

**CONSENT AGREEMENT  
BETWEEN  
GREGORY MICHAEL THOMAS, M.D.,  
AND  
THE STATE MEDICAL BOARD OF OHIO**

STATE MEDICAL BOARD  
OF OHIO  
2007 JAN 26 P 1:44

This Consent Agreement is entered into by and between GREGORY MICHAEL THOMAS, M.D., [Dr. Thomas] and the State Medical Board of Ohio [Board], a state agency charged with enforcing Chapter 4731., Ohio Revised Code.

Dr. Thomas enters into this Consent Agreement being fully informed of his rights under Chapter 119., Ohio Revised Code, including the right to representation by counsel and the right to a formal adjudicative hearing on the issues considered herein.

**BASIS FOR ACTION**

This Consent Agreement is entered into on the basis of the following stipulations, admissions, and understandings:

- A. The Board is empowered by Section 4731.22(B) of the Ohio Revised Code, to limit, revoke, suspend a certificate, refuse to register or reinstate an applicant, or reprimand or place on probation the holder of a certificate for any of the enumerated violations.
- B. The Board and Dr. Thomas enter into this Consent Agreement in lieu of further formal proceedings based upon the allegations set forth in the Notice of Opportunity for Hearing issued on July 13, 2005, attached hereto as Exhibit A and incorporated herein by this reference. The Board expressly reserves the right to institute additional formal proceedings based upon any other violations of R.C. Chapter 4731., whether occurring before or after the effective date of this Consent Agreement.
- C. Dr. Thomas is licensed to practice medicine and surgery in the State of Ohio, License 35-048215.
- D. Dr. Thomas states that he is also licensed to practice medicine and surgery in the State of Michigan.
- E. Dr. Thomas admits to the factual and legal allegations of the July 13, 2005, Notice of Opportunity for Hearing.

G.M.T. 1/22/07  
Initials/Date

### AGREED CONDITIONS

Wherefore, in consideration of the foregoing and mutual promises hereinafter set forth, and in lieu of further formal proceedings at this time, Dr. Thomas knowingly and voluntarily agrees with the Board to the following terms, conditions, and limitations:

#### PERMANENT REVOCATION, STAYED; SUSPENSION

1. The certificate of Dr. Thomas to practice medicine and surgery in the State of Ohio shall be PERMANENTLY REVOKED. Such permanent revocation is STAYED, and Dr. Thomas's certificate shall be SUSPENDED for an indefinite period of time, but not less than two years.

#### CONDITIONS FOR REINSTATEMENT

2. The Board shall not consider reinstatement of Dr. Thomas's certificate to practice medicine and surgery until all of the following conditions are met:
  - a. Dr. Thomas shall submit an application for reinstatement, accompanied by appropriate fees, if any.

#### Controlled Substances Prescribing Course:

- b. At the time he submits his application for reinstatement or restoration, Dr. Thomas shall provide acceptable documentation of successful completion of a course dealing with the prescribing of controlled substances. 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 courses 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. Thomas submits the documentation of successful completion of the course dealing with the prescribing of controlled substances, he shall also submit to the Board a written report describing the course, setting forth what he learned from the course, and identifying with specificity how he will apply what he has learned to his practice of medicine in the future.

GMT/1-22-07  
Initials/Date

**Personal/Professional Ethics Course:**

- c. At the time he submits his application for reinstatement or restoration, Dr. Thomas shall provide acceptable documentation of successful completion of a course or courses dealing with personal and professional ethics. 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 courses 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. Thomas submits the documentation of successful completion of the course or courses dealing with personal and professional ethics, he shall also submit to the Board a written report describing the course, setting forth what he learned from the course, and identifying with specificity how he will apply what he has learned to his practice of medicine in the future.

**Medical Records Course**

- d. At the time he submits his application for reinstatement or restoration, Dr. Thomas shall provide acceptable documentation of satisfactory completion of a course on maintaining adequate and appropriate medical records, such course to be approved in advance by the Board or its designee. Any courses 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. Thomas submits the documentation of successful completion of the course or courses on maintaining adequate and appropriate medical records, he shall also submit to the Board a written report describing the course, setting forth what he learned from the course, and identifying with specificity how he will apply what he has learned to his practice of medicine in the future.

**Additional Evidence of Fitness To Resume Practice:**

- e. **SPEX**: Prior to submitting his application for reinstatement or restoration, Dr. Thomas shall take and pass the SPEX examination or any similar written examination which the Board may deem appropriate to assess Dr. Thomas' clinical competency. The passing of the SPEX examination shall

GMT/1-22-07  
Initials/Date

occur no more than six months prior to the submission of Dr. Thomas' application for reinstatement unless otherwise approved by the Board.

### **PROBATIONARY TERMS, CONDITIONS AND LIMITATIONS**

3. Upon reinstatement, Dr. Thomas's certificate to practice medicine and surgery shall be subject to the following **PROBATIONARY** terms, conditions and limitations for a period of at least five years:
  - a. Dr. Thomas shall obey all federal, state, and local laws, and all rules governing the practice of medicine in the State of Ohio and any State in which he is practicing.

### **Quarterly Declarations and Appearances**

- b. Dr. Thomas 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 Consent Agreement. The first quarterly declaration must be received in the Board's offices on the first day of the third month following the month in which Dr. Thomas' certificate to practice medicine and surgery is reinstated or restored. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month.
- c. Dr. Thomas 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. Thomas' certificate to practice medicine and surgery is reinstated or restored, or as otherwise directed by the Board. Subsequent personal appearances must occur every three months thereafter, and/or as otherwise requested 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.
- d. In the event Dr. Thomas is found by the Secretary of the Board to have failed to comply with any provision of this Consent Agreement, 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 Consent Agreement.

### **Practice Plan**

- e. Within thirty days of the date of Dr. Thomas' reinstatement or as otherwise determined by the Board, Dr. Thomas 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

GmT 1-22-07  
Initials/Date

structured environment in which Dr. Thomas' activities will be directly supervised and overseen by a monitoring physician approved by the Board. Dr. Thomas shall obtain the Board's prior approval for any alteration to the practice plan approved pursuant to this Order.

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

The monitoring physician shall monitor Dr. Thomas and his medical practice, and shall review Dr. Thomas' 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. Thomas and his medical practice, and on the review of Dr. Thomas's patient charts. Dr. Thomas 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. Thomas' quarterly declaration.

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

**Ban on Administering, Furnishing, or Possessing Controlled Substance; Log**

- f. Dr. Thomas shall not prescribe, write orders for, give verbal orders for, administer, or personally furnish any controlled substances without prior Board approval.

In the event that the Board agrees at a future date to modify this Order to allow Dr. Thomas to prescribe, order, administer or personally furnish controlled substances, Dr. Thomas shall keep a log of all controlled

GMT 1-22-07  
Initials/Date

substances prescribed, ordered, administered, or personally furnished. Such log shall be submitted in a format approved by the Board thirty days prior to Dr. Thomas' personal appearance before the Board or its designated representative, or as otherwise directed by the Board. Further, Dr. Thomas shall make his patient records with regard to such prescribing, administering, or personally furnishing available for review by an agent of the Board upon request.

#### **REQUIRED REPORTING BY LICENSEE**

4. Within thirty days of the effective date of this Consent Agreement, Dr. Thomas shall provide a copy of this Consent Agreement by certified mail, return receipt requested, to the proper licensing authority of any state or jurisdiction in which he currently holds any professional license. Dr. Thomas further agrees to provide a copy of this Consent Agreement by certified mail, return receipt requested, at time of application to the proper licensing authority of any state in which he applies for any professional license or reinstatement of any professional license. Further, Dr. Thomas shall provide this Board with a copy of the return receipt as proof of notification within thirty days of receiving that return receipt.
5. Within thirty days of the effective date of this Consent Agreement, Dr. Thomas shall provide a copy of this Consent Agreement to all employers or entities with which he is under contract to provide health care services or is receiving training, and the Chief of Staff at each hospital where he has privileges or appointments. Further, Dr. Thomas shall provide a copy of this Consent Agreement to all employers or entities with which he contracts to provide health care services, or applies for or receives training, and the Chief of Staff at each hospital where he applies for or obtains privileges or appointments.

#### **FAILURE TO COMPLY**

If, in the discretion of the Secretary and Supervising Member of the Board, Dr. Thomas appears to have violated or breached any terms or condition of this Consent Agreement, the Board reserves the right to institute formal disciplinary proceedings for any and all possible violations or breaches, including, but not limited to, alleged violations of the laws of Ohio occurring before the effective date of this Consent Agreement.

#### **DURATION/MODIFICATION OF TERMS**

Dr. Thomas shall not request termination of this Consent Agreement for a minimum of five years following reinstatement or restoration of his certificate to practice medicine and surgery. In addition, Dr. Thomas shall not request modification to the probationary terms, limitations, and conditions contained herein for at least one year following reinstatement of his certificate to practice medicine and surgery. Otherwise, the above-described terms, limitations and conditions may be amended or terminated in writing at any time upon the agreement of both parties.

  
Initials/Date

**ACKNOWLEDGEMENTS/LIABILITY RELEASE**

Dr. Thomas acknowledges that he has had an opportunity to ask questions concerning the terms of this Consent Agreement and that all questions asked have been answered in a satisfactory manner.

Any action initiated by the Board based on alleged violations of this Consent Agreement shall comply with the Administrative Procedure Act, Chapter 119., Ohio Revised Code.

Dr. Thomas hereby releases the Board, its members, employees, agents, officers and representatives jointly and severally from any and all liability arising from the within matter.

This Consent Agreement shall be considered a public record as that term is used in Section 149.43, Ohio Revised Code. Further, this information may be reported to appropriate organizations, data banks and governmental bodies. Dr. Thomas acknowledges that his social security number will be used if this information is so reported and agrees to provide his social security number to the Board for such purposes.

**EFFECTIVE DATE**

It is expressly understood that this Consent Agreement is subject to ratification by the Board prior to signature by the Secretary and Supervising Member and shall become effective forty-five days (45) after the last date of signature below.

GMT  
GREGORY MICHAEL THOMAS, M.D.

1-22-07  
DATE

[Signature]  
DOUGLAS E. GRAFF  
Attorney for Gregory Michael Thomas, M.D.

1/24/07  
DATE

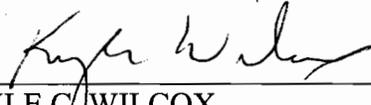
Patricia Davidson MD  
PATRICIA J. DAVIDSON, M.D.  
Acting Secretary

3/14/07  
DATE

[Signature]  
RAYMOND J. ALBERT  
Supervising Member

3/14/07  
DATE

GMT 1-22-07  
Initials/Date



\_\_\_\_\_  
KYLE C. WILCOX  
Assistant Attorney General

1-26-07

\_\_\_\_\_  
DATE

GM 1-22-07  
\_\_\_\_\_  
Initials/Date



# State Medical Board of Ohio

77 S. High St., 17th Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: [www.med.ohio.gov](http://www.med.ohio.gov)

July 13, 2005

Gregory Michael Thomas, M.D.  
4401 Corey Road  
Toledo, Ohio 43623

Dear Doctor Thomas:

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:

In the routine course of your medical practice, you undertook the treatment of Patients 1 through 16 identified in the attached Patient Key. [The Patient Key is confidential and shall be withheld from public disclosure.]

- (1) As demonstrated in your patient records, you excessively and/or inappropriately prescribed prescription drugs to Patients 1 through 16 without establishing and/or without documenting a diagnosis supporting the long-term use of such medication and/or amounts of such medication; and/or without establishing and/or documenting a proper treatment plan; and/or without appropriately pursuing and/or considering and/or documenting alternative treatment.

Examples of such prescribing and/or conduct include, but are not limited to, the following:

- (a) From in or about 1993 through in or about 2000, you maintained Patient 1 on prescription drugs without rendering and/or documenting a proper diagnosis supporting such prescribing. Further, you failed to appropriately pursue and/or document consideration of adequate alternative treatment options for Patient 1.
- (b) You began treating Patient 2 in or about 1996 for low back pain. During your treatment of Patient 2, you prescribed large doses of prescription drugs to Patient 2 without rendering and/or documenting a proper diagnosis supporting such prescribing. Further, you failed to establish and/or document a proper treatment plan and failed to appropriately pursue and/or document consideration of adequate alternative treatment options for Patient 2.

*Mailed 7-14-05*

- (c) You treated Patient 3 from in or about 1989 through 2000 for back pain. You prescribed prescription drugs to Patient 3 without rendering and/or documenting a proper diagnosis supporting such prescribing. Further, you inappropriately maintained Patient 3 on high doses of prescription drugs, even though Patient 3 had undergone a liver transplant in or about 1989. Further, you failed to appropriately pursue and/or document consideration of adequate alternative treatment options for Patient 3.
- (d) You treated Patient 4 from in or about April 1998 through in or about August 2000 for complaints of pain. As Patient 4 continued to complain of pain and requested more medication, you prescribed Patient 4 increasing doses of prescription drugs, without rendering and/or documenting a proper diagnosis supporting long-term use and/or amounts of such drugs. You further failed to appropriately pursue and/or document consideration of adequate alternative treatment options for Patient 4.
- (e) You initially treated Patient 5 in or about 1987 for lumbar strain, and began treating him again in or about 1994 for back and neck pain. You prescribed prescription drugs to Patient 5 from in or about 1994 through in or about 2000 without rendering and/or documenting a proper diagnosis supporting long-term use of such medication. Further, you failed to offer alternative medication to Patient 5, other than narcotic medication, and you failed to appropriately pursue and/or document consideration of adequate alternative treatment options for Patient 5.
- (f) You initially treated Patient 6 in or about 1993 for complaints of low back pain. You intermittently prescribed prescription drugs to Patient 6 from in or about 1993 through in or about 2000 without significant diagnostic basis other than MRI scans and without proper documentation for the continuing use of such medication. Further, you failed to appropriately pursue and/or document consideration of adequate alternative treatment options for Patient 6.
- (g) You initially treated Patient 7 in or about April 1999 for complaints of back pain. You prescribed prescription medication to Patient 7 from in or about April 1999 through in or about August 2000 without rendering and/or documenting a proper diagnosis supporting long-term use of such medication. You further failed to appropriately pursue and/or document consideration of adequate alternative treatment options for Patient 7.
- (h) From in or about 1995 through April 2000, you treated Patient 8 for diffuse musculoskeletal pain with prescription drugs without rendering

and/or without documenting a proper diagnosis supporting long-term use of such medication.

- (i) You began treating Patient 9 in or about August 1998 for back and neck pain with migraine syndrome. From in or about September 1998 through in or about October 1999, you treated Patient 9 with prescription drugs without rendering and/or documenting a proper diagnosis supporting long-term use of such medication. In addition, you failed to appropriately pursue and/or document consideration of adequate alternative treatment options for Patient 9, and/or failed to conduct testing to establish the etiology of Patient 9's pain.
- (j) You began treating Patient 10 for pain in or about July 1995. You prescribed increasing dosages and strengths of prescription drugs to Patient 10 without rendering and/or without documenting a proper diagnosis supporting such prescribing. Further, you failed to appropriately pursue and/or document consideration of adequate alternative treatment options for Patient 10.
- (k) You began treating Patient 11 in or about 1999 for complaints of pain on the right side of her head. From in or about September 1999 through in or about August 2000, you maintained Patient 11 on prescription drugs without rendering and/or without documenting a proper diagnosis supporting the amounts and/or duration of such prescribing. Further, you failed to establish and/or document the etiology of Patient 11's pain, and failed to appropriately pursue and/or document consideration of adequate alternative treatment options for Patient 11.
- (l) In 1994, you began treating Patient 12 for a back injury, noting that he had lumbar strain. You maintained Patient 12 on prescription drugs for an extended period of time without rendering and/or without documenting a proper diagnosis supporting such prescribing.
- (m) You began treating Patient 13 in or about 1999 for the chief complaint of back pain. You continued to treat Patient 13 with prescription drugs without rendering and/or without documenting a proper diagnosis supporting the amounts and/or duration of such prescribing. Further, you continued to prescribe prescription drugs despite recommendations by other physicians that Patient 13 be weaned from such drugs. Further, you failed to appropriately pursue and/or document consideration of adequate alternative treatment options for Patient 13.
- (n) You began treating Patient 14 in or about 1999. Following your initial examination of Patient 14, you increased his prescription drugs. You

continued to prescribe prescription drugs to Patient 14 in increasing amounts without rendering and/or without documenting a proper diagnosis supporting the amounts and/or duration of such prescribing. On or about August 3, 2000, Patient 14 died from a combined drug overdose of prescription medication.

- (o) You began treating Patient 15 in or about 1997, for primary complaints of low back pain. You maintained Patient 15 on prescription drugs for an extended period of time without rendering and/or without documenting a proper diagnosis supporting the amounts and/or duration of such prescribing.
  - (p) You began treating Patient 16 in or about March 2003 for complaints including lower leg pain. You maintained Patient 16 on prescription drugs for an extended period of time without rendering and/or without documenting a proper diagnosis supporting the amounts and/or duration of such prescribing. Further, you failed to appropriately pursue and/or document consideration of adequate alternative treatment options for Patient 16.
- (2) Further, as demonstrated in your patient records for Patients 1 through 11, and 13, 14 and 16, you failed to properly make and/or properly record a diagnosis of intractable pain; and/or failed to properly assess and/or properly document the efficacy and/or use of prescription drugs; and/or failed to establish and/or document proper treatment plans; and/or failed to refer for evaluation by at least one physician who specializes in the treatment of the area, system, or organ of the body perceived as the source of pain.
  - (3) Further, as demonstrated in your patient records, you treated Patients 2, 4 and 8 with passive modalities, including but not limited to, electrical stimulation and hot packs, for periods of time beyond which such treatments are generally effective.
  - (4) Further, as demonstrated in your patient records, in your treatment of Patients 2, 3, 4, 9, 10, 11, 12, 13, and 14, you failed to appropriately recognize and/or address indications of drug abuse and/or drug-seeking behavior, and/or inappropriately prescribed prescription drugs to such patients despite such indications or behaviors.

Your acts, conduct, and/or omissions that occurred before March 9, 1999, as alleged in paragraphs (1) through (4) above, individually and/or collectively, constitute “[f]ailure to use reasonable care discrimination in the administration of drugs, or failure to employ acceptable scientific methods in the selection of drugs or other modalities for treatment

of disease,” as those clauses are used in Section 4731.22(B)(2), Ohio Revised Code, as in effect prior to March 9, 1999.

Further, your acts, conduct, and/or omissions that occurred on or after March 9, 1999, as alleged in paragraphs (1) through (4) 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 those clauses are used in Section 4731.22(B)(2), Ohio Revised Code.

Further, your acts, conduct, and/or omissions as alleged in paragraphs (1) through (4) 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 occurring on or after November 11, 1998, as alleged in paragraph (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: Rule 4731-21-02, Ohio Administrative Code, Utilizing Prescription Drugs for Treatment of Intractable Pain.

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,



Patricia J. Davidson, M.D.  
Acting Secretary

LAT/blt  
Enclosures

CERTIFIED MAIL # 7003 0500 0002 4340 7506  
RETURN RECEIPT REQUESTED

CC: Douglas E. Graff  
Graff and Associates, L.P.A.  
604 Rich Street  
Columbus, Ohio 43215-5341

CERTIFIED MAIL # 7003 0500 0002 4340 7490  
RETURN RECEIPT REQUESTED