

**STATE OF RHODE ISLAND AND
PROVIDENCE PLANTATIONS**

**DEPARTMENT OF HEALTH
BOARD OF MEDICAL LICENSURE AND DISCIPLINE**

IN THE MATTER OF:

CLAYTON LANPHEAR III, D.O.

License Number DO00272

Controlled Substances Registration Number CDO00272

BMLD Case Number C13-482

SUMMARY SUSPENSION OF PHYSICIAN LICENSE

Clayton Lanphear III, D.O. (hereinafter "Respondent") is licensed as a physician in Rhode Island and is licensed to prescribe controlled substances under Rhode Island General Laws chapter 21-28, having both a state Controlled Substances Registration and a Federal Drug Enforcement Administration Registration to prescribe controlled substances. After the review by the Board of Medical Licensure and Discipline's investigative committee of the above-referenced complaint, the records, and the written response of the Respondent, the Director of the Department of Health makes the following:

FINDINGS OF FACT

1. The Respondent was licensed as a physician in Rhode Island on July 2, 1973. His office is located at 1133 Main Street, P.O. Box Q, Chepachet, Rhode Island. He was born in 1946, and he is a 1972 graduate of the Philadelphia College of Osteopathic Medicine.
2. Respondent signed a consent order as to his physician license on April 9, 1997, that resulted in, among other sanctions, a three month stayed suspension and three years

probation, and a restriction against treating patients in long term care facilities until the Board allows him to do so under supervision of the medical director of such facility or facilities.

3. Based on a complaint filed in June 2013, an investigator for the Board of Pharmacy reviewed the prescription practices of Respondent, and medical records of certain patients were reviewed. The investigator learned that Respondent has been treating Patient A, a 55 year old female, with Hydrocodone/APAP 10mg/660mg, which is a controlled substance also known as Vicodin HP. The package insert for this medication states, “acetaminophen has been associated with cases of acute liver failure, at times resulting in liver transplant and death. Most of the cases of liver injury are associated with the use of acetaminophen at doses that exceed 4000 milligrams per day[.] * * * [I]nstruct patients to seek medical attention immediately upon ingestion of more than 4000 milligrams of acetaminophen per day[.]”
4. For a period of at least one year, from April 23, 2012, to May 10, 2013, Respondent prescribed that this patient should take 100 tablets of approximately every eight days, which permits a consumption of up to 7.92 grams of acetaminophen per day and is nearly twice the maximum daily dose recommended by the manufacturer. Respondent has not performed any blood tests to measure liver function since 2011, as would be expected for patients taking medication known to cause liver toxicity.
5. Respondent has been treating Patient B, also a 55 year old female, with Hydrocodone/APAP 7.5mg/750mg, which is a controlled substance also known as Vicodin ES. For a period of nine months, from March 6, 2012, to January 7, 2013, Respondent prescribed that this patient should take 100 tablets per fill that allowed up to

either 8 or 12 tablets daily, the latter of which permits a consumption of up to 9 grams of acetaminophen per day and is more than twice the maximum daily dose recommended by the manufacturer. The package insert for this medication states, "The total daily dosage should not exceed 5 tablets[.]" and "Most of the cases of liver injury are associated with the use of acetaminophen at doses that exceed 4000 milligrams per day[.]"

6. After April 6, 2013, Respondent began prescribing Vicodin 7.5mg/325 mg with a daily maximum of 2600 mg of acetaminophen daily.
7. Medical records for Patient B do not indicate that Respondent ordered any blood tests to check liver function as would be expected for patients taking medication known to cause liver toxicity.
8. Respondent has been treating Patient C, a 58 year old female, with Oxycodone/APAP 7.5 mg/325 mg, which is a controlled substance also known as Percocet, since May 10, 2011. On July 12, 2011, Respondent prescribed Patient C 180 tablets of Percocet 7.5 mg/325 mg (a thirty day supply), and on July 26, 2011, Respondent prescribed Patient C a second prescription for a thirty day supply of Percocet, which allowed her to fill her prescription sixteen days early. Patient C filled the two prescriptions at two pharmacies using two different residential addresses. Respondent did not indicate on Patient C's medical record the reason he allowed the early fill. Respondent told the Board that he believes the second prescription was stolen.
9. Respondent's medical records are often illegible and lack the minimum requirements of a bona fide medical record in accordance with Board regulations and minimum standards of acceptable practice.

10. Respondent failed to maintain expected safeguards to prevent diversion of controlled substances.
11. Respondent is in violation of Rhode Island General Laws § 5-37-5.1(19) and (26) for his failure to adhere to minimum standards of acceptable practice and for violation of state laws concerning standards of practice and prescribing of controlled substances.
12. The public health, safety, or welfare imperatively requires emergency action.

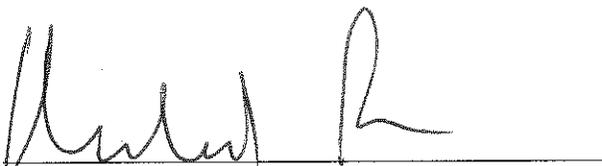
ORDER

1. Based on the foregoing, the Director of the Department of Health has determined that the continuation of the physician license and controlled substances registration of Clayton Lanphear III, D.O., constitutes an immediate threat to the health, welfare and safety of the public.
2. Accordingly, the physician license issued to Clayton Lanphear III, D.O., is hereby suspended forthwith pursuant to Rhode Island General Laws § 42-35-14(c).
3. Accordingly, the controlled substances registration issued to Clayton Lanphear III, D.O., to prescribe controlled substances is hereby suspended forthwith pursuant to Rhode Island General Laws § 42-35-14(c).
4. The suspension of the Respondent's physician license and controlled substances registration shall continue until further Order of the Department of Health and until an administrative hearing can be held, or until other resolution.
5. The Respondent shall continue to be responsible for providing a proper medical home for any of his patients who need controlled substances prescribed to them and/or who need

continuity of care, and shall continue to be responsible to transfer any medical records of such patients immediately upon request or when needed.

6. The Respondent is entitled to a hearing in accordance with Rhode Island General Laws § 42-35-14(c).

Signed this 27 day of June, 2013.



Michael Fine, M.D.
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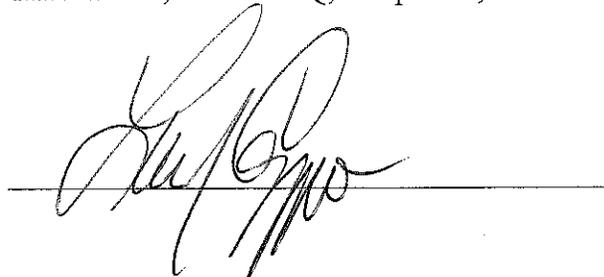


to Clayton L. M. Reese D.O.

CERTIFICATION OF SERVICE

IN HAND

I hereby certify that a copy of this Summary Suspension of Controlled Substances Registration Order was sent via delivery to the Respondent on the 28 day of June, 2013, at the following address: 1133 Main Street, P.O. Box Q, Chepachet, Rhode Island.



Louis J. Capizano
Constable State of R.I.
License #6040