

## SUMMARY

### DR. MATHURA PANDIAN RAVINDRAN (CPSO #92043)

#### 1. Disposition:

On September 9, 2015 the Inquiries Complaint and Reports Committee (the Committee) ordered family physician Dr. Ravindran to complete a specified continuing education and remediation program (SCERP). The SCERP requires Dr. Ravindran to:

- successfully complete the Safe Opioid Prescribing course, through a course provider indicated by the College
- review the College policy statements *Medical Records* and *Test Results Management*, as well as the Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain, and provide a written summary of the documents to the College's Medical Advisor indicating how they are applicable to the care he provided to Patient A
- undergo a reassessment with an assessor selected by the College approximately six months after the completion of the course.

#### 2. Introduction:

A patient complained to the College that, in 2014 and 2015, Dr. Ravindran failed to properly conduct urine testing and that he failed to prescribe her regular medications appropriately

The patient was receiving prescriptions for narcotic medications to treat her chronic pain. She indicated that Dr. Ravindran, who had been treating her since October 2013, started in October 2014 to ask her without explanation to submit urine samples for testing. According to the patient, Dr. Ravindran informed her that her urine sample from December 2014 tested positive for marijuana and cocaine. The patient indicated that she smoked marijuana, and had a medical card permitting her to do so, but denied that she used cocaine.

Dr. Ravindran informed the College that he started requiring the patient to provide urine samples because he began to suspect that she was abusing her medications as well as street drugs. He acknowledged that he misread the results of the office urine screens as showing the presence of cocaine and marijuana. He acknowledged that the results of his office tests were indeed negative, consistent with the laboratory results.

#### 3. Committee Process:

A Panel of the Committee, consisting of public and physician members, met to review the relevant records and documents related to the complaint, as well as College policies and relevant legislation.

#### 4. Committee's Analysis:

The Committee saw no evidence to support the patient's claim that Dr. Ravindran failed to prescribe the patient's regular medications appropriately.

The Committee noted that Dr. Ravindran's misinterpretation of the office urine screen results would not have been very significant if it had been the only deficiency in his care of the patient. In addition, however, the Committee was concerned by omissions in Dr. Ravindran's records, including that:

- There was no indication in the medical record as to why Dr. Ravindran suspected the patient of abusing her medication or street drugs.
- Dr. Ravindran did not document the results of the office urine testing.
- Dr. Ravindran acknowledged that he discarded the office urine test results from December 2014 and January 2015.
- Dr. Ravindran did not have the patient sign a narcotics agreement that would have set out his expectation that she undergo regular urine screening.

Furthermore, the Committee questioned why Dr. Ravindran continued to prescribe narcotic medications to the patient if he suspected she was abusing her medications and street drugs.

The Committee noted that Dr. Ravindran had been ordered in August 2011 to complete a SCERP that consisted of, among other things, successful completion of a medical record-keeping course, regular record reviews with a clinical preceptor and a comprehensive practice re-assessment. The Committee expected that Dr. Ravindran's documentation of the patient's care and his narcotics prescribing in her case would have been better given his completion of the medical record-keeping course and the guidance he had received from the clinical preceptor. For this reason, the Committee felt that a SCERP was warranted in this matter.