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Overprescribing opioids costs La Jolla doctor \$125,000



Drug Enforcement Administration

San Diego
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October 16, 2019

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FOR IMMEDIATE RELEASE

Overprescribing opioids costs La Jolla doctor \$125,000

SAN DIEGO – Dr. Roger A. Kasendorf, an osteopathic physician practicing in La Jolla, agreed to pay \$125,000 to resolve allegations that he illegally prescribed opioids to his patients. The highly addictive and frequently abused opioids he prescribed included fentanyl, hydromorphone, oxycodone, and oxycodone.

In response to the Justice Department’s focus on combatting the opioid epidemic, the DEA and the U.S. Department of Health and Human Services, Office of Inspector General investigated Dr. Kasendorf’s prescribing practices. This investigation arose from data analytics tools which allow the Department of Justice to perform a variety of functions, including identifying statistical outliers, such as which doctors prescribe the highest opioid dosages and which doctors prescribe combinations of opioids and other drugs known to increase the risk of addiction, abuse, and overdose. Based on the investigation, the United States contends that Dr. Kasendorf wrote prescriptions for opioids, including fentanyl that were not issued for a legitimate medical purpose and while not acting in the usual course of his professional practice in violation of the Controlled Substances Act and the False Claims Act.

“Whether you are a patient, a prescriber, a distributor, a manufacturer or a regulator, you play an important role in utilizing opioids correctly and pursuant to the law,” said DEA Special Agent in Charge Karen Flowers. “When a DEA registrant operates outside the law, there are consequences. In this instance, a civil fine.”

“Opioid addiction often begins with doctors prescribing excessive amounts of pain killers,” said U.S. Attorney Robert Brewer. “While we continue to prosecute criminals who supply opioids on the dark web, we will also hold doctors accountable when they write illegitimate and unnecessary opioid

prescriptions. This settlement demonstrates our commitment to combatting the opioid epidemic on all fronts.”

The Centers for Disease Control and Prevention, the American Academy of Pain Medicine, the American Pain Society, state agencies and medical boards, and other medical literature provide guidance on appropriate practices when prescribing opioids. One common tool is for health care providers to determine the morphine milligram equivalent (MME, also commonly referred to as Morphine Equivalent Dose or MED) of prescribed opioids. MME is a uniform scale used to determine daily opioid dosage by using an equivalency factor to calculate a dose of morphine that is equivalent to the prescribed opioid. The CDC recommends primary care clinicians who prescribe opioids for chronic pain outside of active cancer treatment, palliative care, or end-of-life care should **avoid increasing opioid daily dosage over 90 MME or carefully justify a decision to titrate daily dosage to over 90 MME**. Prescribers should also seek to avoid prescribing opioid pain medication in combination with benzodiazepines (*e.g.*, Xanax, Valium, Klonopin) when possible, and should consider whether the benefits outweigh the risks of combining opioids with other depressants (*i.e.*, muscle relaxants and sleep medications).

Report illicit pharmaceutical activities and prescription abuse to DEA at 877-RX-Abuse (877-792-2873). Tips and complaints from all sources about potential fraud, waste, abuse, and mismanagement can be reported to the U.S. Department of Health and Human Services at 800-HHS-TIPS (800-447-8477).

The claims resolved by this settlement are allegations only and there has been no determination of liability.

AGENCIES:

United States Attorney’s Office; U.S. Department of Health and Human Services, Office of Inspector General

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