IN THE MATTER OF	*	BEFORE THE MARYLAND
MOHAMMED S. WARSHANNA, D.D.S.	*	STATE BOARD OF
RESPONDENT	*	DENTAL EXAMINERS
License Number: 11884	*	Case Number: 2014-199

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ORDER FOR SUMMARY SUSPENSION OF CLASS II SEDATION PERMIT

The Maryland State Board of Dental Examiners (the "Board") hereby **SUMMARILY SUSPENDS** the Class II sedation permit of **MOHAMMED S. WARSHANNA, D.D.S.** (the "Respondent"), License Number 11884. The Board takes such action pursuant to its authority under Md. Code Ann., St. Gov't § 10-226(c)(2014 Repl. Vol.), concluding that the public health, safety and welfare imperatively require emergency action.

The Maryland Dentistry Act (the "Act"), Health Occupations ("H.O.") §4-205 provides in pertinent part:

§ **4-205. Miscellaneous powers and duties[.]**

(a) In addition to the powers set forth elsewhere in this title, the Board may:

(1) Adopt regulations governing:

...

(ii) The administration of sedation by a licensed dentist[.]

The Board's regulations regarding sedation permits, Md. Code Regs., 10.44.12.01 *et seq.* provide in pertinent part:

10.44.12.39 Summary Suspension of a Permit

A. The Board may order the summary suspension of a permit if the Board:

(1) Finds that the public health, safety, or welfare imperatively requires emergency action; and

(2) Promptly gives the licensee:

(a) Written notice of the suspension, the finding, and the reasons that support the finding; and
(b) An opportunity to be heard.

With regard to the administration of sedation, the Board's regulations provide in pertinent part:

10.44.12.02 Purpose

Dentists are increasingly administering anesthesia and sedation on an outpatient basis. It is in the best interests of the public and the dentists of Maryland to require dentists who administer anesthesia and sedation to meet minimal training and competency standards. Requiring a dentist to obtain a permit before the dentist may administer anesthesia, sedation, or both is the best method to ensure that such administration is performed by competent dentists trained in the use of such techniques.

10.44.12.03 Definitions

A. In this chapter, the following terms have the meanings indicated:

...

(5) "Anesthesia and sedation" means:
(a) Moderate sedation;
(b) Deep sedation; and
(c) General anesthesia.

...

(19) "Moderate sedation" means a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patient airway, and spontaneous ventilation is adequate. Cardiovascular function is maintained.

(20) "Parenteral" means a technique of administration in which the drug bypasses the gastrointestinal tract, that is, through an intramuscular, intravenous, intranasal, submucosal, subcutaneous, or intraosseous technique[.]

10.44.12.05 Classification of Permits and Certificates

A. The following permits may be issued by the Board:

(1) Class I permit that authorizes a dentist to use a nonparenteral anesthetic technique to attain the level of moderate sedation;

(2) Class II permit that authorizes a dentist to use:

(a) A parenteral anesthetic technique to attain the level of moderate sedation and
(b) Any procedure allowed with a Class I permit;

(3) Class III permit that authorizes a dentist to use:

(a) An anesthetic technique to attain the level of deep sedation or general anesthesia; and
(b) Any procedure allowed under either a Class I permit or a Class II permit[.]

INVESTIGATIVE FINDINGS

Based on information received by, and made known to the Board, and the investigatory information obtained by, received by and made known to and available to the Board, including the instances described below, the Board has reason to believe that the following facts are true:[1]

1. The Respondent was initially licensed to practice dentistry in the State of Maryland on September 5, 1996, under License Number 11884. The Respondent's license is scheduled to expire on June 30, 2016.
2. The Respondent maintains offices for the practice of dentistry in Catonsville and Annapolis, Maryland.
3. On or about August 8, 2007, the Board issued to the Respondent a Class II sedation permit.
4. Prior to August 2007, the Respondent had failed two evaluations for a Class II sedation permit. On the Respondent's second attempt in May 2007, the

[1] The statements respecting the Respondent's conduct are intended to provide the Respondent with notice of the basis of the suspension. They are not intended as, and do not necessarily represent a complete description of the evidence, either documentary or testimonial, to be offered against the Respondent in connection with this matter.

Respondent told the evaluators that he would be administering "only Versed[2] by IV only and N_2O." [nitrous oxide]. On his third evaluation, the Respondent made a similar statement. The Respondent did not disclose to the evaluators that he would be using opioids as an element of his anesthesia regimen.

5. The Board initiated an investigation of the Respondent after reviewing a claim against him that was filed before the Health Claims Alternative Dispute Resolution Office ("Claim") against the Respondent. The Claim, which was filed by the parent of a juvenile male patient of the Respondent ("Patient A"), alleged that the Respondent failed to administer moderate sedation in a safe and appropriate manner and administered excessive benzodiazepines and opioids to Patient A during a dental procedure, thereby resulting in harm to Patient A.

6. As part of its investigation, the Board referred this case and an additional twenty charts of patients to a board-certified expert in oral and maxillofacial surgery and anesthesiology (the "Expert") for review. Of the twenty patients, the Respondent administered intravenous ("IV") sedation to ten patients.[3] The Expert's findings are summarized below.

I. Patient A

7. Patient A, then a 15-year old male, presented to the Respondent's office with his mother on April 12, 2013 for extraction of his wisdom teeth (teeth # 1, 16, 17 and 32).

8. The Respondent ordered Patient A to take the following pre-operative oral medications: Valium[4] 5 mg to be taken the night before the surgery, and

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[2]The brand name for midazolam, a Controlled Dangerous Substance ("CDS") Schedule IV benzodiazepine.

[3] Eight of the cases were non-sedation cases; two were pediatric oral sedation cases.

[4] Brand name for diazepam, a CDS Schedule IV benzodiazepine.

hydroxyzine[5] 25 mg and triazolam[6] 0.25 mg to be taken one hour before the procedure. Patient A's mother had misplaced the hydroxyzine, but administered the triazolam to her son as instructed by the Respondent.

9. The Respondent's record indicates that the actual time of surgery and perioperative anesthesia was 10:25 a.m. to 11:35 a.m. The Respondent administered an additional dose of either sublingual or oral triazalom 0.25 mg and hydroxine 25 mg.

10. At approximately 10:35 a.m., the Respondent started nitrous oxide at 20% which he increased to 50% until the end of the surgery.

11. During the surgery, the Respondent administered 3 mg of midazalom[7] intravenously (IV"), two carpules of 2% lidocaine with epinephrine and four carpules of 4% Septocaine with epinephrine.

12. At 11:35 a.m., when he concluded the surgery, the Respondent administered an IV bolus dose of dexamethasone[8] 16 mg and morphine sulfate[9] 10 mg.

13. At 1:55 p.m., prior to Patient A's discharge, the Respondent administered an oral dose of oxycodone[10] 5 mg, acetaminophen 325 mg and ibuprophen 800 mg.

14. In summary, the Respondent administered the following medications to Patient A:

    1. diazepam 5 mg on evening prior to surgery
    2. triazolam 0.25 mg at 9:00 a.m. on day of surgery
    3. triazolam 0.25 mg at 10.27 a.m.
    4. hydroxyzine 25 mg at 10:27 a.m.
    5. midazolam 3 mg IV titrated starting at 11:05 a.m.
    6. dexamethasone 16 mg IV at 11:37 a.m.

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[5] Generic name for Vistaril, an antihistamine.
[6] Generic name for Halcion, a CDS Schedule IV benzodiazepine.
[7] Generic name for Versed, a CDS Schedule IV benzodiazepine.
[8] A corticosteroid analgesic.
[9] A CDS Schedule II opioid.
[10] A CDS Schedule II opioid.

7. morphine 10 mg IV at 11:38 a.m.
8. ibuprophen 800 mg at 1:55 p.m.
9. oxycodone 5/325 mg at 1:55 p.m.

15. Patient A was discharged to the care of his mother in a wheelchair.

16. During the evening of April 12, 2013, Patient A suddenly became emotionally labile, aggressive and combative.

17. Patient A's family was so concerned regarding his sudden change in demeanor that 911 was called. Patient A was transported by ambulance to a nearby hospital ("Hospital A"). At some point during Patient A's combative episode, his head may have hit the ground, causing concern that Patient A may have sustained a concussion.

18. On admission to Hospital A, Patient A was administered Narcan[11] 1 mg which had no effect. At approximately 11:30 p.m., Patient A suffered a tonic/clonic seizure that lasted five minutes. Later that evening, after Patient A was stabilized, he was transferred to Hospital B for tertiary care.

19. Patient A was admitted to Hospital B's Intensive Care Unit and remained there until April 15, 2013, when he was transferred to a medical unit for further recovery.

20. Patient A was discharged from Hospital B on April 19, 2013. His discharge diagnoses were encephalopathy due to polypharmacy and post-concussive syndrome.

21. The Expert concluded that the Respondent deviated from the standard of practice because of his unsafe and excessive administration of medications in a short period of time. The Expert further concluded that the Respondent

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[11] Brand name for naloxone, an opioid antagonist used to reverse opioid overdose.

knowingly administered excessive and multiple medications inducing a level of sedation beyond the scope of his Class II moderate sedation permit.

22. The Expert noted that the dosage of morphine that the Respondent administered at the end of Patient A's surgery was "alarmingly high for any age and especially so when administered as an IV bolus to a 15-year old opiate naïve patient."

23. The Expert further noted that although the Respondent had documented that Patient A's mother had signed consent forms for general and oral surgery and sedation, these consent forms are not contained in Patient A's chart. The only signed consent forms in his chart are for general dentistry and nitrous oxide sedation. A signed consent form for Class I, II and III sedation is not present in Patient A's chart.

II. Summary of Sedation Administration Deficiencies

24. Based on his review of ten patients to whom the Respondent administered IV sedation, the Expert noted that the Respondent utilized an anesthetic regimen similar to the regimen he had used for Patient A's surgery.

25. The Expert opined that the Respondent is not trained to provide anesthesia care to the level beyond moderate sedation, yet routinely does so as evidenced by the Respondent's anesthesia regimen in these cases.

26. The Expert further opined that the Respondent routinely administers an IV bolus dose of morphine at the end of surgery and anesthesia to patients who are already maximally sedated, resulting in a deep level of sedation. In combination with two benzodiazepines and an antihistamine, the administration of morphine will result in deep sedation and prolonged recovery.

27. The Expert stated that the Respondent's further administration of oxycodone to Patient A at the end of surgery, constituted a "severe and dangerous misunderstanding of pharmacology and basic anesthetic techniques."

28. The Expert concluded that the Respondent demonstrated a consistent pattern of poor judgment in his practice of anesthesia and administered excessive medications that induced a level of sedation beyond the scope of his Class II moderate sedation permit.

29. The Board concludes that there is a substantial likelihood that the Respondent poses a substantial risk of harm to the public health, safety or welfare.

CONCLUSIONS OF LAW

Based on the foregoing investigative facts, the Board concludes that the Respondent constitutes a danger to the public and that the public health, safety or welfare imperatively require emergency action in this case, pursuant to Md. Code Ann., State Gov't. § 10-226(c)(2)(2014 Repl. Vol.) and Md. Code Regs., 10.44.12.39.

ORDER

Based on the foregoing findings, it is this 3rd day of June, 2015, by a majority vote of the State Board of Dental Examiners, by authority granted to the Board by Md. Code Ann., St. Govt. § 10-226(c)(2) (2014 Repl. Vol.) and Code Md. Regs. 10.44.12.39, it is hereby:

ORDERED that the Respondent's Class II sedation permit is hereby **SUMMARILY SUSPENDED**; and it is further

ORDERED that upon the Board's receipt of a written request from the Respondent, a Show Cause Hearing shall be scheduled at the Board's next regularly

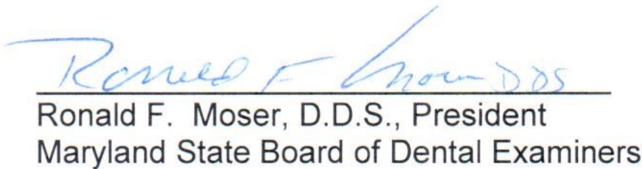
scheduled meeting, at which the Respondent will be given an opportunity to be heard as to why the Order the Summary Suspension should not continue; and it is further

ORDERED that if the Respondent fails to request a Show Cause Hearing or makes a request for a Show Cause Hearing and fails to appear for it, the Board shall continue the Summary Suspension; and it is further

ORDERED that the Respondent shall immediately turn over to the Board his Class II sedation permit; and it is further

ORDERED that this document constitutes a Final Order of the Board and is therefore a public document for purposes of public disclosure, as required by Md. Code Ann., Gen. Prov. §§ 4-101 *et seq.*

June 3, 2015
Date



Ronald F. Moser, D.D.S., President
Maryland State Board of Dental Examiners

NOTICE OF HEARING

A Show Cause Hearing to determine why the Order for Summary Suspension should not continue will be held before the Board at Spring Grove Hospital Center, Benjamin Rush Building, 55 Wade Avenue, Catonsville, Maryland 21228, at the Board's next regularly scheduled meeting, following a written request by the Respondent.

At the conclusion of the Show Cause hearing held before the Board, the Respondent, if dissatisfied with the result of the hearing, may, within ten (10) days, request an evidentiary hearing. Unless otherwise agreed by the parties, the Board shall provide a hearing within forty-five (45) days after the Respondent's request. The Board shall

conduct an evidentiary hearing under the contested case provisions of Md. Code Ann., State Gov't §§ 10-210 *et seq.*