

UNITED STATES DISTRICT COURT
for the
Eastern District of Michigan

25

ORIGINAL

WI

United States of America
v.
OSCAR LINARES, M.D.

Case:2:11-mj-30147
Judge: Unassigned,
Filed: 03-23-2011 At 10:06 AM
RE: SEALED MATTER (EOB)

CRIMINAL COMPLAINT

I, the complainant in this case, state that the following is true to the best of my knowledge and belief.

On or about the date(s) of 2008 until March 23, 2011 in the county of Monroe in the
Eastern District of Michigan, the defendant(s) violated:

<i>Code Section</i>	<i>Offense Description</i>
21 U.S.C. 841(a)(1) 18 U.S.C. 1347	unlawful distribution of prescription drug controlled substances health care fraud

F I L E D
MAR 23 2011
CLERK'S OFFICE
DETROIT

This criminal complaint is based on these facts:

SEE AFFIDAVIT

Continued on the attached sheet.


Complainant's signature

JASON S. DAVIS, Task Force Officer, DEA
Printed name and title

Sworn to before me and signed in my presence.

Date: 3
March 23, 2011


Judge's signature

City and state: Detroit, Michigan

HON. LAURIE MICHELSON
Printed name and title

AFFIDAVIT

Jason S. Davis, a Task Force Officer with the Drug Enforcement Administration (DEA), United States Department of Justice, being duly sworn, states the following:

Your Affiant is employed with the Livingston County Sheriff's Department and assigned to the DEA Tactical Diversion Squad since January 15, 2010. Your Affiant has been employed as a police officer for over 12 years and served 2½ years in the Livingston And Washtenaw Narcotics Enforcement Team (LAWNET) with the Michigan State Police. Your Affiant has been lead investigator or assisted in over 100 criminal investigations involving violations of the Controlled Substances Act. Your Affiant has been made aware of the following information from sources including but not limited to, your own Affiant's personal observation and participation in this investigation and his review of analysis of oral and written reports generated by the DEA, the Michigan State Police narcotics unit MANTIS (Monroe Area Narcotics Team and Investigative Services), Monroe County Sheriff's Department, and interviews with others.

Affiant used Michigan Automated Prescription System (MAPS) and Ohio Automated Rx Reporting System (OARRS). MAPS is the prescription monitoring program for the State of Michigan and OARRS is the prescription monitoring program for the State of Ohio. Prescription monitoring programs are used to identify and prevent drug diversion at the prescriber, pharmacy and patient levels by collecting Schedule 2-5 controlled substances prescriptions dispensed by pharmacies and practitioners.

Collection of this prescription information allows physicians, dentists, pharmacists, nurse practitioners, physician's assistants, podiatrists and veterinarians to query this data for patient-specific reports which allow a review of the patient's Schedules 2-5 controlled substance prescription records. This enables the practitioner to determine if patients are receiving controlled substances from other providers and to assist in the prevention of prescription drug abuse.

Prescription data collected by pharmacies and dispensing practitioners is stored into a secure central database within the Department of Community Health. Only those persons authorized are allowed access to the information contained in the MAPS and OARRS database, which includes health professionals and law enforcement agencies.

Based on Affiant's training and experience, Affiant is aware that Oxycontin, Percocet, and Vicodin are highly abused and diverted controlled substances.

Affiant has personal knowledge as well as information from DEA Intelligence database, that Oxycontin has a street value of approximately \$1.00 per milligram. Affiant has knowledge that Percocet and its generic equivalents are sold for a street value of approximately \$2.00 per 5mg. Affiant has knowledge that Dilaudid tablets sell on the street for approximately \$15.00 to \$20.00 per 4mg tablets. Affiant has knowledge that Hydrocodone sells for approximately \$5.00 per tablet.

Oscar Augustine Linares M.D. is registered with the DEA as a practitioner in Schedules II through V, and is assigned a DEA number. Linares has been a registrant with the DEA since January 24, 1983. Linares is currently registered with DEA as a practitioner at the registered location of 14750 La Plaisance Rd. Suite H240, Monroe, MI 48161. Linares registered this location on August 24, 2010. The Affiant also knows that Linares had two former medical practices, one geriatric practice located at 1030 N Monroe St., Monroe, MI. and the other at 28747 Church St. Flat Rock, MI. Both former offices appear that they are not in use. According to the State of Michigan Department of Community Health, Linares is licensed as a Medical Doctor with a permanent ID number, and has been so since January 24, 1987. Linares current status expires on January 31, 2014.

Linares is entitled to issue prescriptions for controlled substances provided, as cited in CFR §1306.04(a), they are issued for a legitimate medical purpose and he is acting in the normal course of his professional practice. CFR §1306.04(a) further states that the responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner.

The Affiant knows that expert medical doctors rendered opinions in physician cases involving large-scale prescribing of controlled substances for non-legitimate as follows:

- (i) the doctor-patient relationship on initial visits must be established, and the relationship on follow-up visits must be maintained;
- (ii) the practice of “polypharmacy” or the prescribing of “drug cocktails” of controlled substances, often including opioids, benzodiazepines and other controlled substances, greatly increases the chance for drug abuse, diversion, and addiction;
- (iii) prescribing controlled substances without evaluating and/or diagnosing conditions is not the legitimate practice of medicine;
- (iv) physicians who fail to address pain complaints with other methods, for example, non-prescription drugs, non-controlled substance prescription drugs, physical therapy, or

behavioral medicine consultation, before prescribing controlled substances, may act outside the course of usual medical practice;

(v) prescribing controlled substances to persons who exhibited drug-seeking behavior is an indicator that the doctor is acting outside the course of usual medical practice;

(vi) prescribing controlled substances without adequate informed consent and appropriate monitoring increases the chance for drug abuse, diversion and addiction;

(vii) physicians treating persons without an individualized plan of care and instead using the same essential treatment on each person that does not vary from person to person; are not acting within the course of usual medical practice;

(viii) physicians who fail to test or check for signs of addiction, when prescribing powerful narcotics over an extended period of time, are acting outside the course of usual medical practice;

(ix) physicians who fail to consult with an addiction specialist even for persons who exhibit drug-seeking behavior, act outside the course of usual medical practice.

My investigation revealed that the defendant engaged in each of these listed behaviors in the course of his medical practice.

INITIATION OF INVESTIGATION REGARDING OSCAR A. LINARES, M.D.

This investigation was initiated based on information provided by complaints from several pharmacists in the Toledo, Ohio and the Monroe, Michigan areas, as well as MANTIS, which is the Michigan State Police's Monroe area narcotics enforcement team.

Information provided in the pharmacist's complaints stated that Dr. Oscar Linares is prescribing excessive amounts of Oxycontin, Percocet, and Vicodin (Hydrocodone) to patients in the Michigan and Ohio area.

A review of Michigan Automated Prescription System (MAPS) and Ohio Automated Rx Reporting system (OARRS), revealed the following "red flags" relating to Linares' prescribing of controlled substances:

- Dosage units of schedule II through IV dramatically increasing over a short period of time.
- Multiple patients at the same address receiving the same type of prescriptions.

- Patients traveling long distances and from outside the state of Michigan to see LINARES at his office.
- Patients filling same prescriptions in Michigan and Ohio and receiving double the prescribed dosage.
- Patients filling partial prescriptions in Michigan and the remaining prescriptions in Ohio.
- Patients seeing more than one doctor and receiving prescriptions for the same narcotics commonly referred to as “Doctor shopping”.

Information provided by MANTIS and through surveillance revealed the following:

- It is not uncommon for a patient to wait over two to three hours for the appointment before being seen and getting their prescription.
- There is no physical exam by a doctor or nurse.
- There is no established doctor-patient relationship.
- The waiting room is completely full with standing room only.
- The parking lot is full of patients walking around and waiting to be seen.
- Patients paying large amounts of cash for office visits.

Affiant states that according to MAPS, between the time period of January 2010 and June 2010, Linares prescribed approximately 364,679 dosage units of Schedule II and 266,230 dosage units of Schedule III narcotics. This information does not include patients that filled their prescriptions in Ohio, where the majority of Linares’ patients live. Below are the past totals for each year and scheduled narcotic prescribed by Linares and filled in a Michigan pharmacy. It shows the dramatic increase of prescribed Schedule II and Schedule III narcotics.

<u>YEAR</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>JAN-JUN 2010</u>
Schedule II	85,357	153,338	520,124	364,679
Schedule III	394,685	420,925	714,713	266,230

Affiant states that in a combination of MAPS and OARRS, between the time frame of April 1, 2008 and March 24, 2010, Linares’ office is responsible for prescribing over two million dosage units of schedule two narcotics and over one million dosage units of schedule three narcotics. With in the same time frame mentioned above, Linares’ office had over four thousand different patients from Michigan, Ohio, and other states.

The following information was compiled from MAPS and OARRS between the time period of June 1, 2010 and October 31, 2010.

Select LINARES Prescriptions, June 2010 through October 2010

Schedule	Drug	MAPS	OARRS	Total
IV	Alprazolam	109,720	216,309	326,029
III	Apap Hydrocodone	187,008	18,985	205,993
II	Apap Oxycodone	97,447	521,928	619,375
II	Dilaudid	5,520	50,046	55,566
II	Endocet	91,802	147,475	239,277
III	Hydrocodone	8,620	2,705	11,325
II	Hydromorphone HCl	27,574	10,975	38,549
II	Methadone	27,021	50,267	77,288
II	Opana	2,890	8,566	11,456
II	Oxycodone HCl	79,740	466,329	546,069
II	Oxycontin	89,848	388,070	477,918
II	Percocet	1,730	2,050	3,780
II	Roxicet	870	24,834	25,704
		729,790	1,908,539	2,638,329
	Schedule II	424,442	1,670,540	2,094,982
	Schedule III	195,628	21,690	217,318
	Schedule IV	109,720	216,309	326,029
	Total Scheduled Scripts filled	8,763	22,101	30,864

This information shows the dramatic increase in the prescriptions being written by Dr Linares. In a five month period now, Dr Linares is writing the amount he was in a two year period in the past. The following was obtained by the above information regarding the patients seen each month by Dr Linares.

Patient Count	MAPS	OARRS	Total
June 2010	985	1,698	2,683
July 2010	912	1,899	2,811
August 2010	752	1,774	2,526
September 2010	810	1,994	2,804
October 2010	473	1,778	2,251
June through Oct	1,662	2,861	4,523

Affiant states, that in the MAPS reporting system, unlike the OARRS system, it shows the patient's address, and with the information provided by MAPS, it indicates several patients of Dr. Linares that live at the same address and receive the same cocktail of medication:

34 residences with 2 patients

7 residences with 3 patients

2 residences with 4 patients

1 residence with 5 patients

One of the residences has two patients, both born in 1983. Between February 2, 2010 and May 25, 2010 (113 days), there were 1,560 dosage units of Schedule II narcotics, 1,230 dosage units of Schedule III narcotics, and 1,350 dosage units of Schedule IV narcotics prescribed to the two patients. The following is what they receive on a monthly basis:

<u>Patient Name</u>	<u>Drug</u>	<u>Date filled</u>	<u>Date written</u>	<u>Qty</u>
Patient One	Hydromorphone HCL 4mg	02-02-10	02-02-10	90
Patient One	APAP/Hydrocodone 10/325	02-02-10	02-02-10	120
Patient One	Dextroamph Salts 30mg	02-02-10	02-02-10	60
Patient One	Alprazolam 2mg	02-02-02	02-02-10	90
Patient Two	Hydromorphone HCL 4mg	02-02-10	02-02-10	90
Patient Two	APAP/Hydrocodone 10/325	02-02-10	02-02-10	150
Patient Two	Dextroamph Salts 30mg	02-02-10	02-02-10	90
Patient Two	Alprazolam 2mg	02-02-10	02-02-10	90
Patient Two	Diazepam 10mg	02-02-10	02-02-10	90

Affiant reports that Dr. Linares is prescribing to patients that are seeking prescriptions of Schedule II and III narcotics at other doctor's offices. A subject who started seeing Dr. Linares in March 2010 has been receiving prescriptions from Dr. Linares and a second doctor. On April 14, 2010, the subject was arrested for selling forty Oxycontin pills to an undercover police officer. The subject possessed:

- Prescription for 80 Hydrocodone filled on 04-12-2010 prescribed by the other doctor.
- Prescription for 60 Oxycontin 60mg filled on 04-12-2010 prescribed by the other doctor.
- Prescription for 20 Alprazolam filled on 04-12-2010 prescribed by the other doctor.
- Prescription for 60 Oxycontin 80mg filled on 04-13-2010 prescribed by Dr. Linares

Doctors and pharmacies have the ability to run a MAPS reports on their patients to make sure they are not obtaining prescriptions from other doctors. According to MAPS, Dr. Linares' office ran two MAPS reports on this patient on May 10, 2010 and on June 22, 2010. Those reports indicate that the subject was being prescribed narcotics from the other doctor. The pharmacies are required by law to report the prescriptions on the first and fifteen of each month. There is a two-week timeframe where the prescriptions do not show up. On the two dates that Linares' office ran a MAPS report on the subject, the prescriptions from the other doctor would have shown up. On May 24, 2010, Hicks was nevertheless prescribed 60 dosage units of Oxycontin 80mg.

Affiant also located two patients, who are seeing Dr. Linares and other doctors and obtaining prescriptions from both. Dr. Linares ran MAPS on both individuals four times each. The reports ran on each individual indicated that they were obtaining prescriptions from other doctors.

In reviewing MAPS and OARRS, it was discovered that patients of Dr Linares are filling prescriptions as far away as 200 miles from Monroe. While talking with some area pharmacists, it

is discovered that pharmacists in the Monroe, Michigan and Toledo, Ohio area, do not feel comfortable filling Prescriptions from Dr Linares. The data collected by MAPS and OARRS proves that the filling of prescriptions are getting farther and farther away from Monroe, Michigan.

On March 26, 2010, an interview was conducted with patient S.S. (Initials used to protect privacy). S.S. stated that he saw Linares at his Flat Rock, Michigan office. S.S. indicated that his first visit was filled with tests. He had a serum test, a jugular test, and an EKG. S.S. was also told to have a Doppler test on his heart. S.S. walked out with Prescriptions for 120 dosage units of Oxycodone HCL 80mg and 60 dosage units of Hydromorphone HCL 2mg. Linares' office never asked for his medical charts from his prior doctor's office. Every visit after that, he arrived and had his vitals taken and his prescriptions were refilled. S.S. only recalled seeing Linares one time in the six visits he had. For S.S. last visit, he was directed to the Monroe St. Office in Monroe, Michigan.

On July 12, 2010, an interview was conducted with an employee of Linares. EE-1 stated that in 2008, there were about forty patients being seen daily. Now on a daily basis there are over two hundred patients being seen. For example, on July 6, 2010, they had over two hundred thirty patients. When EE-1 got to the office that day, there was a line of people out the door and around the parking lot. At 11:30am there were still people outside in line waiting to check in. EE-1 stated that there would be a \$25 bonus for each employee if the office had more than two hundred patients in a day.

EE-1 states that there is a parking attendant that assists outside with the overflow of traffic. When he reports wrongdoings by patients such as selling their prescriptions in the parking lot, Linares just tells the attendant, "There is nothing I can do, I'm not the police." EE-1 stated that co-

workers who have reported seeing patients selling pills in the parking lot, receive the same response from Linares.

In relation to the testing at the office, EE-1 stated that if the patient is self-pay, they are required to order them to take a Sensory Nerve Conduction test (SNC) and a bone scan. After the first visit the self-pay patient is required to schedule the SNC and at the conclusion of the second visit the patient must schedule the bone scan. If the patient has Medicare or Medicaid, the patient is required to take the above tests and the following tests: Electrocardiogram (ECG), Echocardiogram (ECO), Carotid Doppler Imaging (CDI), Myocardial Profusion Imaging (MPI), and a Multi Gated Acquisition scan (MUGA). At the end of the first appointment the Medicare/Medicaid patient is required to schedule the ECG, CDI, and ECO. After the second appointment the patient is required to schedule the MPI and the MUGA.

EE-1 said that ordering the tests are a requirement for patients, without regard to medical condition or examination. EE-1 added that a new patient has a \$200 office visit, then \$150 for each visit after that. The SNC and bone scan are both \$250 each. The total fee for an appointment and test is \$400.

EE-1 stated that EE-1 believed only 25% of all the patients have a legitimate need for any pain medication. When asked how they justify the need for medication in the patient charts, EE-1 stated that there are two typical diagnoses given to most patients: "Lumbar Spondylosis" and "Lumbar Radiculopathy" commonly known as "back pain".

EE-1 stated that Linares himself does not physically see many patients. In any given day Linares may see up to twenty patients. When asked who sees the patients, EE-1 stated that A.B., Linares' Clinical Care Provider, does. If Linares does see a patient, it is very brief, with Linares

asking the patient, "Am I helping you, everything okay, see you later," never giving the patient time to respond.

EE-1 stated that when EE-1 needs prescriptions signed, EE-1 sends a container through a vacuum tube to Linares for his signature. On some occasions he has sent it back and asked EE-1 to sign the prescriptions because he is too busy. EE-1 stated that others at the office have been asked to sign prescriptions for Linares.

EE-1 spoke about A.B., the Clinical Care Provider that when hired had no medical experience. Prior to being hired by Linares, A.B. worked at Lowes hardware store. According to EE-1, A.B. only has his medical assistant license, and that he received his certificate well after EE-1 was hired. A.B. is the person that sees the patients, not Dr. Linares.

On several occasions EE-1 has heard Linares say to A.B. that, "We are building an empire. We are on top, and we are untouchable."

INTERVIEW T.B.

On August 9, 2010, an interview was conducted with T.B. T.B. had her first appointment with Linares on August 4, 2010. T.B. stated that she was recruited by a neighbor of hers in Toledo, Ohio. The neighbor, picked up T.B. and drove T.B. to Linares' office. T.B. took x-rays from a previous doctor. T.B. indicated that T.B. did not see the doctor, only a male named A (B.), who said he was the Clinical Care Coordinator. She indicated no exam was done and she informed A.B. that her previous doctor prescribed her Percocet 5/325. T.B. walked out of the office with two prescriptions: one for 120 dosage units of Percocet 10/325 and the other for 60 dosage units of Oxycontin 20mg. T.B. never saw the doctor or a nurse, and no exam or test was administered. T.B. did not even know the doctor's name until she looked at the prescriptions a couple days later.

UNDERCOVER OPERATION WITH D/TPR ROZUM

Starting in December 2009, Detective/Trooper Charlie Rozum has been working in an undercover capacity as a patient at Linares' office.

December 21, 2009 - first appointment at 1030 N Monroe St., D/Tpr Rozum entered at 3:24 p.m. D/Tpr Rozum was required to fill out forms. D/Tpr Rozum was given a stack of forms to fill out. One of the forms was for the patient to indicate where their pain was located. D/Tpr Rozum indicated the lower back area. D/Tpr was in the initial waiting room for approximately two hours. According to D/Tpr Rozum, the 15 seats available in the waiting room were constantly taken with additional patients standing inside and outside. When D/Tpr Rozum was finally called back to an exam room, his blood pressure and heart rate were taken. After a short while, a female nurse came in and obtained more patient information, and then left. A short time later a male identifying himself as the Clinical Care Coordinator (identified as A.B.) came in. While talking with A.B. in the exam room, D/Tpr Rozum indicated that he had pain a year ago, and took Vicodin and got hooked. D/Tpr Rozum indicated that he then was off the Vicodin but now had insurance. A.B. asked again about the pain and it was described as a soccer injury. Butler asked what medication worked and D/Tpr Rozum indicated that Vicodin worked well, A.B. left the room. At the front desk a female opened the chart and there was a blank prescription. The female wrote out the prescription and signed it. D/Tpr Rozum left the appointment at 5:53 p.m. with a prescription for 90 dosage units of Hydrocodone. On D/Tpr Rozum's prescription, it shows that his diagnosis is Lumbar Spondylosis. No physical exam, no test, and did not meet Linares.

January 22, 2010 - the second appointment at 1030 N Monroe St. D/Tpr Rozum arrived at 9:00 a.m. On the forms, D/Tpr Rozum indicated his pain was average. D/Tpr was asked to take a

bone scan test and it was refused. Two males entered and told D/Tpr Rozum he did not have to take the bone scan test but had to take a 2D Echo and Ultra sound. One male stated that he would only be getting only a two week prescription. D/Tpr Rozum was asked to sign a contact stating he would only get pain medication from Linares and had to sign a contract that he would only fill his pain medications prescriptions at Yinger Pharmacy. The nurse indicated that he had to have an echo test and a bone scan done to justify getting the prescriptions. The visit consisted of no physical exam and no tests. At 10:20 a.m. D/Tpr Rozum went to the front counter and the receptionist wrote out the prescription and did not sign the name at the bottom. D/Tpr Rozum received a prescription for 45 dosage units of Hydrocodone. No physical exam, no test, and did not meet Linares.

February 8, 2010 – the third appointment at 1030 N Monroe St. D/Tpr Rozum arrived at 4:47 p.m. On the forms to fill out, he listed he had no pain. A female nurse came in and asked several medical questions about D/Tpr Rozum's medical history. D/Tpr Rozum consented to EKG and an ultrasound of his heart. D/Tpr asked about the results and the nurse told him that the doctor would review it and tell him. After the tests, a second nurse entered the room and checked his blood pressure and heart rate. D/Tpr Rozum had to sign the pain management contract and the Yinger Pharmacy contract again. A.B. entered the room and told D/Tpr Rozum that he would get his medication and that the cardiologist will look over the results. At the front desk, the receptionist scheduled the next appointment and then returned with the printed out prescription for 90 dosage units of Hydrocodone. D/Tpr Rozum left the office at 5:26 p.m. No physical exam, two test, and did not meet Linares.

March 8, 2010 – the forth appointment at 1030 N Monroe St. D/Tpr Rozum arrived at 3:00 p.m. D/Tpr Rozum filled out all of the forms and listed he had no pain. Over two hours later, he

was put into an exam room. A white male nurse recorded D/Tpr Rozum's weight and blood pressure. At 5:33 p.m., D/Tpr Rozum had to wait in a second waiting area until being called up by the receptionist. When D/Tpr Rozum was called up he received his next appointment and a prescription for 90 dosage units of Hydrocodone that was already printed out and signed. No physical exam, no test, and did not meet Linares.

April 14, 2010 – the fifth appointment at 1030 N Monroe St. D/Tpr Rozum arrived at 1:00 p.m. D/Tpr Rozum filled out all of the required forms, indicating no pain. At 2:00 p.m., the receptionist called D/Tpr Rozum up and requested \$150. When asked why, the receptionist stated that they no longer accept Blue Cross and Blue shield insurance. D/Tpr Rozum paid the office visit fee and sat back down. At approximately 2:30 p.m., D/Tpr Rozum was called to the basement waiting room. Ten minutes later he was put into an exam room where a male nurse recorded his weight and blood pressure. D/Tpr Rozum told the male nurse he had no pain and the male nurse asked if he was there for refills. D/Tpr Rozum asked if he could get Oxycontin.

The male nurse told D/Tpr Rozum that he had to ask the next person he saw. A female nurse entered and D/Tpr Rozum asked if he was going to see the doctor. The female nurse stated took D/Tpr Rozum upstairs and into a waiting room. A couple minutes later he was placed into an exam room. A.B. came in and asked if D/Tpr Rozum wanted to see the doctor. D/Tpr Rozum answered yes. A.B. said he would let him see the doctor, but asked what he (A.B.) could do. D/Tpr Rozum told A.B. he wanted Oxycontin. A.B. asked why and D/Tpr Rozum indicated Vicodin made his stomach feel weird. A.B. left the room saying let me see what he wants to do. At approximately 3:00 p.m., A.B. returned and said he was giving him a prescription for Percocet, which should be lighter on the stomach. D/Tpr Rozum was up at the reception desk when he saw Linares exit an

office and go into an exam room. Not long after, Linares went from the exam room back into the office. The receptionist gave D/Tpr Rozum his next appointment, printed out the unsigned prescription for 120 dosage units of Percocet, walked into the office that Linares was just seen walking into, and came back with the prescription signed. No physical exam, no test, and did not meet Linares.

May 12, 2010 – the sixth appointment visit at 1030 N Monroe St. D/Tpr Rozum arrived at 1:30 p.m. D/Tpr Rozum signed in and was asked for the \$150 office visit. After paying, D/Tpr Rozum was given an Opioid Treatment Contract to read and sign, along with the standard medical forms. D/Tpr Rozum again listed no pain. Over an hour later D/Tpr Rozum was called back where a nurse recorded his blood pressure and heart rate. A.B. and Linares entered to room. Linares asked how he was doing. D/Tpr Rozum replied that he was good. Linares told D/Tpr Rozum that every time the office reviews the information; it is written that there is no pain. D/Tpr Rozum told Linares that he does not have any pain. Linares asked why he was being seen if there is no pain. D/Tpr Rozum replied I take the meds and I have no pain. Linares told A.B. to write down “that the patient has no pain when he takes his meds, and that is why he puts no pain”. At the reception desk, D/Tpr Rozum received his next appointment and a prescription for 120 dosage units of Percocet. No physical exam, no test, and brief conversation with Linares.

June 21, 2010 – The seventh appointment at 1030 N Monroe St. D/Tpr arrived at 9:00 a.m. There was a long line just to sign in at the reception desk. It took D/Tpr Rozum approximately fifteen minutes to get to the reception desk to sign in and pay the \$150 office visit fee. At approximately 11:25 D/Tpr Rozum was placed into an exam room. A medical assistant came in and asked on a 0 to 10 scale where the pain was. 0 was the answer. D/Tpr Rozum was asked a series

of questions about the pain medication and how it affects life, relationships, sleep and other issues. D/Tpr Rozum's blood pressure was taken and recorded. The nurse came in and asked about the nerve test. The nurse stated that he needed to schedule the test. D/Tpr Rozum was then asked by another staff member to supply a urine test. After completing the urine test, D/Tpr Rozum went to the receptionist to schedule the next appointment and receive his prescription. The receptionist told D/Tpr that the nerve test would be done at the next visit and for cash patients, the cost was \$250. D/Tpr Rozum was told to bring \$400 for the test and office visit. The receptionist told D/Tpr to have a seat until the prescription was ready. A short time later the receptionist called D/Tpr Rozum up and gave him his prescription for 120 Percocet tablets. The visit consisted of no physical exam and no test, answered zero for pain, and did not see Linares.

July 27, 2010 – The eighth appointment at 1030 N Monroe St. D/Tpr arrived at 9:30 a.m. D/Tpr signed in and was asked for \$400 for the Nerve test and the office visit. \$400 was given to the receptionist and D/Tpr was told to knock on the door at the north east side of the waiting room. D/Tpr Rozum entered that area and had to sign in and was asked which test he was taking. A technician named M. (identified as H.B.) performed the AXON II Nerve Conduction test. A small metal plate was put under the leg of D/Tpr Rozum and a pen like instrument was touched to that leg from the knee to the ankle and he was asked to alert M. when he felt a tingle. The same procedure was conducted on the other leg. After the test, M. gave D/Tpr Rozum his receipt for \$400. D/Tpr then met with A.B.. A.B. asked about any side affects to the prescribed medication and asked if D/Tpr Rozum wanted a refill. D/Tpr Rozum answered yes to the refill. A.B. then came back into the room and led D/Tpr Rozum to the reception desk. The receptionist asked if D/Tpr Rozum would like an addition 3 day prescription since the next appointment would be longer than thirty days.

D/Tpr Rozum stated he did. The receptionist printed out two prescriptions, walked them into Linares' office and returned with them signed. D/Tpr Rozum left the office with one prescription written for 120 Percocet tablets and a second prescription for 12 Percocet tablets. The visit consisted of no physical exam, the Axon Nerve Conduction test, answered zero for pain, and did not see Linares.

August 30, 2010 – The ninth appointment and first one at then new location, at 14750 Laplaisance Rd. Monroe, MI. This was the first day of the brand new office. D/Tpr Rozum arrived at 11:30 a.m. D/Tpr Rozum signed in, and paid the \$150 office visit fee. D/Tpr Rozum was called into an exam room by a female identified as B.F. D/Tpr was weighed and had his blood pressure recorded. B.F. gave D/Tpr Rozum his receipt for the \$150 office fee. The Clinical Nurse Specialist (identified as A.T.) came into the room. A.T. stated that D/Tpr Rozum still had to complete the bone scan, and it need to be scheduled for the next visit. D/Tpr Rozum then walked to the reception desk. On the way, D/Tpr Rozum identified a room full of patient charts. The receptionist printed out the prescription, walked into another room and returned with one signed prescription for 120 tablets of Percocet tablets. The visit consisted of no physical exam and no test, answered zero for pain, and did not see Linares.

October 11, 2010- D/Tpr Rozum's tenth visit. D/Tpr Rozum arrived at approximately 9:00 a.m. D/Tpr Rozum paid his \$175 office visit fee. D/Tpr Rozum advised that the price went up recently from \$150. The receptionist gave D/Tpr Rozum a number tag and asked him to sit in the waiting room. D/Tpr Rozum was called back after an hour and a half. The nurse recorded his weight and blood pressure. D/Tpr Rozum was asked if he was there for pain. He replied back pain and was there for his refill. D/Tpr Rozum was placed into a room with a television monitor with a

video camera. Linares appeared on the screen and the nurse would hold up the file from time to time so that Linares could see it. Linares asked D/Tpr Rozum to submit to a bone test and D/Tpr Rozum said that if it was a test with radiation, which Linares said it was, he was not going to take it. Linares said okay and asked if the medication is working and if he is satisfied with the treatment. D/Tpr Rozum answered yes. D/Tpr Rozum exited the office at 11:08 a.m. with a prescription for 120 dosage units of Percocet.

November 9, 2010 - D/Tpr Rozum's eleventh visit. D/Tpr Rozum arrived at approximately 9:59 a.m. D/Tpr Rozum paid his \$175 office visit fee. The receptionist gave D/Tpr Rozum a number tag and asked him to sit in the waiting room. D/Tpr Rozum was called back after a short wait. The nurse recorded his weight and blood pressure. D/Tpr Rozum was placed into a room with a television monitor with a video camera. Linares appeared on the screen, and asked D/Tpr Rozum if he has any questions. D/Tpr Rozum said no. Linares then stated that it can't get any better than zero (referencing the pain level that D/Tpr Rozum recorded with the nurse) and the screen went blank. D/Tpr Rozum exited the office at 11:18 a.m. with a prescription for 120 dosage units of Percocet. No physical exam was conducted by anyone.

January 3, 2010 - D/Tpr Rozum's twelfth visit. D/Tpr Rozum arrived at approximately 10:02 a.m. D/Tpr Rozum paid his \$175 office visit fee. D/Tpr Rozum saw a female doctor and requested to see Linares. D/Tpr Rozum was able to talk to Linares via the video system. When asked how the medication was helping, D/Tpr Rozum mentioned that they were helping but not as much as they had before. Linares stated that he needed documentation to give D/Tpr Rozum any additional medication and requested a bone scan for the following month. No mention was made to D/Tpr

Rozum not filling the prescriptions in the past four months. D/Tpr exited the office at 4:02 p.m. with a prescription for 120 dosage units of Percocet. No physical exam was conducted by anyone.

UNDERCOVER OPERATION WITH SA PARKISON

On September 22, 2010 – The first office visit for SA Tyler Parkison acting in an undercover capacity, at 14750 Laplaignance Rd. Monroe, MI. SA Parkison arrived at approximately 2:31p.m. SA Parkison signed in as a new patient and paid the \$235 office visit fee. SA Parkison filled out the required forms and was asked to take a urine test. SA Parkison turned in the required forms and was asked which pharmacy he would be using. SA Parkison asked for any suggestions and the receptionist replied that they have not had too many problems at the Costco stores in Ohio. SA Parkison's blood pressure was taken and recorded into a file. SA Parkison then meet with A.B. and then later with A.B. and Linares. SA Parkison reported that his pain level was between a one and three on a scale to ten. SA Parkison described to Linares that it was kind of a stiffness feeling. Linares checked SA Parkison's reflexes in his knees. Linares believed that it was muscle spasms causing the stiffness. Linares stated that he was going to prescribe Flexeril and Norco, and wanted to have a nerve test conducted on SA Parkison. SA Parkison left the office at approximately 5:04 p.m., with prescriptions for 120 dosage units of Norco 10-325mg and 90 dosage units of Flexeril 10mg. SA Parkison set up his next visit and the Axon Nerve test.

On October 21, 2010 - SA Tyler Parkison's second visit at the Monroe Pain Center. SA Parkison arrived at approximately 4:13 p.m. This visit was the date scheduled for the AXON nerve test. SA Parkison paid \$425 (\$250 for test and \$175 for office visit). A technician named M. (identified as H.B.) performed the AXON II Nerve Conduction test. A small metal plate was put under the leg of SA Parkison and a pen like instrument was touched to that leg from the knee to the

ankle and he was asked to alert Matt when he felt a tingle. The same procedure was conducted on the other leg. After the exam a female entered and gave SA Parkison the receipt for \$425. SA Parkison's blood pressure was recorded and was asked a series of medical questions. A nurse identified as A.T. came in and asked more medical questions. A.T. indicated that SA Parkison had to take a bone scan test in December and told SA Parkison, "Every patient has to have it done". SA Parkison left the office at approximately 5:32 p.m. and received a prescription for 120 dosage units of Percocet 10/325mg and 90 dosage units of Flexeril. SA Parkison did not see Linares.

On November 22, 2010 – SA Tyler Parkison's third visit at the Monroe Pain Center. SA Parkison arrived at approximately 10:08 a.m. SA Parkison met with Dr Linares via a television monitor. Dr Linares asked how the medication was working. SA Parkison started to answer that the medicine was not working, but before SA Parkison could even talk about it, Dr Linares told SA Parkison that he was going to prescribe 90 Norcos for breakthrough pain, in addition to the Percocet and Flexeril. SA Parkison left the office at approximately 3:33 p.m. and received a prescription for 120 dosage units of Percocet 10/325, 90 dosage units of Flexeril, and 90 dosage units of Norco 5/325. SA Parkison saw Dr Linares only via video conference. No physical exam was performed on SA Parkison.

On December 21, 2010 – SA Tyler Parkison's fourth visit at the Monroe Pain Center. SA Parkison arrived at approximately 8:39 a.m. SA Parkison was taken into the back and had his blood pressure recorded. It was noted by the nurse that it appeared high. A second nurse also indicated about the high blood pressure. SA Parkison waited for a while and was then taken to a room and saw Dr Linares via a video screen. Dr Linares asked if the pain medication was working. SA Parkison stated that it was helping a little bit. DR Linares appeared puzzled and said that he would order a

bone scan to get to the bottom of the issue. SA Parkison then commented that he was having trouble sleeping. Dr Linares stated that he would prescribe Ambien. SA Parkison was never examined or even questioned by Dr Linares as to the high blood pressure reading that was noticed by two staff members. SA Parkison received four prescriptions; 120 dosage units of Percocet, 90 dosage units of Norco 5/325, 90 dosage units of Flexeril, and 30 dosage units of Ambien. SA Parkison waited over 30 minutes just to sign in, over one hour to see the doctor and over an hour to check out after seeing doctor.

UNDERCOVER WITH FBI CONFIDENTIAL SOURCE (CS)

On November 1, 2010, FBI Special Agent James Brennan sent in a Confidential Source (CS) into Dr Linares' Monroe Pain Center. The CS was using Medicare insurance. According to the Report written by SA Brennan, the CS complained of back pain and consented to three tests. Two of the tests were described as an exam on his heart and neck, and an electric nerve test. The CS only saw Dr Linares via the video monitor. CS informed Dr Linares that he previously obtained the prescription drug Oxycontin by purchasing it on the "Street" and that it was the only thing that worked. The CS explained that he/she tried Vicodin, Percocet, and they did not work. The CS repeated that Oxy was the only thing that worked. Dr Linares replied that he was glad to know what worked and that it saves a lot of time. The CS received a prescription for 60 dosage units of 80 mg Oxycontin. No physical exam was performed on the CS and the visit lasted approximately five hours.

On December 14, 2010, the FBI CS has a second appointment with Dr Linares at the Monroe Pain Center. The CS had his/her blood pressure and weight recorded. CS makes a comment to the staff that he/she bought Oxycontin off the street, with no reply from staff members. An electronic

impulse test was conducted on the CS' neck. The CS was required to submit to a urine test. The CS, acting on the advice of SA Brennan added an ampoule of Oxycodine into the urine to have a positive test. No issue of the urine test was brought up by the staff or doctor. The CS saw Dr Linares only for a few seconds via the video monitor. During the video conference with Dr. Linares, the CS asks if Dr Linares can show prior treatments so that the CS's insurance will pay for the Oxycontin 80 mg with not having any prior medication prescribed. Dr. Linares says that he can and to talk to the receptionist. The CS received a prescription for 60 dosage units of 80mg Oxycontin and paid \$235 as co-pay. The receptionist informs CS that she can't back date information for CS's insurance. An appointment for a bone scan was scheduled for January.

On January 12, 2011, the FBI CS had a third visit at the Monroe Pain Center. The CS had his/her blood pressure and weight recorded. No urine test was conducted. CS saw Dr Linares via the video screen only for a short time. CS was given a prescription for 60 dosage units of 80 mg Oxycontin.

On January 24, 2011, the FBI CS has a fourth appointment with Dr Linares at the Monroe Pain Center. This appointment was scheduled for the CS to have a Bone Scan test. The CS has the bone scan exam done and did not see Dr Linares during the visit.

On February 9, 2011, the FBI CS had a fifth appointment with Dr Linares at the Monroe Pain Center. After an approximate six hour wait, the CS saw Dr Linares. The visit with Dr Linares only lasted for approximately two minutes. The CS asked how the results of the bone scan was. Dr Linares replied that the results are "fantastic". The CS asked Dr Linares for more medications. CS received prescriptions for 60 dosage units of 80 mg Oxycontin and 120 dosage units of Percocet 10/325 mg.

SEARCH WARRANT BY MICHIGAN STATE POLICE

On October 21, 2011, Sgt Adam Kolbas from the Michigan State Police executed a search warrant at the Monroe Pain Center for a single patient file. Sgt Kolbas used a digital recorder and recorded the conversation he had with Dr Linares. The search warrant was for the file belonging to J.H. J.H. had been arrested for selling pills that were obtained from a prescription written by Dr Linares. J.H. was also discovered to be seeing multiple doctors and obtaining controlled substances from those doctors. During the search warrant, Sgt Kolbas spoke with Dr Linares about the Monroe Pain Center.

From the transcript of the audio recording, Dr Linares stated that they have a full time person who does nothing but run MAPS and OARRS on patients. When asked about J.H. asking for specific medications, Dr Linares replied, "First of all, let me tell you. You come to see and you tell me you want Oxycontin, there is only one place you can go, and that's right out the door. Because nobody tells me what they want." Also stated by Dr Linares was, "I do prescribe a lot of medicines, do I prescribe very powerful drugs, as you can see I do. I do. Everything pharmacokinetic-based and nobody tells me what they want." This is in complete contradiction to the FBI's first C/S visit. Sgt Kolbas asked about new patients in the office. Dr Linares replied that all new patients are drug tested. Dr Linares also said, "We have a new patient package, we have a questionnaire, we have the informed consent opioid agreement. So everything, excerpts of everything that we do, are over here. You'll see the level of comprehensiveness. Of examinations, of everything that we do, it's all in here. As a matter of fact, what I'm tryin' to do, is I'm tryin' to create a model."

Dr Linares was talking about prescriptions and how everyone is verified. Dr Linares also says, that his office records every pharmacy that they talk to. Dr Linares would have knowledge that his prescriptions are being filled hundreds of miles away from the office and patients' home.

When asked about patients abusing prescription medications, Dr Linares replied, "There are a lot of peoples suffering on this planet. A lot of people suffering, so I want those people that are not doing the right thing, I want them out just as much as you do. "

SURVEILLANCE OBSERVATIONS

Your Affiant knows that during surveillance of Linares' office located at 1030 N Monroe, St. Monroe, MI, the following observations were made: (a) patrons would "hang out" outside the front doors of the offices, waiting for the open of business; (b) the overflow of patients would hang outside the offices and its adjacent parking lots; (c) the parking lots would be full of both patients and/or vehicles being driven by the patients; (d) patients would be dropped off at the offices and later picked up; (e) the vehicular traffic in and out of parking lots were always ongoing; (f) most of the employees park at the near-by K-Mart to make room for the patients. Surveillance conducted at Linares new office, the Monroe Pain Center, located at 14750 Laplaisance Rd in Monroe, the following observations were made: (g) the new office has a large designated parking lot that was full of vehicles from Michigan, Ohio, even vehicles from Illinois, Pennsylvania, Kentucky, and Tennessee. (h) Some patients arriving in rental cars. (i) Several vehicles showed up with one to three passengers, with all of them going inside the office and leaving a while later, with prescriptions, receipts, and paperwork in hand. (j) Patients were seen leaving the office and meeting up with other patients, or people waiting in the parking lot, or in the McDonalds fast food restaurant parking lot,

and then going their own way. Based on this information, your Affiant knows that physicians operating "prescription mills" see the types of activities previously described.

FINANCIAL INFORMATION

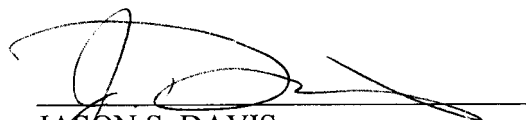
Dr. Linares is responsible for the following billing amounts; 2008 the total amount billed was \$2,083,286.00 with the total amount paid by Medicaid of \$1,199,328.56. The total amount billed in 2009 was \$1,879,613.00; the total amount paid by Medicare was \$1,086,346.11. In 2010, Linares billed \$1,792,357.22; and was paid a total of \$880,610.49 by Medicare. This amount does not include the \$175 cash office fee for non-Medicaid/Medicare patients, or the \$250.00 cash fee for tests of non-Medicaid/Medicare patients.

On average Dr. Linares has 120 patients a day, which equals out to \$21,000 a day, which equals \$105,000 a week, which is \$5,460,000 a year in just office fees. That number does not include the three \$250 tests for cash patients, or the reimbursement from Medicare and Medicaid for the tests and procedures conducted.

CONCLUSION

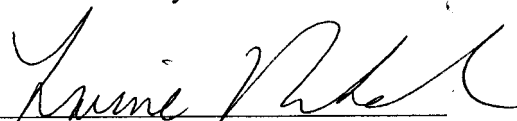
Based on the information contained herein, as well as Affiant's training and experience, Affiant believes there is probable cause to believe that Oscar A. Linares, M.D. has knowingly prescribed controlled substances for other than legitimate medical reasons, which is outside the course of accepted professional practice, in violation of 21 U.S.C. Sections 841(a)(1). There is also probable cause to believe that he has committed health care fraud, in violation of 18 U.S.C. §1347.

I declare under penalty of perjury the foregoing to be true and correct to the best of my knowledge and belief.



JASON S. DAVIS
DEA Task Force Officer

Sworn and subscribed before me
On this 22nd day of March 2011



HON. LAURIE MICHELSON
United States Magistrate Judge

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES

In the Matter of

Oscar Agustine Linares, M.D.
License Number: 43-01-045607

FILE NO.: 43-11-123279

PROOF OF SERVICE

State of Michigan)
)
County of Ingham)

I, Marcie Anderson, of Lansing, County of Ingham, State of Michigan, do hereby state that on February 19, 2013, I sent the following documents to each of the parties listed below, enclosed in an envelope bearing postage fully prepaid, plainly addressed as follows:

ERRATA TO CONSENT ORDER dated February 14, 2013

BY: (X) First Class Mail
() Certified Mail, Return receipt requested

TO: Oscar Agustine Linares, M.D.
46425 Southview Lane
Plymouth, MI 48170

Robert S. Iwrey, Esq.
Health Law Partners
29566 Northwestern Hwy., Ste. 200
Southfield, MI 48034

By Interdepartmental Mail to:

Bill Hurth, Manager
Bureau of Health Care Services
Enforcement Unit

Kelly K. Elizondo
Department of Attorney General
Licensing & Regulation Division
Detroit, MI

Marcie Anderson

Marcie Anderson
Health Professions Division

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
HEALTH PROFESSIONS DIVISION
BOARD OF MEDICINE
DISCIPLINARY SUBCOMMITTEE

In the Matter of

Oscar Augustine Linares, M.D.
License No. 43-01-045607

Complaint No. 43-11-123279

Respondent.

ERRATA TO CONSENT ORDER

ERRATA TO CONSENT ORDER

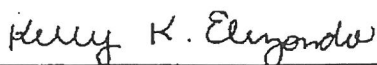
On January 16, 2013, the DSC of the Board of Medicine accepted the Consent Order and Stipulation in this matter. The Consent Order provides that Respondent's license is limited for a period of two years, but does not specify that Respondent's license is to be automatically reclassified upon the expiration of the limitations period.

Therefore, the parties are in agreement that the following language be included in the Consent Order: Respondent's license is LIMITED for a minimum period of two (2) years commencing on the effective date of this order. Reduction of the limitation period shall occur only while Respondent is employed as a medical doctor. Respondent's license shall be reclassified to a full and unlimited status upon the completion of the limitation period provided the terms of this order have been complied with.

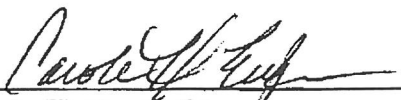
All other terms of the Consent Order and Stipulation remain the same.

Counsel for Respondent, Respondent, Counsel for Petitioner, and Petitioner, by their signatures below, agree to and accept the above and agree that it be included in the original Consent Order and Stipulation signed by the DSC on January 16, 2013.

AGREED TO BY:

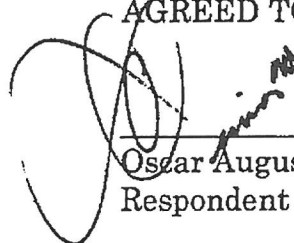


Kelly K. Elizondo
Assistant Attorney General
Attorney for Complainant
Dated: 2-11-2013

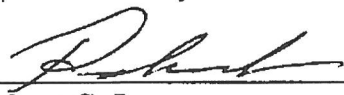


Carole H. Engle Director
Bureau of Health Care Services
Health Professions Division
Department of Licensing
and Regulatory Affairs
Dated: 2-14-13

AGREED TO BY:



Oscar Augustine Linares, M.D.
Respondent
Dated: 2/5/2013



Robert S. Iwrey
Attorney for Respondent
Dated: 2/6/13

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES

In the Matter of

Oscar Agustine Linares, M.D.
License Number: 43-01-045607

FILE NO.: 43-11-123279

PROOF OF SERVICE

State of Michigan)
)
County of Ingham)

I, Marcie Anderson, of Lansing, County of Ingham, State of Michigan, do hereby state that on January 18, 2013, I sent the following documents to each of the parties listed below, enclosed in an envelope bearing postage fully prepaid, plainly addressed as follows:

CONSENT ORDER AND STIPULATION dated January 16, 2013.

BY: First Class Mail
 Certified Mail, Return receipt requested

TO: Oscar Agustine Linares, M.D.
 46425 Southview Lane
 Plymouth, MI 48170

 Robert S. Iwrey, Esq.
 Health Law Partners
 29566 Northwestern Hwy., Ste. 200
 Southfield, MI 48034

By Interdepartmental Mail to:

 Bill Hurth, Manager
 Bureau of Health Care Services
 Enforcement Unit

 Kelly K. Elizondo
 Department of Attorney General
 Licensing & Regulatory Division
 Detroit, MI

Marcie M. Anderson
Marcie M. Anderson
Health Professions Division

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH PROFESSIONS
BOARD OF MEDICINE
DISCIPLINARY SUBCOMMITTEE

In the Matter of

Oscar Augustine Linares, M.D.
License No. 43-01-045607

Complaint No. 43-11-123279

CONSENT ORDER AND STIPULATION

CONSENT ORDER

A first superseding administrative complaint was filed with the Disciplinary Subcommittee of the Board of Medicine on July 16, 2012, charging Oscar Augustine Linares, M.D. (Respondent) with having violated section 16221(b)(x) of the Public Health Code, 1978 PA 368, as amended, MCL 333.1101 *et seq.*

The parties have stipulated that the Disciplinary Subcommittee may enter this consent order. The Disciplinary Subcommittee has reviewed the stipulation contained in this document and agrees that the public interest is best served by resolution of the outstanding complaint. Therefore, the Disciplinary Subcommittee finds that the allegations of fact contained in the complaint are true and that Respondent has violated section 16221(b)(x) of the Public Health Code.

Accordingly, for this violation, IT IS ORDERED:

Respondent's license is LIMITED for a minimum period of two (2) years commencing on the effective date of this order. Reduction of the limitation period shall occur only while Respondent is employed as a medical doctor. The details of the limitation are as follows:

- A. CONTROLLED SUBSTANCES. Respondent shall not obtain, possess, prescribe, dispense or administer any drug designated as a controlled substance under the Public Health Code or its counterpart in federal law unless the controlled substance is prescribed or dispensed by a licensed physician for Respondent as a patient.

- B. PRACTICE OF PAIN MANAGEMENT. Respondent shall not practice pain management and shall not treat patients for chronic pain conditions.

Respondent is placed on PROBATION for a period of two (2) years to run concurrent with the limitations on his license. Respondent shall be automatically discharged from probation at the end of the probationary period provided Respondent has complied with the terms of this order. The terms and conditions of the probation, which Respondent must complete within the period of probation, are as follows:

- A. WORK RELATED REPORTS. Respondent's current employer, Edwin Soler, M.D. and associate, John J. Bernick, M.D., Ph.D., shall file reports with the Department, as further provided below, advising of his work performance. If, at any time, Respondent fails to comply with minimal standards of acceptable and prevailing practice, or appears unable to practice with reasonable skill and

safety, his employer and associate shall immediately notify the Department.

- B. EMPLOYMENT CHANGE. Respondent shall report to the Department in writing any and all changes in his employment or associations within 15 days of such change. Respondent shall provide copies of this order and the first superseding administrative complaint dated July 16, 2012, to each successor employer or associate in any position in which he is working as a medical doctor. The successor employer or associate shall file reports with the Department advising of Respondent's work performance, as set forth above.
- C. COMPLIANCE WITH THE PUBLIC HEALTH CODE. Respondent shall comply with all applicable provisions of the Public Health Code and rules promulgated under the Public Health Code.
- D. RESIDENCY AND PRACTICE OUTSIDE MICHIGAN. Periods of residency and practice outside Michigan shall not reduce the probationary period of this order. Respondent shall report any change of residency or practice outside Michigan to the Department within fifteen days after the change occurs. Compliance with this provision does not satisfy the requirements of section 16192(1) and 16171(f) of the Public Health Code regarding Respondent's duty to report name or mailing address changes to the Department.
- E. REPORT OF NON-EMPLOYMENT. If, at any time during the period of probation, Respondent is not employed as a medical doctor, he shall file a report of non-employment with the Department. Respondent shall file this report within 15 days after becoming unemployed. Respondent shall continue to file reports of non-employment on a quarterly basis until he returns to practice as a medical doctor. If Respondent subsequently returns to practice as a medical doctor, he shall notify the Department of this fact within 15 days after returning to practice.

F. REPORTING PROCEDURE. Unless otherwise provided above, all reports required by the terms of probation shall be filed on a quarterly basis, the first report to be filed at the end of the third month of probation, and subsequent reports every three months until Respondent is discharged from probation. In addition to receiving reports as required above, the Department or its authorized representative may periodically contact the reporting individuals or agencies to inquire of Respondent's progress. By accepting the terms of this consent order and stipulation, Respondent has authorized the release of all necessary records and information.

Any violation of the Public Health Code by Respondent during the period of probation shall be deemed a violation of probation and constitute grounds for further disciplinary action.

Respondent shall direct any communications to the Department that are required by the terms of this order to: Sanction Monitoring Unit, Bureau of Health Professions, Department of Licensing and Regulatory Affairs, P.O. Box 30670, Lansing, Michigan 48909.

Respondent shall be responsible for all costs and expenses incurred in complying with the terms and conditions of this consent order.

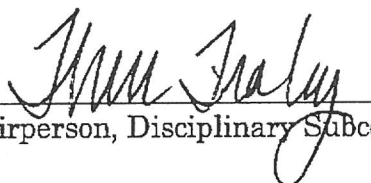
Respondent shall be responsible for the timely compliance with the terms of this consent order, including the timely filing of any documentation. Failure to comply within the time limitations provided will constitute a violation of this order.

If Respondent violates any term or condition set forth in this order, Respondent will be in violation of 1996 AACRS, R 338.1632, and section 16221(h) of the Public Health Code.

This order shall be effective on the date signed by the Chairperson of the Disciplinary Subcommittee or the Disciplinary Subcommittee's authorized representative, as set forth below.

Signed on 1-16-13

MICHIGAN BOARD OF MEDICINE

By 
Chairperson, Disciplinary Subcommittee

STIPULATION

The parties stipulate as follows:

1. Respondent does not contest the allegations of fact and law in the complaint. Respondent understands that, by pleading no contest, he does not admit the truth of the allegations but agrees that the Disciplinary Subcommittee may treat the allegations as true for resolution of the complaint and may enter an order treating the allegations as true.

2. Respondent understands and intends that, by signing this stipulation, he is waiving the right under the Public Health Code, rules promulgated under the Public Health Code, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended, MCL 24.201 *et seq*, to require the Department to prove the charges set forth in the complaint by presentation of evidence and legal authority, and to present a defense to the charges before the Disciplinary Subcommittee or its authorized representative. Should the Disciplinary Subcommittee reject the proposed consent order, the parties reserve the right to proceed to hearing.

3. The Disciplinary Subcommittee may enter the above Consent Order, supported by Board conferee Richard Burney, M.D. Dr. Burney or an attorney from the Licensing and Regulation Division may discuss this matter with the Disciplinary Subcommittee in order to recommend acceptance of this resolution.

4. Dr. Burney and the parties considered the following factors in reaching this agreement:

A. The revocation of Respondent's Ohio license was based on an administrative action arising from the voluntary surrender of Respondent's DEA registration.

B. A federal indictment has not been issued against the Respondent. Respondent has never been charged or convicted of a crime.

C. Respondent was able to substantiate his claims that he was not knowingly over-prescribing narcotics and that he was not involved in drug diversion.

D. At his compliance conference with Dr. Burney and the Assistant Attorney General on October 11, 2012, Respondent explained that he had been working on a theory regarding the computational dispensing of medicine for many years. He advised that he has been a visiting scientist at the University of Pennsylvania and has been working with Raymond Boston. The undersigned AAG spoke with Dr. Boston, who is a professor of statistics and mathematics at the University of Pennsylvania. Dr. Boston confirmed that he and the Respondent have worked together for years on using biomathematics and statistics to improve patient safety. They worked together on dosing patients with Coumadin and Warfarin using gender and racing differences in clotting times. He further confirmed that he and Respondent had been using computational methods in dosing for pain management and that their goal was efficacious and therapeutic care. Dr. Boston stated Respondent was an innovative clinician.

E. Respondent stated that he was using the computational method for dosing when he prescribed pain medications to patients during the time undercover officers were posing as patients in his practice.

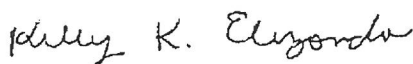
F. Respondent no longer maintains his individual office practice. Respondent is currently employed by Edwin Soler, M.D. who owns "Physicians Residential Services." Dr. Soler provided a letter confirming Respondent's employment, stating that Respondent is currently evaluating and treating venous stasis ulcers, decubitus ulcers

and bed wounds in a home health care setting. Dr. Soler opined that Respondent's professional practice was satisfactory.

G. Respondent supplied documentary evidence that he completed a two year fellowship at the University of Michigan in geriatric medicine. Respondent still treats geriatric patients. Respondent currently rents office space from John J. Bernick, M.D., Ph.D. Dr. Bernick has his own medical practice. Dr. Bernick supplied correspondence confirming the office arrangement, stating that he and Respondent cover each other's patients when necessary and that it was his opinion that Respondent provided high quality medical care.

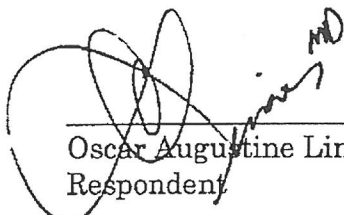
By signing this stipulation, the parties confirm that they have read, understand and agree with the terms of the consent order.

AGREED TO BY:




Kelly K. Elizondo
Assistant Attorney General
Attorney for Complainant
Dated: 11/19/2012

AGREED TO BY:



Oscar Augustine Linares, M.D.
Respondent

Dated: 11/7/2012



Robert S. Iwrey
Attorney for Respondent
Dated: 11/14/12

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH PROFESSIONS
BOARD OF MEDICINE
DISCIPLINARY SUBCOMMITTEE

RECEIVED
JUL 18 2012
DEPARTMENT OF LICENSING & REGULATORY AFFAIRS
BUREAU OF HEALTH PROFESSIONS
REGULATORY DIVISION - ENFORCEMENT SECTION

In the Matter of

Oscar Agustine Linares, M.D.
License No. 43-01-045607

File no. 43-11-123279

FIRST SUPERSEDING ADMINISTRATIVE COMPLAINT

Attorney General Bill Schuette, through Assistant Attorney General Kelly K. Elizondo, on behalf of the Department of Licensing and Regulatory Affairs, Complainant herein, files the within First Superseding Administrative Complaint against Oscar Agustine Linares, M.D. (Respondent), alleging upon information and belief as follows:

1. The Board of Medicine (Board) is an administrative agency established by the Public Health Code (Code), 1978 PA 368, as amended, MCL 333.1101 *et seq*, and is empowered to discipline licensees under the Code through its Disciplinary Subcommittee (DSC).

2. Section 16221(b)(x) of the Code authorizes the DSC to take action against Respondent for a final adverse administrative action by a licensure, registration, disciplinary, or certification board involving the holder of, or an applicant for, a license or registration regulated by another state or a territory of the United States,

by the United States military, by the federal government, or by another country. A certified copy of the record of the board is conclusive evidence of the final action.

3. Section 16226 of the Code authorizes the DSC to impose sanctions against a person licensed by the Board if, after opportunity for a hearing, the DSC determines that a licensee violated one or more of the subdivisions contained in section 16221 of the Code.

4. Respondent is currently licensed to practice medicine in the state of Michigan.

5. On December 14, 2011, the State Medical Board of Ohio issued an Entry of Order which permanently revoked Respondent's license to practice medicine and surgery in the State of Ohio. A copy of the certified record from Ohio is marked Exhibit A, and is attached and incorporated.

COUNT I

The foregoing disciplinary action in the state of Ohio, as set forth above in paragraph 5, constitutes a final adverse administrative action by a licensure, registration, disciplinary, or certification board involving the holder of, or an applicant for, a license or registration regulated by another state or a territory of the United States, in violation of section 16221(b)(x) of the Code.

FURTHER, the administrative complaint previously filed against Respondent on May 24, 2012, is hereby WITHDRAWN and replaced in full by this first superseding complaint.

BILL SCHUETTE
Attorney General

Kelly K. Elizondo

Kelly K. Elizondo
Assistant Attorney General
Licensing & Regulation Division
3030 W. Grand Blvd., Suite 10-100
Cadillac Place, 10th Floor
Detroit, Michigan 48202
Telephone (313) 456-0040

Dated: July 16, 2012

PROOF OF SERVICE

The undersigned certifies that on the date indicated above a copy of the foregoing document was served upon Robert S. Iwrey, Attorney for Respondent, by mailing the same enclosed in an envelope bearing first class postage fully prepaid and plainly addressed as follows:

29566 Northwestern Hwy #200
Southfield, MI 48034

Alisa S. Hill

Alisa S. Hill

A

State Medical Board of Ohio

30 E. Broad Street, 3rd Floor, Columbus, OH 43215-6127

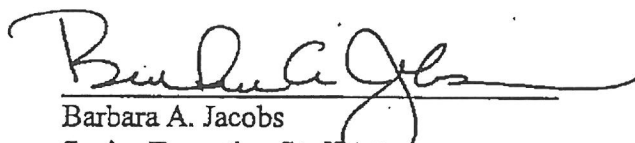
Richard A. Whitehouse, Esq.
Executive Director

(614) 466-3934
med.ohio.gov

CERTIFICATION

I hereby certify that the attached December 14, 2011, Board Order; and May 11, 2011, Notice of Opportunity for Hearing are true and complete copies as they appear in the records of the State Medical Board of Ohio in the Matter of Oscar Augustine Linares, M.D.

This certification is made by authority of the State Medical Board and on its behalf.


Barbara A. Jacobs
Senior Executive Staff Attorney

(SEAL)

February 2, 2012

Date

114220 ATTACHMENT # 10-1

State Medical Board of Ohio

30 E. Broad Street, 3rd Floor, Columbus, OH 43215-6127

Richard A. Whitehouse, Esq.
Executive Director

(614) 466-3934
med.ohio.gov

December 14, 2011

Oscar Augustine Linares, M.D.
13872 Lake Drive
Monroe, MI 48161

RE: Case No. 11-CRF-054

Dear Doctor Linares:

Please find enclosed certified copies of the Entry of Order; the Report and Recommendation of Danielle R. Blue, Esq., Hearing Examiner, State Medical Board of Ohio; and an excerpt of draft Minutes of the State Medical Board, meeting in regular session on December 14, 2011, including motions approving and confirming the Report and Recommendation as the Findings and Order of the State Medical Board of Ohio.

Section 119.12, Ohio Revised Code, may authorize an appeal from this Order. Such an appeal must be taken to the Franklin County Court of Common Pleas.

Such an appeal must be commenced by the filing of a Notice of Appeal with the State Medical Board and the Franklin County Court of Common Pleas. The Notice of Appeal must set forth the Order appealed from and state that the State Medical Board's Order is not supported by reliable, probative, and substantive evidence and is not in accordance with law. The Notice of Appeal may, but is not required to, set forth the specific grounds of the appeal. Any such appeal must be filed within fifteen (15) days after the mailing of this notice and in accordance with the requirements of Section 119.12, Ohio Revised Code.

THE STATE MEDICAL BOARD OF OHIO



Lance A. Talmage, M.D.
Secretary

LAT:jam
Enclosures

CERTIFIED MAIL NO. 91 7199 9991 7030 3311 0516
RETURN RECEIPT REQUESTED

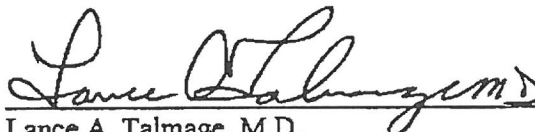
Jenifer A. Belt, Esq.
CERTIFIED MAIL NO. 91 7199 9991 7030 3311 0523
RETURN RECEIPT REQUESTED

Mailed 12-15-11

CERTIFICATION

I hereby certify that the attached copy of the Entry of Order of the State Medical Board of Ohio; Report and Recommendation of Danielle R. Blue, State Medical Board Hearing Examiner; and excerpt of draft Minutes of the State Medical Board, meeting in regular session on December 14, 2011, including motions approving and confirming the Findings of Fact, Conclusions and Proposed Order of the Hearing Examiner as the Findings and Order of the State Medical Board of Ohio; constitute a true and complete copy of the Findings and Order of the State Medical Board in the matter of Oscar Augustine Linares, M.D., Case No. 11-CRF-054, as it appears in the Journal of the State Medical Board of Ohio.

This certification is made by authority of the State Medical Board of Ohio and in its behalf.



Lance A. Talmage, M.D.
Secretary

(SEAL)

December 14, 2011

Date

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF

*

*

CASE NO. 11-CRF-054

OSCAR AUGUSTINE LINARES, M.D.

*

ENTRY OF ORDER

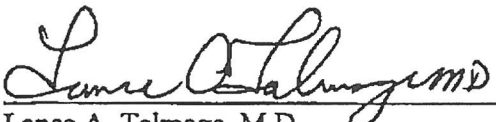
This matter came on for consideration before the State Medical Board of Ohio on December 14, 2011.

Upon the Report and Recommendation of Danielle R. Blue, State Medical Board Hearing Examiner, designated in this Matter pursuant to R.C. 4731.23, a true copy of which Report and Recommendation is attached hereto and incorporated herein, and upon the approval and confirmation by vote of the Board on the above date, the following Order is hereby entered on the Journal of the State Medical Board of Ohio for the above date.

It is hereby ORDERED that:

- A. **MOTION DENIED:** The motion to dismiss submitted by Oscar Augustine Linares, M.D., is DENIED.
- B. **PERMANENT REVOCATION:** The certificate of Dr. Linares to practice medicine and surgery in the State of Ohio shall be PERMANENTLY REVOKED.

This Order shall become effective immediately upon the mailing of the notification of approval by the Board.



Lance A. Talmage, M.D.
Secretary

(SEAL)

December 14, 2011

Date

114220

ATTACHMENT # 10-4

BEFORE THE STATE MEDICAL BOARD OF OHIO

In the Matter of

Oscar Augustine Linares, M.D.,

Respondent.

*

*

*

Case No. 11-CRF-054

Hearing Examiner Blue

STATE MEDICAL BOARD
OF OHIO
2011 OCT 28 PM 1:24

REPORT AND RECOMMENDATION

Basis for Hearing:

By letter dated May 11, 2011, the State Medical Board of Ohio [Board] notified Oscar Augustine Linares, M.D., that it intended to determine whether to take disciplinary action against his certificate to practice medicine and surgery in Ohio. The Board based its proposed action on an allegation that the Drug Enforcement Administration [DEA] issued Dr. Linares an Order to Show Cause and Immediate Suspension of his Certificate of Registration. The Board further alleged that Dr. Linares voluntarily surrendered his controlled substances privileges to the DEA because of his alleged failure to comply with the federal requirements pertaining to controlled substances, and as an indication to remedy any incorrect and unlawful practices.

The Board charged that the Immediate Suspension and/or Voluntary Surrender constitutes "the termination or suspension of a certificate of registration to prescribe drugs by the drug enforcement administration of the United States department of justice," as set forth in Ohio Revised Code Section [R.C.] 4731.22(B)(24).

Finally, the Board advised Dr. Linares of his right to request a hearing in this matter. By request filed on June 10, 2011, Dr. Linares requested a hearing. (State's Exhibits [St. Exs.] 1A, 1B)

Appearances:

Mike DeWine, Attorney General, and Heidi W. Dorn, Assistant Attorney General, for the State of Ohio. Jenifer A. Belt, Esq., on behalf of Dr. Linares.

Hearing Date: October 14, 2011

SUMMARY OF THE EVIDENCE

All evidence admitted in this matter, even if not specifically mentioned, was thoroughly reviewed and considered by the Hearing Examiner prior to preparing this Report and Recommendation.

1. Oscar Augustine Linares, M.D., was born in 1957 in Cuba. He obtained his medical degree from the Universidad Central del Este School of Medicine in 1981. He was initially licensed to practice medicine in Ohio in 2009. He currently holds an active license in Ohio. Dr. Linares' designated specialties are listed as internal medicine, geriatric medicine, and interventional pain management. (State of Ohio, Ohio eLicense Center, at <https://license.ohio.gov.lookup>, accessed on October 26, 2011)
2. By letter dated March 22, 2011, the U.S. Department of Justice – DEA issued Dr. Linares an Order to Show Cause and Immediate Suspension of his Certificate of Registration [Immediate Suspension] because his “continued registration constitutes an imminent danger to the public health and safety.” The Immediate Suspension was based on the following allegations:
 2. Between December 21, 2009, and March 16, 2011, you distributed controlled substances by issuing “prescriptions” for other than a legitimate medical purpose or outside the usual course of professional practice to undercover law enforcement officers and an individual working with law enforcement.
 - a. Between December 21, 2009, and January 3, 2011, a Michigan State Police Deputy Trooper posing as patient C.R. visited your medical practice twelve times. During the first four visits to your medical practice, patient C.R. never met with you, but you issued prescriptions for hydrocodone, a Schedule III narcotic, to him on each visit. During the fifth visit, patient C.R. never met with you, but you issued a prescription for oxycodone, a Schedule II narcotic to him because he asked one of your staff members for an oxycodone product. During the remainder of patient C.R.'s visits to your medical practice, you continued to issue prescriptions for oxycodone to him. During three of his final seven visits, patient C.R. did not meet with you. During another three of his final seven visits, patient C.R. conferred with you briefly via a video link in the examination room. The prescriptions you issued to patient C.R. failed to comport with 21 C.F.R. § 1306.04 because, *inter alia*, you failed to physically exam[in]e patient C.R., and you failed to provide a legitimate diagnosis that warranted the prescribing of controlled substances.
 - b. On September 22, 2010, a DEA Task Force Officer posing as patient P.R. visited your medical practice. You performed a perfunctory exam of patient P.R. who had told you that he sustained an injury nine or ten years prior to your meeting. Patient P.R. asked for an oxycodone product by name. You

issued a prescription for hydrocodone to P.R. and told him that if you could document nerve damage then you could prescribe stronger medication.

- c. Between September 22, 2010, and December 21, 2010, a DEA Special Agent posing as patient T.W. visited your medical practice four times. During the first visit to your medical practice, patient T.W. described his pain as between one and three on a one to ten scale. After you conducted a perfunctory physical examination, you issued a prescription for hydrocodone to patient T.W. During the second visit, patient T.W. never met with you, but you issued a prescription for oxycodone to him. During his third and fourth visits to your medical practice, patient T.W. conferred with you briefly via a video link in the examination room. At his third visit, you issued prescriptions for oxycodone and hydrocodone to patient T.W. At his fourth visit, you issued prescriptions for oxycodone, hydrocodone, and zolpidem, a Schedule IV depressant, to patient T.W.
 - d. Between November 1, 2010, and March 16, 2011, an individual cooperating with the Federal Bureau of Investigation visited your practice six times. This individual told you that he purchased Oxycontin on the "street," and that it was the only thing that worked for him. You then issued a prescription for Oxycontin, an oxycodone product, to him. You continued to prescribe Oxycontin at each subsequent visit except for one visit when the individual was present to undergo a bone scan test. During these subsequent visits, the individual met with you briefly, saw you only via video link, or did not meet with you at all. Nonetheless, you continued to issue prescriptions for Oxycontin to this individual. At his request, you added a prescription for a second oxycodone product during the fifth and sixth visits.
3. You repeatedly issued prescriptions for controlled substances to individuals under the following circumstances that are indicative of the diversion and abuse of controlled substances:
- a. You issued prescriptions for identical controlled substances to multiple individuals who share the same residential address.
 - b. You issued prescriptions to numerous individuals who travelled unusually great distances to visit your medical

practice. Vehicles bearing license plates from Illinois, Kentucky, Pennsylvania, and Tennessee have been observed in the parking lot of your medical practice.

- c. You issued prescriptions for controlled substances to individuals who were obtaining the same or similar controlled substances from other practitioners.

(St. Ex. 2)

3. On March 23, 2011, Dr. Linares signed a Voluntary Surrender of Controlled Substances Privileges [Voluntary Surrender]. (St. Ex. 3) The executed form states in relevant part:

After being fully advised of my rights, and understanding that I am not required to surrender my controlled substances privileges, I freely execute this document and choose to take the action described herein.

In view of my alleged failure to comply with the Federal requirements pertaining to controlled substances, and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part;

In view of my desire to terminate handling of controlled substances listed in schedule(s) 2-5;

I hereby voluntarily surrender my Drug Enforcement Administration Certificate of Registration, unused order forms, and all my controlled substances listed in schedule(s) 2-5 as evidence of my agreement to relinquish my privilege to handle controlled substances listed in schedule(s) 2-5. Further, I agree and consent that this document shall be authority for the Administrator of the Drug Enforcement Administration to terminate and revoke my registration without an order to show cause, a hearing, or any other proceedings, (and if not all controlled substances privileges are surrendered, be issued a new registration certificate limited to schedule(s) 2-5).

* * *

(St. Ex. 3)

4. According to the DEA's Certification of Registration History dated October 12, 2011, Dr. Linares' DEA certificate of registration was "surrendered for cause and retired from the DEA computer system on March 24, 2011, after which date no controlled substances could be obtained, stored, administered, prescribed, or dispensed." (St. Ex. 5)

5. Dr. Linares and Ms. Belt did not appear at the Board hearing. However, on October 12, 2011, Ms. Belt filed Dr. Linares' written position, arguments, and contentions with the Board which was marked as Respondent's Exhibit A.

MOTION TO DISMISS

In Respondent's Exhibit A, Dr. Linares moved to dismiss the allegations against him. Dr. Linares argued that the voluntary surrender "does not amount to a termination or suspension of his certificate to practice" because the DEA's Certification of Registration History states that his DEA certificate was "retired" not terminated or suspended.

The State contends that the evidence in this matter shows that Dr. Linares surrendered his DEA certificate and that his privileges to prescribe were terminated as of March 24, 2011.

Dr. Linares' Voluntary Surrender states: "I agree and consent that this document shall be authority for the Administrator of the Drug Enforcement Administration to terminate and revoke my registration without an order to show cause, a hearing, or any other proceedings * * *." As further evidenced by the DEA's Certification of Registration History, Dr. Linares' certificate of registration to prescribe controlled substances has been terminated.

FINDINGS OF FACT

1. By letter dated March 22, 2011, the U.S. Department of Justice - Drug Enforcement Administration [DEA] issued Oscar Augustine Linares, M.D., an Order to Show Cause and Immediate Suspension of his Certificate of Registration [Immediate Suspension], as his continued registration constituted an imminent danger to the public health and safety. The Immediate Suspension was based on Dr. Linares' repeated issuance of prescriptions for controlled substances for other than a legitimate medical purpose or outside the usual course of professional practice to undercover law enforcement officers and an individual working with law enforcement, as well as Dr. Linares' repeated issuance of prescriptions for controlled substances to individuals under circumstances indicative of the diversion and abuse of controlled substances.
2. On March 23, 2011, Dr. Linares executed a Voluntary Surrender of Controlled Substances Privileges to the U.S Department of Justice - DEA based upon his alleged failure to comply with the Federal requirements pertaining to controlled substances, and as an indication to remedy any incorrect or unlawful practices on his part.

CONCLUSION OF LAW

As set forth in Findings of Fact 2, the Voluntary Surrender constitutes “* * * the termination or suspension of a certificate of registration to prescribe drugs by the drug enforcement administration of the United States department of justice,” as set forth in R.C. 4731.22(B)(24).

DISCUSSION OF PROPOSED ORDER

The Board has the authority to take disciplinary action against Dr. Linares’s medical license pursuant to R.C. 4731.22(B)(24) because he signed the Voluntary Surrender which constitutes a termination of his DEA certificate to prescribe controlled substances.

Dr. Linares did not attend the hearing or present a written statement to explain the circumstances surrounding the Immediate Suspension and/or Voluntary Surrender. As such, the Hearing Examiner is left with the evidence admitted at the hearing to recommend a proper order.

According to the Immediate Suspension, the Michigan State police, DEA, and FBI conducted an undercover investigation of Dr. Linares’ medical practice that lasted approximately two years. Based on this investigation, an Immediate Suspension was issued to Dr. Linares by the DEA on March 22, 2011. The Immediate Suspension alleged that Dr. Linares issued prescriptions for controlled substances without performing physical examinations on the patients and/or providing legitimate diagnoses (i.e. patients C.R. and T.W.). The Immediate Suspension also alleged that Dr. Linares issued prescriptions for identical controlled substances to multiple individuals that shared the same residential address; issued prescriptions for controlled substances to individuals who traveled from other states; and issued prescriptions for controlled substances to individuals who were receiving the same or similar controlled substances from other providers. One day later, on March 23, 2011, Dr. Linares voluntarily surrendered his DEA certificate to prescribe controlled substances “based upon his alleged failure to comply with the Federal requirements pertaining to controlled substances, and as an indication to remedy any incorrect or unlawful practices on his part.”

Based on the foregoing, the Hearing Examiner recommends that Dr. Linares’ certificate to practice medicine in the State of Ohio be permanently revoked.

PROPOSED ORDER

It is hereby ORDERED that:

- A. **MOTION DENIED:** The motion to dismiss submitted by Oscar Augustine Linares, M.D., is DENIED.
- B. **PERMANENT REVOCATION:** The certificate of Dr. Linares to practice medicine and surgery in the State of Ohio shall be PERMANENTLY REVOKED.

This Order shall become effective immediately upon the mailing of the notification of approval by the Board.



Danielle R. Blue, Esq.
Hearing Examiner

State Medical Board of Ohio

30 E. Broad Street, 3rd Floor, Columbus, OH 43215-6127

Richard A. Whitehouse, Esq.
Executive Director

(614) 466-3934
med.ohio.gov

EXCERPT FROM THE DRAFT MINUTES OF DECEMBER 14, 2011

REPORTS AND RECOMMENDATIONS AND PROPOSED FINDINGS AND PROPOSED ORDERS

Dr. Suppan announced that the Board would now consider the Reports and Recommendations, and the Proposed Findings and Proposed Order appearing on its agenda.

Dr. Suppan asked whether each member of the Board had received, read and considered the hearing records; the Findings of Fact, Conclusions of Law, Proposed Orders, and any objections filed in the matters of: James E. Lundeen, Sr., M.D.; Myron Lyle Shank, M.D.; Oscar Augustine Linares, M.D.; Karin Petra Simon-Demel, M.D.; and Rajiv Yakhmi, M.D. A roll call was taken:

ROLL CALL:	Dr. Strafford	- aye
	Mr. Hairston	- aye
	Dr. Madia	- aye
	Dr. Mahajan	- aye
	Dr. Steinbergh	- aye
	Dr. Suppan	- aye
	Dr. Amato	- aye
	Dr. Talmage	- aye
	Dr. Ramprasad	- aye

Dr. Suppan asked whether each member of the Board understands that the disciplinary guidelines do not limit any sanction to be imposed, and that the range of sanctions available in each matter runs from dismissal to permanent revocation. A roll call was taken:

ROLL CALL:	Dr. Strafford	- aye
	Mr. Hairston	- aye
	Dr. Madia	- aye
	Dr. Mahajan	- aye
	Dr. Steinbergh	- aye
	Dr. Suppan	- aye
	Dr. Amato	- aye
	Dr. Talmage	- aye
	Dr. Ramprasad	- aye

Dr. Suppan noted that, in accordance with the provision in section 4731.22(F)(2), Ohio Revised Code, specifying that no member of the Board who supervises the investigation of a case shall participate in further adjudication of the case, the Secretary and Supervising Member must abstain from further participation in the adjudication of these matters. In the matters before the Board today, Dr. Talmage served as Secretary and Dr. Amato served as Supervising Member.

Dr. Suppan reminded all parties that no oral motions may be made during these proceedings.

The original Reports and Recommendations shall be maintained in the exhibits section of this Journal.

.....
OSCAR AUGUSTINE LINARES, M.D., Case No. 11-CRF-054
.....

Dr. Talmage exited the meeting prior to this discussion.

.....
Dr. Steinbergh moved to approve and confirm Ms. Blue's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Oscar Augustine Linares, M.D. Mr. Hairston seconded the motion.
.....

A vote was taken on Dr. Steinbergh's motion to approve:

ROLL CALL:	Dr. Stafford	- aye
	Mr. Hairston	- aye
	Dr. Madia	- aye
	Dr. Mahajan	- aye
	Dr. Steinbergh	- aye
	Dr. Suppan	- aye
	Dr. Amato	- abstain
	Dr. Ramprasad	- aye

The motion to approve carried.

State Medical Board of Ohio

30 E. Broad Street, 3rd Floor, Columbus, OH 43215-6127

Richard A. Whitehouse, Esq.
Executive Director

(614) 466-3934
med.ohio.gov

May 11, 2011

Case number: 11-CRF- 054

Oscar Augustine Linares, M.D.
13872 Lake Dr.
Monroe, MI 48161

Dear Doctor Linares:

In accordance with Chapter 119., Ohio Revised Code, you are hereby notified that the State Medical Board of Ohio [Board] intends to determine whether or not to limit, revoke, permanently revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery, or to reprimand you or place you on probation for one or more of the following reasons:

- (1)(a) By letter dated March 22, 2011, the U.S. Department of Justice – Drug Enforcement Administration [DEA] issued to you an Order to Show Cause and Immediate Suspension of Registration [Immediate Suspension], as your continued registration constituted an imminent danger to the public health and safety. The Immediate Suspension was based on your repeated issuance of prescriptions for controlled substances for other than legitimate medical purpose or outside the usual course of professional practice to undercover law enforcement officers and an individual working with law enforcement, as well as your repeated issuance of prescriptions for controlled substances to individuals under circumstances indicative of the diversion and abuse of controlled substances. A copy of the Immediate Suspension is attached hereto and incorporated herein.
- (b) On or about March 23, 2011, you executed a Voluntary Surrender of Controlled Substances Privileges [Voluntary Surrender] to the DEA based upon your alleged failure to comply with the Federal requirements pertaining to controlled substances, and as an indication to remedy any incorrect or unlawful practices on your part. A copy of the Voluntary Surrender is attached hereto and incorporated herein.

The Immediate Suspension and/or the Voluntary Surrender as alleged in paragraph (1) above, constitutes "[t]he revocation, suspension, restriction, reduction, or termination of clinical privileges by the United States department of defense or department of veterans affairs or the termination or suspension of a certificate of registration to prescribe drugs by the drug enforcement administration of the United States department of justice," as that clause is used in Section 4731.22(B)(24), Ohio Revised Code.

Pursuant to Chapter 119., Ohio Revised Code, you are hereby advised that you are entitled to a hearing in this matter. If you wish to request such hearing, the request must be made in writing

Mailed 5-12-11

Oscar Augustine Linares, M.D.

Page 2

and must be received in the offices of the State Medical Board within thirty days of the time of mailing of this notice.

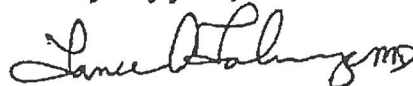
You are further advised that, if you timely request a hearing, you are entitled to appear at such hearing in person, or by your attorney, or by such other representative as is permitted to practice before this agency, or you may present your position, arguments, or contentions in writing, and that at the hearing you may present evidence and examine witnesses appearing for or against you.

In the event that there is no request for such hearing received within thirty days of the time of mailing of this notice, the State Medical Board may, in your absence and upon consideration of this matter, determine whether or not to limit, revoke, permanently revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery or to reprimand you or place you on probation.

Please note that, whether or not you request a hearing, Section 4731.22(L), Ohio Revised Code, provides that "[w]hen the board refuses to grant a certificate to an applicant, revokes an individual's certificate to practice, refuses to register an applicant, or refuses to reinstate an individual's certificate to practice, the board may specify that its action is permanent. An individual subject to a permanent action taken by the board is forever thereafter ineligible to hold a certificate to practice and the board shall not accept an application for reinstatement of the certificate or for issuance of a new certificate."

Copies of the applicable sections are enclosed for your information.

Very truly yours,



Lance A. Talmage, M.D.
Secretary

LAT/DSZ/fib
Enclosures

CERTIFIED MAIL #91 7108 2133 3938 3087 9995
RETURN RECEIPT REQUESTED

cc: Michael E. Myckowiak, Esq.
Myckowiak Associates, P.C.
615 Griswold Street, Suite 1724
Detroit, MI 48226

CERTIFIED MAIL #91 7108 2133 3938 3087 9988
RETURN RECEIPT REQUESTED

114220

ATTACHMENT # 10-15



U.S. Department of Justice
Drug Enforcement Administration

Office of the Administrator

Springfield, VA 22152

March 22, 2011

IN THE MATTER OF

Oscar Linares, M.D.
14750 La Plaisance Road, Suite H240
Monroe, Michigan 48161

**ORDER TO SHOW CAUSE AND
IMMEDIATE SUSPENSION OF REGISTRATION**

PURSUANT to Sections 303 and 304 of the Controlled Substances Act, Title 21, United States Code, Sections 823 and 824,

NOTICE is hereby given to inform you of the immediate suspension of Drug Enforcement Administration ("DEA") Certificate of Registration, AL1972884, pursuant to 21 U.S.C. § 824(d), because your continued registration constitutes an imminent danger to the public health and safety. Notice is also given to afford you an opportunity to show cause before DEA, at DEA Headquarters located at 600 Army Navy Drive, Arlington, Virginia, or a location designated by the Administrative Law Judge, on May 24, 2011 (if you request such a hearing), as to why DEA should not revoke your registration pursuant to 21 U.S.C. § 824(a)(4), deny any pending applications for renewal or modification of such registration, and deny any applications for additional registrations, pursuant to 21 U.S.C. § 823(f), because your continued registration is inconsistent with the public interest, as that term is defined in 21 U.S.C. § 823(f). The basis for this Order to Show Cause and Immediate Suspension of Registration is set forth in the following non-exhaustive summary of facts.

1. You are registered with DEA as a practitioner in Schedules II-V under DEA registration number AL1972884 which expires by its terms on March 31, 2012.
2. Between December 21, 2009, and March 16, 2011, you distributed controlled substances by issuing "prescriptions" for other than a legitimate medical purpose or outside the usual course of professional practice to undercover law enforcement officers and an individual working with law enforcement.

114220

ATTACHMENT # 10-16

- a. Between December 21, 2009, and January 3, 2011, a Michigan State Police Deputy Trooper posing as patient C.R. visited your medical practice twelve times. During the first four visits to your medical practice, patient C.R. never met with you, but you issued prescriptions for hydrocodone, a Schedule III narcotic, to him on each visit. During the fifth visit, patient C.R. never met with you, but you issued a prescription for oxycodone, a Schedule II narcotic to him because he asked one of your staff members for an oxycodone product. During the remainder of patient C.R.'s visits to your medical practice, you continued to issue prescriptions for oxycodone to him. During three of his final seven visits, patient C.R. did not meet with you. During another three of his final seven visits, patient C.R. conferred with you briefly via a video link in the examination room. The prescriptions you issued to patient C.R. failed to comport with 21 C.F.R. § 1306.04 because, *inter alia*, you failed to physically exam patient C.R., and you failed to provide a legitimate diagnosis that warranted the prescribing of controlled substances.
- b. On September 22, 2010, a DEA Task Force Officer posing as patient P.R. visited your medical practice. You performed a perfunctory exam of patient P.R. who had told you that he sustained an injury nine or ten years prior to your meeting. Patient P.R. asked for an oxycodone product by name. You issued a prescription for hydrocodone to P.R. and told him that if you could document nerve damage then you could prescribe stronger medications.
- c. Between September 22, 2010, and December 21, 2010, a DEA Special Agent posing as patient T.W. visited your medical practice four times. During the first visit to your medical practice, patient T.W. described his pain as between one and three on a one to ten scale. After you conducted a perfunctory physical examination, you issued a prescription for hydrocodone to patient T.W. During the second visit, patient T.W. never met with you, but you issued a prescription for oxycodone to him. During his third and fourth visits to your medical practice, patient T.W. conferred with you briefly via a video link in the examination room. At his third visit, you issued prescriptions for oxycodone and hydrocodone to patient T.W. At his fourth visit, you issued prescriptions for oxycodone, hydrocodone, and zolpidem, a Schedule IV depressant, to patient T.W.
- d. Between November 1, 2010, and March 16, 2011, an individual cooperating with the Federal Bureau of Investigation visited your practice six times. This individual told you that he purchased Oxycontin® on the "street," and that it was the only thing that worked for him. You then issued a prescription for Oxycontin®, an oxycodone product, to him. You continued to prescribe Oxycontin® at each subsequent visit except for one visit when the individual was present to undergo a bone scan test. During

these subsequent visits, the individual met with you briefly, saw you only via video link, or did not meet with you at all. Nonetheless, you continued to issue prescriptions for Oxycontin® to this individual. At his request, you added a prescription for a second oxycodone product during the fifth and sixth visits.

3. You repeatedly issued prescriptions for controlled substances to individuals under the following circumstances that are indicative of the diversion and abuse of controlled substances:

- a. You issued prescriptions for identical controlled substances to multiple individuals who share the same residential address.
- b. You issued prescriptions to numerous individuals who travelled unusually great distances to visit your medical practice. Vehicles bearing license plates from Illinois, Kentucky, Pennsylvania, and Tennessee have been observed in the parking lot of your medical practice.
- c. You issued prescriptions for controlled substances to individuals who were obtaining the same or similar controlled substances from other practitioners.


IN view of the foregoing, and pursuant to 21 U.S.C. §§ 823(f) and 824(a)(4), it is my preliminary finding that your continued registration is inconsistent with the public interest. Your "prescribing" of controlled substances to undercover law enforcement officers and a cooperating individual and the circumstances surrounding your prescribing of controlled substances set forth herein leads me to conclude that it is likely that you will continue to issue prescriptions for controlled substances without a legitimate medical purpose or outside the usual course of professional practice unless your DEA registration is suspended. Under the facts and circumstances described herein, it is my conclusion that your continued registration while these proceedings are pending constitutes an imminent danger to the public health and safety. See 21 U.S.C. § 824(d). Accordingly, pursuant to the provisions of 21 U.S.C. § 824(d) and 21 C.F.R. § 1301.36(e), and the authority granted me under 28 C.F.R. § 0.100, your DEA Certificate of Registration is hereby suspended, effective immediately. Such suspension shall remain in effect until a final determination is reached in these proceedings.

PURSUANT to 21 U.S.C. § 824(f) and 21 C.F.R. § 1301.36(f), the Special Agents and Diversion Investigators of the DEA who serve this Order to Show Cause and Immediate Suspension of Registration are authorized to place under seal or to remove for safekeeping all controlled substances that you possess pursuant to the registration which I have herein suspended. The said Agents and Investigators are also directed to take into their possession your DEA Certificate of Registration and any unused order forms.

THE following procedures are available to you in this matter:

1. Within 30 days after the date of receipt of this Order to Show Cause and Immediate Suspension of Registration, you may file with the DEA a written request for a hearing in the form set forth in 21 C.F.R. § 1316.47. See 21 C.F.R. § 1301.43(a). If you fail to file such a request, the hearing shall be cancelled in accordance with paragraph 3, below.
2. Within 30 days after the date of receipt of this Order to Show Cause and Immediate Suspension of Registration, you may file with the DEA a waiver of hearing together with a written statement regarding your respective positions on the matters of fact and law involved. See 21 C.F.R. §1301.43(c).
3. Should you decline to file a request for a hearing, or should you request a hearing and then fail to appear at the designated hearing, you shall be deemed to have waived the right to a hearing and the DEA may cancel such hearing, and I may enter my final order in this matter without a hearing based upon the evidence presented to me. See 21 C.F.R. §§ 1301.43(d) and 1301.43(e).

Correspondence concerning this matter, including requests referenced in paragraphs 1 and 2 above, should be addressed to the Hearing Clerk, Office of Administrative Law Judges, Drug Enforcement Administration, 8701 Morrissette Drive, Springfield, VA 22152. Matters are deemed filed upon receipt by the Hearing Clerk. See 21 C.F.R. § 1316.45. A copy of the same shall also be served on the government counsel listed below and be addressed to the Office of Chief Counsel, Diversion and Regulatory Litigation, 8701 Morrissette Drive, Springfield, VA 22152.


Michele M. Leonhart
Administrator
Drug Enforcement Administration

cc: Hearing Clerk, Office of Administrative Law Judges
D. Linden Barber, Counsel for the Government

VOLUNTARY SURRENDER OF CONTROLLED SUBSTANCES PRIVILEGES

DEA USE ONLY

File No.

After being fully advised of my rights, and understanding that I am not required to surrender my controlled substances privileges, I freely execute this document and choose to take the actions described herein.

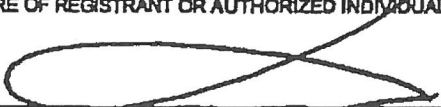
In view of my alleged failure to comply with the Federal requirements pertaining to controlled substances, and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part;

In view of my desire to terminate handling of controlled substances listed in schedule(s) 2-5;

I hereby voluntarily surrender my Drug Enforcement Administration Certificate of Registration, unused order forms, and all my controlled substances listed in schedule(s) 2-5 as evidence of my agreement to relinquish my privilege to handle controlled substances listed in schedule(s) 2-5. Further, I agree and consent that this document shall be authority for the Administrator of the Drug Enforcement Administration to terminate and revoke my registration without an order to show cause, a hearing, or any other proceedings, (and if not all controlled substances privileges are surrendered, be issued a new registration certificate limited to schedule(s) 2-5).

I waive refund of any payments made by me in connection with my registration.

I understand that I will not be permitted to order, manufacture, distribute, possess, dispense, administer, prescribe, or engage in any other controlled substance activities whatever, until such time as I am again properly registered.

NAME OF REGISTRANT (Print) Oscar A. Linares, M.D.		ADDRESS OF REGISTRANT 14750 LaPlaisance Rd. Suite H240 Monroe, MI 48161	
DEA REGISTRATION NO. AL1972884			
SIGNATURE OF REGISTRANT OR AUTHORIZED INDIVIDUAL 		DATE 8/23/2011	

WITNESSES:

NAME AND DATE Barbara Dobric 8/23/11	TITLE Dir. Inv.
NAME AND DATE Jason Davis 3/23/11	TITLE TASK FORCE OFFICER

PRIVACY ACT

AUTHORITY: Section 301 of the Controlled Substances Act of 1970 (PL 91-513).
PURPOSE: Permit voluntary surrender of controlled substances.
ROUTINE USES: The Controlled Substances Act Registration Records produces special reports as required for statistical analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:
 A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
 B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.
 C. Persons registered under the Controlled Substances Act (Public Law 91-513) for the purpose of verifying the registration of customers and practitioners.
EFFECT: Failure to provide the information will have no effect on the individual.

**STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM**

IN THE MATTER OF:

**Bureau of Health Professions,
Petitioner**

v

**Oscar Agustine Linares, M.D.,
Respondent**

Docket No.: 12-000927-BHP

Case No.: 43-11-123279

**Agency: Bureau of Health
Professions**

**Case Type: BHP-Summary
Susp.**

**Filing Type: Summary
Suspension**

**Issued and entered
this 11th day of June, 2012
by: David M. Cohen
Administrative Law Judge**

ORDER DISSOLVING SUMMARY SUSPENSION

WHEREAS, this matter was received for hearing on the petition of Oscar Agustine Linares, M.D., Respondent, to dissolve the Order of Summary Suspension issued on May 24, 2012, by the Director of the Bureau of Health Professions (Department); and

WHEREAS, the undersigned Administrative Law Judge has been appointed to render a decision subsequent to hearing, pursuant to 1996 AACCS, R 338.1610(2), as to whether the Order of Summary Suspension should be continued or dissolved, based on whether sufficient evidence has been produced to support a finding that the public health, safety, or welfare requires emergency action and a continuation of the Order of Summary Suspension; and

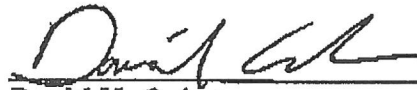
WHEREAS, on June 8, 2012, Petitioner filed a Stipulation of the Department that the public health, safety, or welfare does not require emergency action and a continuation of the suspension order. Based on the Stipulation, a hearing has not been scheduled on the petition to dissolve summary suspension.

NOW THEREFORE, IT IS ORDERED that the Order of Summary Suspension issued by the Department on May 24, 2012, shall be and hereby is **DISSOLVED**. Respondent's license to practice medicine in the state of Michigan is hereby restored, pending any further order of the Department or the Michigan Board of Medicine Disciplinary Subcommittee.

12-000927-BHP

Page 2

IT IS FURTHER ORDERED that the contested case hearing in the above-captioned matter will be held as separately scheduled at **9:00 a.m. on August 20, 2012**, at the Michigan Administrative Hearing System, 3026 W. Grand Blvd., Suite 2-700, 2nd Floor, Annex, Cadillac Place, Detroit, Michigan.



David M. Cohen
Administrative Law Judge


Jun. 11. 2012 9:38AM

No. 0427 P. 4/4

12-000927-BHP
Page 3

PROOF OF SERVICE

I hereby state, to the best of my knowledge, information and belief, that a copy of the foregoing document was served upon all parties and/or attorneys of record in this matter by Inter-Departmental mail to those parties employed by the State of Michigan and by UPS/Next Day Air, facsimile, and/or by mailing same to them via first class mail and/or certified mail, return receipt requested, at their respective addresses as disclosed below this 11th day of June, 2012.



Maria Ardelean
Michigan Administrative Hearing System

William Hurth
Bureau of Health Professions
611 W. Ottawa, P.O. Box 30674
Lansing, MI 48909

Kelly K. Elizondo
Assistant Attorney General
3030 W. Grand Blvd.
Suite 10-200
Detroit, MI 48202

Robert S. Iwrey, Esq.
Law Offices of The Health Law Partners
29566 Northwestern Hwy., #200
Southfield, MI 48034

Oscar Augustine Linares, M.D.
48425 Southview Lane
Plymouth, MI 48170

**STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM**

IN THE MATTER OF:

Docket No.: 12-000927-BHP

**Bureau of Health Professions,
Petitioner**

Case No.: 43-11-123279

v

**Agency: Bureau of Health
Professions**

**Oscar Agustine Linares, M.D.,
Respondent**

**Case Type: BHP-Summary
Susp.**

**Filing Type: Summary
Suspension**

**Issued and entered
this 11th day of June, 2012
by: David M. Cohen
Administrative Law Judge**

ORDER DISSOLVING SUMMARY SUSPENSION

WHEREAS, this matter was received for hearing on the petition of Oscar Agustine Linares, M.D., Respondent, to dissolve the Order of Summary Suspension issued on May 24, 2012, by the Director of the Bureau of Health Professions (Department); and

WHEREAS, the undersigned Administrative Law Judge has been appointed to render a decision subsequent to hearing, pursuant to 1996 AACRS, R 338.1610(2), as to whether the Order of Summary Suspension should be continued or dissolved, based on whether sufficient evidence has been produced to support a finding that the public health, safety, or welfare requires emergency action and a continuation of the Order of Summary Suspension; and

WHEREAS, on June 8, 2012, Petitioner filed a Stipulation of the Department that the public health, safety, or welfare does not require emergency action and a continuation of the suspension order. Based on the Stipulation, a hearing has not been scheduled on the petition to dissolve summary suspension.

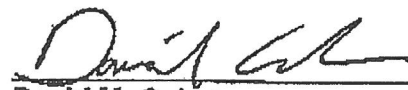
NOW THEREFORE, IT IS ORDERED that the Order of Summary Suspension issued by the Department on May 24, 2012, shall be and hereby is **DISSOLVED**. Respondent's license to practice medicine in the state of Michigan is hereby restored, pending any further order of the Department or the Michigan Board of Medicine Disciplinary Subcommittee.

12-00927-06-15-2012
Jun. 11. 2012 9:38AM

No. 0427 . . P. 3/4

12-000927-BHP
Page 2

IT IS FURTHER ORDERED that the contested case hearing in the above-captioned matter will be held as separately scheduled at **9:00 a.m. on August 20, 2012**, at the Michigan Administrative Hearing System, 3026 W. Grand Blvd., Suite 2-700, 2nd Floor, Annex, Cadillac Place, Detroit, Michigan.



David M. Cohen
Administrative Law Judge

12-000927-BHP
Page 3

PROOF OF SERVICE

I hereby state, to the best of my knowledge, information and belief, that a copy of the foregoing document was served upon all parties and/or attorneys of record in this matter by Inter-Departmental mail to those parties employed by the State of Michigan and by UPS/Next Day Air, facsimile, and/or by mailing same to them via first class mail and/or certified mail, return receipt requested, at their respective addresses as disclosed below this 11th day of June, 2012.



Maria Ardelean
Michigan Administrative Hearing System

William Hurth
Bureau of Health Professions
611 W. Ottawa, P.O. Box 30674
Lansing, MI 48909

Robert S. Iwrey, Esq.
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3030 W. Grand Blvd.
Suite 10-200
Detroit, MI 48202

Oscar Augustine Linares, M.D.
46425 Southview Lane
Plymouth, MI 48170

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH PROFESSIONS

In the Matter of

OSCAR AGUSTINE LINARES, M.D.
License Number: 43-01-045607

TRUE COPY

STATE OF MICHIGAN)
)
COUNTY OF INGHAM)

FILE NO.: 43-11-123279

PROOF OF SERVICE

I, Marcie M. Anderson, of Lansing, County of Ingham, State of Michigan, do hereby state that on May 25, 2012, I mailed the following documents to each of the parties listed below, enclosed in an envelope bearing postage fully prepaid, plainly addressed as follows:

ORDER OF SUMMARY SUSPENSION signed May 24, 2012; ADMINISTRATIVE COMPLAINT signed May 24, 2012, with attached Exhibit.

By: Certified Mail, Return Receipt Requested
 First Class Mail

To: Oscar Agustine Linares, M.D.
 46425 Southview Lane
 Plymouth, MI 48170

By: Interdepartmental Mail

To: Bill Hurth, Manager
 Enforcement Section
 Bureau of Health Professions

Marcie M. Anderson

Marcie M. Anderson
Enforcement Section
Health Regulatory Division

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH PROFESSIONS
BOARD OF MEDICINE
DISCIPLINARY SUBCOMMITTEE

In the Matter of

OSCAR AGUSTINE LINARES, M.D.

License Number: 43-01-045607

File Number: 43-11-123279

ORDER OF SUMMARY SUSPENSION

An Administrative Complaint has been filed against the above-named Respondent as provided by the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq, the rules promulgated thereunder, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 et seq; and

After careful consideration of the documentation filed in said cause and after consultation with the Chairperson of the Board of Medicine pursuant to section 16233(5) of the Public Health Code, supra, the Department of Licensing and Regulatory Affairs hereby finds that the public health, safety, or welfare requires emergency action; now therefore,

IT IS HEREBY ORDERED that Respondent's license to practice medicine in the state of Michigan shall be and hereby is SUMMARILY SUSPENDED, commencing the date this order is served.

Section 7311(6) of the Public Health Code, supra, provides that a controlled substance license is automatically void if a licensee's license to practice is suspended or revoked under Article 15 of the Public Health Code.

Under 1996 AACS, R 338.1610, Respondent has the right to petition for the dissolution of this order of summary suspension. This petition shall clearly state that it is a Petition for Dissolution of a Summary Suspension and shall be filed with the Department of Licensing and Regulatory Affairs, Bureau of Health Professions, P.O. Box 30670, Lansing, Michigan 48909.

MICHIGAN DEPARTMENT OF LICENSING
AND REGULATORY AFFAIRS

Dated: 5/24/2012

By: Rae Ramsdell
Rae Ramsdell, Director
Bureau of Health Professions