberry shall provide a copy of this Order to all employers or entities with which he is under contract to provide healthcare services (including but not limited to third-party payors), or is receiving training, and the Chief of Staff at each hospital or healthcare center where he has privileges or appointments. Further, Dr. Casselberry shall promptly provide a copy of this Order to all employers or entities with which he contracts in the future to provide healthcare services (including but not limited to third-party payors), or applies for or receives training, and the Chief of Staff at each hospital or healthcare center where he applies for or obtains privileges or appointments.

In the event that Dr. Casselberry provides any healthcare services or healthcare direction or medical oversight to any emergency medical services organization or emergency medical services provider in Ohio, within 30 days of the effective date of this Order, he shall provide a copy of this Order to the Ohio Department of Public Safety, Division of Emergency Medical Services.

Further, within 30 days of the date of each such notification, Dr. Casselberry shall provide documentation acceptable to the Secretary and Supervising Member of the Board demonstrating that the required notification has occurred.

This requirement shall continue until Dr. Casselberry receives from the Board written notification of the successful completion of his probation.
 2. **Required Reporting to Other Licensing Authorities:** Within 30 days of the effective date of this Order, Dr. Casselberry shall provide a copy of this Order by certified mail to the proper licensing authority of any state or jurisdiction in which he currently holds any professional license, as well as any federal agency or entity,

including but not limited to the Drug Enforcement Administration, through which he currently holds any professional license or certificate. Also, Dr. Casselberry shall provide a copy of this Order by certified mail at the time of application to the proper licensing authority of any state or jurisdiction in which he applies for any professional license or reinstatement/restoration of any professional license.

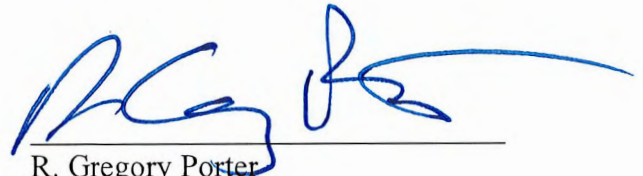
Additionally, within 30 days of the effective date of this Order, Dr. Casselberry shall provide a copy of this Order to any specialty or subspecialty board of the American Board of Medical Specialties or the American Osteopathic Association Bureau of Osteopathic Specialists under which he currently holds or has previously held certification.

Further, within 30 days of the date of each such notification, Dr. Casselberry shall provide documentation acceptable to the Secretary and Supervising Member of the Board demonstrating that the required notification has occurred.

This requirement shall continue until Dr. Casselberry receives from the Board written notification of the successful completion of his probation.

- G. **VIOLATION OF THE TERMS OF THIS ORDER:** If Dr. Casselberry violates the terms of this Order in any respect, the Board, after giving him notice and the opportunity to be heard, may institute whatever disciplinary action it deems appropriate, up to and including the permanent revocation of his license.

EFFECTIVE DATE OF ORDER: This Order shall become effective immediately upon the mailing of the notification of approval by the Board.



R. Gregory Porter
Hearing Examiner



EXCERPT FROM THE DRAFT MINUTES OF FEBRUARY 13, 2019

REPORTS AND RECOMMENDATIONS

Dr. Schachat announced that the Board would now consider the Reports and Recommendations appearing on its agenda.

Dr. Schachat asked whether each member of the Board had received, read and considered the hearing records, the Findings of Fact, Conclusions of Law, Proposed Orders, and any objections filed in the matters of: Ronald B. Casselberry, M.D. Nicholas Garritano, D.O. Melvin Orlando Hollis, L.M.T. Susan Donna Lawrence, D.O.; Steven Scott McNutt, M.D. and Jose Vargas, M.D.? A roll call was taken:

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye
	Mr. Giacalone	- aye
	Dr. Schottenstein	- aye
	Dr. Schachat	- aye
	Mr. Gonidakis	- aye
	Dr. Edgin	- aye
	Dr. Factora	- aye
	Dr. Johnson	- aye
	Dr. Bechtel	- aye

Dr. Schachat asked whether each member of the Board understands that the disciplinary guidelines do not limit any sanction to be imposed, and that the range of sanctions available in each matter runs from dismissal to permanent revocation or permanent denial? A roll call was taken:

ROLL CALL:	Dr. Rothermel	- aye
	Dr. Saferin	- aye
	Mr. Giacalone	- aye
	Dr. Schottenstein	- aye
	Dr. Schachat	- aye
	Mr. Gonidakis	- aye
	Dr. Edgin	- aye
	Dr. Factora	- aye
	Dr. Johnson	- aye
	Dr. Bechtel	- aye

Dr. Schachat noted that, in accordance with the provision in section 4731.22(F)(2), Ohio Revised Code, specifying that no member of the Board who supervises the investigation of

a case shall participate in further adjudication of the case, the Secretary and Supervising Member must abstain from further participation in the adjudication of any disciplinary matters. In the matters before the Board today, Dr. Rothermel served as Secretary and Dr. Saferin served as Supervising Member. In addition, Dr. Bechtel served as Secretary and/or Supervising Member in the matters of Drs. Casselberry, Garritano, Lawrence and McNutt. The matters of Mr. Hollis and Dr. Vargas are non-disciplinary in nature, and therefore all Board members may vote in those matters.

Dr. Schachat reminded all parties that no oral motions may be made during these proceedings.

The original Reports and Recommendations shall be maintained in the exhibits section of this Journal.

.....
RONALD B. CASSELBERRY, M.D.
.....

Dr. Schottenstein moved to approve and confirm Mr. Porter's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Ronald B. Casselberry, M.D. Dr. Factora seconded the motion.

Dr. Schachat stated that he would now entertain discussion in the matter of Dr. Casselberry and asked if there was any discussion.

Dr. Schottenstein stated that Dr. Casselberry's practice very substantially reflects a pill mill type of practice as the assistant attorney general stated and practicing very substantially outside his practice of training. Dr. Casselberry is trained as an anesthesiologist but was managing chronic pain. The other aspect of Dr. Casselberry's practice was wellness which he testified consists of acupuncture, craniopathy, and treatment for heavy metal exposure. The Board as seen doctors before who have gotten into trouble for practicing outside of their training. Dr. Schottenstein stated that this does look bad and it gave him pause that the hearing examiner did not conceptualize the practice as a pill mill because if he had, he would have said so and recommended permanent revocation.

Dr. Schottenstein stated the question then for him was if there was anything that differentiated Dr. Casselberry's practice from a pill mill type of practice. What did the hearing examiner see that in not realizing this practice as a pill mill when there are clearly so many qualities in common with that type of practice. Dr. Schottenstein further stated that it may come down to whether one considers Dr. Casselberry to have been intentionally practicing in this manner out of greed, or whether we conceptualize the doctor as incompetent but well meaning in his management of these patients. Perhaps one may be

swayed by the hiring of the consultant and taking of the controlled substance course in an effort to improve his practice. However, Dr. Schottenstein said that unfortunately for him it was too little too late. The severity of the minimal standards violations is so substantial that the question of pill mill verses incompetency really becomes a distinction without a difference. Dr. Schottenstein believes that Dr. Casselberry is lucky that he did not kill anyone and further believes the doctor's prescribing likely contributed to the opioid epidemic. Dr. Schottenstein stated that if the Board allows the doctor to keep his license, we will see him back at the Board.

Dr. Schottenstein moved to amend the Proposed Order so that Dr. Casselberry's medical license be permanently revoked. Mr. Giacalone seconded the motion.

The amendment is to read as follows:

It is hereby ORDERED that:

On the thirty-first day following the date on which this Order becomes effective, the license of Ronald B. Casselberry, M.D, to practice medicine and surgery in the State of Ohio shall be PERMANENTLY REVOKED. During the 30-day interim, Dr. Casselberry shall not undertake the care of any patient not already under his care.

This Order shall become effective immediately upon the mailing of the notification of approval by the Board.

Mr. Giacalone agreed with Dr. Schottenstein. He stated the Dr. Casselberry prescribed a patient 90 tablets of Oxycontin 80mg, followed by 150 Oxycodone 30mg and 60 Valium 10mg. The patient's spouse was prescribed 90 tablets of Oxycontin 80mg, followed by 150 Oxycodone 30mg and 30 Xanax 2mg. Mr. Giacalone didn't understand how you could justify these numbers. Secondly, he agreed with Dr. Schottenstein that too little too late is exactly right. Dr. Casselberry didn't seek a consultant until he had received three subpoenas from the Medical board in August 2011, March 2012 and September 2013.

Mr. Giacalone stated that the opioid crisis is not a stealth event and that it started in the early 2000's when overdose deaths climbed. We talk about drug overdoses, mostly from opiates, surpassing auto fatalities as the leading cause of accidental death in the U.S. in 2008. In 2010, the FDA approved an abuse deterrent form of Oxycontin because of this abuse. Also, in 2010, the tide of public awareness turned with overdose cases becoming routine in hospital emergency rooms and morgues, affecting families throughout the country. Mr. Giacalone further stated given that Dr. Casselberry appeared to be asleep at the "prescribing" wheel while collecting \$140 in cash from patients per visit is simply egregious and that he did not see how the Board can let this pass. He felt it that this case is ripe for permanent revocation as the Assistant Attorney General has pointed out.

Dr. Schachat asked for other comments and that he had one. He asked if the citizens would be adequately protected if the doctor was no longer allowed to prescribe scheduled substances. Mr. Gonidakis said he would like to add to that if the public would be protected by that prescribing restriction and would also include a two, three or four year suspension of his license as well as other probationary terms and conditions.

Mr. Giacalone commented so we take the gun away from the murderer, is that a justification for a two or three year suspension. He believes the answer is no. The individual did something that was egregious, he hurt society, and there is an opioid crisis going on. He probably contributed to it if not directly then indirectly because of the overabundance of prescribing medications that are unneeded and probably getting to the streets, and we are going to reward him by saying you need some continuing medical education and you're good to go. Mr. Giacalone stated that there is a responsibility on anyone who uses these products to know what they are dealing with. He might understand early on but that this has been going on for a while. Mr. Giacalone believed that this practice is egregious and doctor's license needs to go.

Dr. Factora stated that he thought about whether eliminating Dr. Casselberry's ability to participate in any chronic pain management would be enough to also limit his ability to practice wellness as he has a two-pronged practice. It seems like the harm that was done with chronic pain management patients outweighed whatever benefit to treating patients from a wellness perspective. If Dr. Casselberry had actually demonstrated significant changes in his behavior following all of the investigation by recognizing and changing his documentation patterns or making significant changes in his prescription behavior when there were substantial limitations on narcotics; and he made more of a conscious effort of being more vigilant in the amounts of controlled substances prescribed, these might have been mitigating factors. However, there was none of that. Dr. Factora further stated that he did not know what would be available to this physician that would reflect a real change in his ability to practice medicine. There is not much evidence in the Report and Recommendation to demonstrate a change in behaviors. He agrees with the recommendation for permanent revocation would be appropriate based on the trajectory of his recovery there is not much movement on what we would expect him to change in the future.

A vote was taken on Dr. Schottenstein's motion to amend:

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Mr. Giacalone	- aye
	Dr. Schottenstein	- aye
	Dr. Schachat	- nay
	Mr. Gonidakis	- aye
	Dr. Edgin	- aye
	Dr. Factora	- aye

Dr. Johnson	- aye
Dr. Bechtel	- abstain

The motion to amend carried.

Dr. Schottenstein moved to approve and confirm Mr. Porter's Findings of Fact, Conclusions of Law, and Proposed Order, as amended, in the matter of Ronald B. Casselberry, M.D. Mr. Giacalone seconded the motion. A vote was taken:

ROLL CALL:	Dr. Rothermel	- abstain
	Dr. Saferin	- abstain
	Mr. Giacalone	- aye
	Dr. Schottenstein	- aye
	Dr. Schachat	- aye
	Mr. Gonidakis	- aye
	Dr. Edgin	- aye
	Dr. Factora	- aye
	Dr. Johnson	- aye
	Dr. Bechtel	- abstain

The motion to approve carried.



State Medical Board of
Ohio

30 E. Broad St., 3rd Floor
Columbus, Ohio 43215
(614) 466-3934
www.med.ohio.gov

June 14, 2017

Case number: 17-CRF- 0086

Ronald Blane Casselberry, M.D.
5555 Mayfield Road
Lyndhurst, OH 44124

Dear Doctor Casselberry:

In accordance with Chapter 119., Ohio Revised Code, you are hereby notified that the State Medical Board of Ohio [Board] intends to determine whether or not to limit, revoke, permanently revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery, or to reprimand you or place you on probation for one or more of the following reasons:

- (1) During the time period of on or about October 1, 2010, through in or during September 2013, you provided care in the routine course of your medical practice, for Patients 1 through 17, as identified on the attached confidential Patient Key. (The Patient Key is to be withheld from public disclosure.)
- (2) As demonstrated in your patient records, in the course of your treatment of Patients 1 through 17, you practiced below minimal standards of care, including, but not limited to:
 - You failed to complete and/or document the completion of an appropriate history and physical exam to establish a diagnosis and treatment plan;
 - You failed to complete and/or document the completion of updating imaging and/or diagnostic testing to support the patients' treatment plan;
 - You failed to appropriately refer and/or document appropriate referral and/or appropriately follow-up on referrals to specialists;
 - You failed to document medications prescribed;
 - You failed to complete appropriate toxicology screening to determine compliance with medications prescribed and/or use of non-prescribed and/or illicit substances to identify possible addiction issues;
 - Your treatment and/or medical management was not appropriate for complaint/diagnosis;
 - The amount and/or type and/or combinations of narcotics prescribed were not supported by history, diagnoses, physical exam, test findings and/or documentation of rationale; and/or
 - You failed to complete and/or document completion of appropriate OARRS checks.

Mailed 6-15-17

Your acts, conduct, and/or omissions as alleged in paragraphs (1) through (2) above, individually and/or collectively, constitute "[f]ailure to maintain minimal standards applicable to the selection or administration of drugs, or failure to employ acceptable scientific methods in the selection of drugs or other modalities for treatment of disease," as that clause is used in Section 4731.22(B)(2), Ohio Revised Code.

Further, your acts, conduct, and/or omissions as alleged in paragraphs (1) through (2) above, individually and/or collectively, constitute a "departure from, or the failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established," as that clause is used in Section 4731.22(B)(6), Ohio Revised Code.

Further, your acts, conduct, and/or omissions, as alleged in paragraphs (1) through (2) above, individually and/or collectively, constitute "violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board," as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: Utilizing Prescription Drugs for the Treatment of Intractable Pain, Rule 4731-21-02, Ohio Administrative Code.

Further, your acts, conduct, and/or omissions that occurred on or after November 30, 2011, as alleged in paragraphs (1) through (2) above, individually and/or collectively, constitute "violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board," as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: Standards and Procedures for Review of "Ohio Automated Rx Reporting System" (OARRS), Rule 4731-11-11, Ohio Administrative Code, as in effect between November 30, 2011, through December 30, 2015.

Further, your acts, conduct, and/or omissions, as alleged in paragraphs (1) through (2) above, individually and/or collectively, constitute "violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board," as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: "General Provisions," Rule 4731-11-02, Ohio Administrative Code, as in effect from September 3, 2008, through December 30, 2015. Further, pursuant to Rule 4731-11-02(F), Ohio Administrative Code, as in effect from September 3, 2008, through December 30, 2015, a violation of any provision of the rule also constitutes a violation of Section 4731.22(B)(2), which is a "failure to maintain minimal standards applicable to the selection or administration of drugs," and a violation of Section 4731.22(B)(6), Ohio Revised Code, which is "a departure from, or the failure to conform to, minimal standards of care of similar physicians under the same or similar circumstances, whether or not actual injury to a patient is established."

Furthermore, for any violations that occurred on or after September 29, 2015, the board may impose a civil penalty in an amount that shall not exceed twenty thousand dollars, pursuant to Section 4731.225, Ohio Revised Code. The civil penalty may be in addition to any other action the board may take under section 4731.22, Ohio Revised Code.

Pursuant to Chapter 119., Ohio Revised Code, you are hereby advised that you are entitled to a hearing in this matter. If you wish to request such hearing, the request must be made in writing and must be received in the offices of the State Medical Board within thirty days of the time of mailing of this notice.


You are further advised that, if you timely request a hearing, you are entitled to appear at such hearing in person, or by your attorney, or by such other representative as is permitted to practice before this agency, or you may present your position, arguments, or contentions in writing, and that at the hearing you may present evidence and examine witnesses appearing for or against you.

In the event that there is no request for such hearing received within thirty days of the time of mailing of this notice, the State Medical Board may, in your absence and upon consideration of this matter, determine whether or not to limit, revoke, permanently revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery or to reprimand you or place you on probation.

Please note that, whether or not you request a hearing, Section 4731.22(L), Ohio Revised Code, provides that "[w]hen the board refuses to grant a certificate to an applicant, revokes an individual's certificate to practice, refuses to register an applicant, or refuses to reinstate an individual's certificate to practice, the board may specify that its action is permanent. An individual subject to a permanent action taken by the board is forever thereafter ineligible to hold a certificate to practice and the board shall not accept an application for reinstatement of the certificate or for issuance of a new certificate."

Copies of the applicable sections are enclosed for your information.

Very truly yours,


Kim G. Rothermel, M.D.
Secretary

KGR/AMM/jmb
Enclosures

CERTIFIED MAIL #91 7108 2133 3939 6428 3880
RETURN RECEIPT REQUESTED

cc: Gregory D. Seeley, Esq.
Seeley, Savage, Ebert & Gourash Co., LPA
26600 Detroit Road
Cleveland, OH 44145-2397

CERTIFIED MAIL #91 7108 2133 3939 6428 3897
RETURN RECEIPT REQUESTED

**IN THE MATTER OF
RONALD BLANE
CASSELBERRY, M.D.**

17-CRF-0086

**JUNE 14, 2017, NOTICE OF
OPPORTUNITY FOR HEARING -
PATIENT KEY**

**SEALED TO
PROTECT PATIENT
CONFIDENTIALITY AND
MAINTAINED IN CASE
RECORD FILE.**