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COMMONWEALTH OF MASSACHUSETTS

SUFFOLK, SS.

BOARD OF REGISTRATION
IN MEDICINE

Adjudicatory Case No.
02-53-XX

_____)
 In the Matter of)
)
 IRMA RIVERA CHANCE, M.D.)
 _____)

CONSENT ORDER

Irma Rivera Chance, M.D. (Respondent) and the Complaint Counsel, agree that the Board of Registration in Medicine (Board) may issue this Consent Order, in lieu of convening an adjudicatory hearing, with all of the force and effect of a Final Decision within the meaning of 801 CMR 1.01(11)(d). The Respondent admits to the findings of fact specified below and agrees that the Board may make the conclusions of law and impose the sanctions set forth below.

FINDINGS OF FACT

1. The Respondent was born on September 22, 1957. She graduated from the University of Virginia School of Medicine in 1983. She is certified in psychiatry by the American Board of Psychiatry & Neurology. She has been licensed to practice medicine in Massachusetts since 1994 under registration number 80221. She was licensed to practice medicine in Maryland from 1984 until September 30, 2002.

2. On January 8, 2002, the Respondent entered into a Voluntary Agreement Not to Practice Medicine with the Board for thirty days. That Agreement was extended indefinitely on February 12, 2002.

COUNT I

3. In November 2001, the Massachusetts State Police and Board staff interviewed the Respondent after learning that she had prescribed Oxycontin and other pain medication to several individuals who were known by the police to be drug abusers. During the interview, the Respondent stated that these individuals were her patients and admitted that she had written the prescriptions to them. The Respondent was able to locate and produce medical records for only one of the patients.

4. The Respondent's fiancé insisted that he be present during the interview and was privy to confidential patient information.

COUNT II

5. Patient A, who suffers from bipolar disease, began seeing the Respondent in late 1999 for treatment of her psychiatric condition. In March 2001, the Respondent diagnosed Patient A as suffering from Lyme Disease. The test for the disease was done at a laboratory in Florida. Tests performed when Patient A was hospitalized in November 2001 showed that she did not suffer from Lyme Disease.

6. The Respondent had been prescribing a plethora of medications for Patient A, including Oxycontin and Demerol. On November 3, 2001, Patient A's friend found her in a hotel room in an unstable condition and unable to care for herself. She was diagnosed as suffering from acute psychosis and was dependent on opiates.

COUNT III

7. In early December 2001, the Respondent began to experience difficulties in her domestic life. On or about December 22, 2001, the Respondent ingested an overdose of prescription medication and was taken by ambulance to the emergency room at Cape Cod

Hospital. After being treated medically, the Respondent was transported to a psychiatric institution for evaluation and care. She remained hospitalized for one week.

8. The Respondent has been evaluated by an independent Board-approved psychiatrist on two occasions. The evaluating psychiatrist opined that, as of November 3, 2002, the Respondent is not fit to practice medicine and suggested several rehabilitative measures, including further medical evaluation and therapy.

SANCTION AND ORDER

A. The Respondent has violated G.L. c. 112, § 5(d) and 243 CMR 1.03(5)(a)(4) in that she has practiced medicine while her ability to do so was impaired by mental instability.

B. The Respondent has violated G.L. c. 94C, § 19(a), in that she issued prescriptions for controlled substances for outside the usual course of her medical practice.

C. The Respondent has violated G.L. c. 112, § 5(b) and 243 CMR 1.03(5)(a)(2), in that she violated provisions of the laws of the Commonwealth relating to the practice of medicine or rule or regulation promulgated thereunder. Specifically, the Respondent has violated G.L. c. 94C.

D. The Respondent has violated G.L. c. 112, § 5(h) and 243 CMR 1.03(5)(a)(11) in that she has violated a rule or regulation of the Board. Pursuant to 243 CMR 2.07(5), a licensee who violates G.L. c. 94C, also violates a rule or regulation of the Board.

The Respondent has engaged in conduct that undermines the public confidence in the integrity of the medical profession, in violation of the standards set forth in *Levy v. Board of Registration in Medicine*, 378 Mass. 519 (1979) and *Raymond v. Board of Registration in Medicine*, 387 Mass. 708 (1982).

SANCTION AND ORDER

The Respondent's license to practice medicine is hereby indefinitely suspended. The Respondent may petition for a stay of this suspension no sooner than one year from the date of the Board's approval of this Consent Order. Although the Respondent has the right to petition the Board for a stay of her suspension, the Board retains the discretion to deny said petition or to accept said petition under terms and conditions the Board may order, including but not limited to documentation that the Respondent is fit to practice medicine. As a condition of any stay, the Board will require the Respondent to enter into a Probation Agreement with provisions for monitoring of her clinical practice and mental health. The Probation Agreement will also contain provisions that will require the Respondent to submit a practice plan for Board approval before she may return to practice, and such other restrictions that the Board deems necessary.

EXECUTION OF THIS CONSENT ORDER

The parties agree that the approval of this Consent Order is left to the discretion of the Board. The signature of the Respondent, her attorney, and Complaint Counsel are expressly conditioned on the Board accepting this Consent Order. If the Board rejects this Consent Order in whole or in part, then the stipulations contained herein shall be null and void; thereafter neither of the parties nor anyone else may rely on these stipulations in this proceeding. As to any matter that this Consent Order leaves to the discretion of the Board, neither the Respondent, nor anyone acting on her behalf, has received any promises or representations regarding the same.

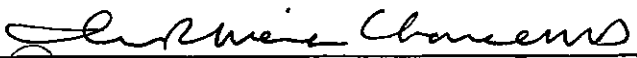
The Respondent waives any right of appeal that she may have resulting from the Board's acceptance of this Consent Order.

The Respondent shall provide a complete copy of this Consent Order with all exhibits and attachments within ten (10) days by certified mail, return receipt requested, or by hand

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delivery to the following designated entities: any in- or out-of-state hospital, nursing home, clinic, other licensed facility, or municipal, state, or federal facility at which she practices medicine; any in- or out-of-state health maintenance organization with whom she has privileges or any other kind of association; any state agency, in- or out-of-state, with which she has a provider contract; any in- or out-of-state medical employer, whether or not she practices medicine there; and the state licensing boards of all states in which she has any kind of license to practice medicine. The Respondent shall also provide this notification to any such designated entities with which she becomes associated for the duration of this Consent Order. The Respondent is further directed to certify to the Board within ten (10) days that she has complied with this directive.


The Board expressly reserves the authority to independently notify, at any time, any of the entities designated above, or any other affected entity, of any action it has taken.



 Irma Rivera Chance, M.D.

12/10/02


 Date



 Joyce Scudder, Esquire
 Attorney for the Respondent

12/10/02

 Date

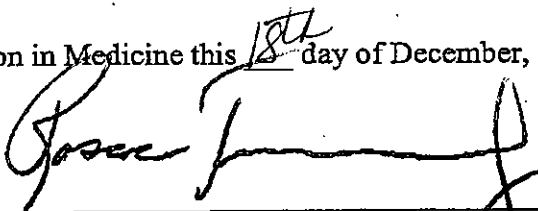


 Jean M. O'Brien, Esquire
 Complaint Counsel

12/13/02

 Date

So ordered by the Board of Registration in Medicine this 18th day of December, 2002.



 Roscoe Trimmier, Esquire
 Vice-Chairman

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK, SS.

BOARD OF REGISTRATION
IN MEDICINE

Adjudicatory Case No.
02-53-XX

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In the Matter of)
)
 IRMA RIVERA CHANCE, M.D.)
)
 _____)

STATEMENT OF ALLEGATIONS

The Board of Registration in Medicine (the "Board") has reason to believe that Irma Rivera Chance, M.D. (the "Respondent") has practiced medicine while impaired and has prescribed controlled substances in violation of the provisions of G.L. c. 94C.

BIOGRAPHICAL INFORMATION

1. The Respondent was born on September 22, 1957. She graduated from the University of Virginia School of Medicine in 1983. She is certified in psychiatry by the American Board of Psychiatry & Neurology. She has been licensed to practice medicine in Massachusetts since 1994 under registration number 80221. She was licensed to practice medicine in Maryland from 1984 until September 30, 2002.

2. On January 8, 2002, the Respondent entered into a Voluntary Agreement Not to Practice Medicine with the Board for thirty days. That Agreement was extended indefinitely on February 12, 2002.

FACTUAL ALLEGATIONS

COUNT I

3. In November 2001, the Massachusetts State Police and Board staff interviewed the Respondent after learning that she had prescribed Oxycontin and other pain medication to several individuals who were known by the police to be drug abusers. During the interview, the Respondent stated that these individuals were her patients and admitted that she had written the prescriptions to them. The Respondent was able to locate and produce medical records for only one of the patients.

4. The Respondent's fiancé insisted that he be present during the interview and was privy to confidential patient information.

COUNT II

5. Patient A, who suffers from bipolar disease, began seeing the Respondent in late 1999 for treatment of her psychiatric condition. In March 2001, the Respondent diagnosed Patient A as suffering from Lyme Disease. Tests performed when Patient A was hospitalized in November 2001 showed that she did not suffer from Lyme Disease.

6. The Respondent had been prescribing a plethora of medications for Patient A, including Oxycontin and Demerol. On November 3, 2001, Patient A's friend found her in a hotel room in an unstable condition and unable to care for herself. She was diagnosed as suffering from acute psychosis and was dependent on opiates.

COUNT III

7. In early December 2001, the Respondent began to experience difficulties in her domestic life. On or about December 22, 2001, the Respondent ingested an overdose of prescription medication and was taken by ambulance to the emergency room at Cape Cod

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Hospital. After being treated medically, the Respondent was transported to a psychiatric institution for evaluation and care. She remained hospitalized for one week.

8. The Respondent has been evaluated by an independent Board-approved psychiatrist on two occasions. The evaluating psychiatrist opined that, as of November 3, 2002, the Respondent is not fit to practice medicine and suggested several rehabilitative measures, including further medical evaluation and therapy.

LEGAL BASIS FOR PROPOSED RELIEF

Pursuant to G.L. c. 112, §5(d) and 243 CMR 1.03(5)(a)(4), the Board may discipline a physician upon proof satisfactory to a majority of the Board, that the physician has practiced medicine while her ability to do so was impaired by mental instability.

Pursuant to G.L. c. 112, § 5(b) and 243 CMR 1.03(5)(a)(2), the Board may discipline a physician upon proof satisfactory to a majority of the Board, that the physician has committed an offense against the provisions of the laws of the Commonwealth relating to the practice of medicine or rule or regulation promulgated thereunder, specifically, G.L. c. 94C.

Pursuant to 243 CMR 2.07(5), a licensee who violates G.L. c. 94C also violates a rule or regulation of the Board.

Pursuant to G.L. c. 112, § 5(h) and 243 CMR 1.03(5)(a)(11), the Board may discipline a physician upon proof satisfactory to a majority of the Board that the physician has violated a rule or regulation of the Board.

Pursuant to *Levy v. Board of Registration in Medicine*, 378 Mass. 519 (1979) and *Raymond v. Board of Registration in Medicine*, 387 Mass. 708 (1982), the Board may discipline a physician upon proof satisfactory to a majority of the Board that said physician lacks good

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moral character or has engaged in conduct that undermines the public confidence in the integrity of the medical profession.

The Board has jurisdiction over this matter pursuant to G.L. c. 112, §§ 5, 61 and 62. This adjudicatory proceeding will be conducted in accordance with the provisions of G.L. c. 30A and 801 CMR 1.01, *et seq.*

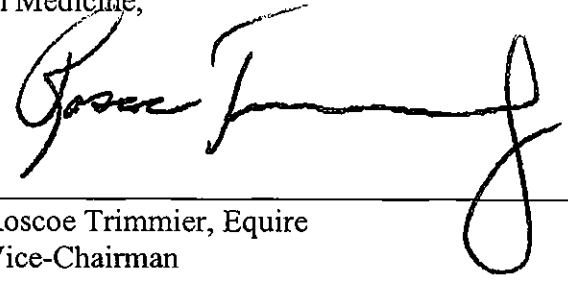
NATURE OF RELIEF SOUGHT

The Board is authorized and empowered to order appropriate disciplinary action, which may include revocation or suspension of the Respondent's license to practice medicine. The Board may also order, in addition to or instead of revocation or suspension, one or more of the following: admonishment, censure, reprimand, fine, the performance of uncompensated public service, a course of education or training or other restrictions upon the Respondent's practice of medicine.

ORDER

Wherefore, it is hereby **ORDERED** that the Respondent show cause why she should not be disciplined for the conduct described herein.

By the Board of Registration
in Medicine,



Roscoe Trimmier, Esquire
Vice-Chairman

12/18/02

*notified by certified mail
12/18/02 @*