

16 MAG 7690

Approved: Jessica K. Fender / Kimberly J. Ravener  
JESSICA K. FENDER / KIMBERLY J. RAVENER  
Assistant United States Attorneys

Before: THE HONORABLE JAMES L. COTT  
United States Magistrate Judge  
Southern District of New York

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UNITED STATES OF AMERICA	:	<u>SEALED COMPLAINT</u>
	:	
- v. -	:	Violation of
	:	21 U.S.C. § 846
EMMANUEL LAMBRAKIS,	:	
	:	COUNTY OF OFFENSE:
Defendant.	:	BRONX AND NEW YORK
	:	

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SOUTHERN DISTRICT OF NEW YORK, ss.:

JAMES C. MANNICK, being duly sworn, deposes and says that he is a Special Agent with the Drug Enforcement Administration ("DEA"), and charges as follows:

COUNT ONE

1. From at least in or about January 2011, up to and including in or about November 2016, in the Southern District of New York and elsewhere, EMMANUEL LAMBRAKIS, the defendant, and others known and unknown, intentionally and knowingly did combine, conspire, confederate and agree, together and with each other, to violate the narcotics laws of the United States.

2. It was a part and an object of the conspiracy that EMMANUEL LAMBRAKIS, the defendant, and others known and unknown, would and did distribute and possess with the intent to distribute a controlled substance, in violation of 21 U.S.C. § 841(a) (1).

3. The controlled substance that EMMANUEL LAMBRAKIS, the defendant, and others known and unknown, conspired to distribute and possess with the intent to distribute was a quantity of mixtures and substances containing a detectable amount of oxycodone, in violation of 21 U.S.C. § 841(b) (1) (C).

(Title 21, United States Code, Section 846.)

4. The bases for my knowledge and the foregoing charge are, in part, as follows:

5. I am a Special Agent with the Drug Enforcement Agency ("DEA") Tactical Diversion Squad ("TDS"). I have been personally involved in the investigation of this matter. This Affidavit is based upon my personal participation in the investigation, my examination of reports and records, and my conversations with other law enforcement agents and other individuals. Because this Affidavit is being submitted for the limited purpose of demonstrating probable cause, it does not include all the facts that I have learned during the course of my investigation. Where the contents of documents and the actions, statements, and conversations of others are reported herein, they are reported in substance and in part, except where otherwise indicated.

**BACKGROUND ON OXYCODONE AND OXYCODONE DIVERSION**

6. I have personally participated in the investigation and prosecution of several schemes to illegally divert large amounts of oxycodone for resale. Based on my participation in these investigations, and my conversations with witnesses and review of records involved in these schemes, I know the following:

a. Oxycodone is a highly addictive, narcotic-strength opioid that is used to treat severe and chronic pain conditions, such as post-operative pain, severe back and orthopedic injuries, as well as pain associated with certain forms of cancer and other terminal illnesses. Oxycodone can be obtained from most pharmacies with a prescription written by a treating physician, and is typically dispensed in tablet form, with dosages varying between 5 milligrams and 80 milligrams.

b. Oxycodone is a Schedule II narcotic, meaning that it is a "controlled substance" under the Controlled Substances Act ("CSA"). In addition to the prescription required to purchase oxycodone, oxycodone is also subject to heightened restrictions under the CSA. For example, the CSA requires manufacturers, distributors, and pharmacists to report all transactions to the DEA regarding the theft, loss, sale, transfer, or destruction of controlled substances, including narcotics like oxycodone.

c. Oxycodone prescriptions are in high demand and have significant cash value to drug dealers. Oxycodone tablets can be resold on the street for thousands of dollars. For example, 30-milligram oxycodone tablets have a street value of approximately \$20 to \$30 per tablet in New York City, with street prices even higher in other parts of the country, such as Massachusetts, Vermont, and Maine. A single prescription for 120 30-milligram tablets of oxycodone can net an illicit distributor \$2,400 in cash or more.

d. Many diversion schemes involve Board-certified, state-licensed doctors who, for a fee, will write medically unnecessary prescriptions for large quantities of oxycodone. In such schemes, the doctors typically charge cash for "doctor visits" that involve little or no physical examination of the alleged "patient"; nonetheless, the doctor issues a prescription for large doses of oxycodone, typically in 30-milligram tablets. To protect against the possibility of detection by law enforcement, such doctors sometimes ask the "patients" for medical records (such as MRI or X-Ray files) purporting to document injuries. The medical records provided to the doctor often do not justify the prescription requested, and may also be falsified and/or contain the medical information for individuals other than the alleged "patient."

e. Many of the "patients" involved in such schemes have no medical need for oxycodone, nor do they have any legitimate medical record documenting an ailment for which oxycodone would be prescribed. Instead, these individuals are typically addicts, drug dealers who resell the pills, or members of "crews," that is, they are recruited and paid by large-scale oxycodone distributors to pose as "patients" in order to receive medically unnecessary prescriptions.

f. In some instances, "patients" also pay employees of the doctors (the "Office Staff") in cash to facilitate access to the doctors and/or to bypass the need to see the doctor for a "doctor visit," thereby purchasing the prescriptions outright.

THE DEFENDANT'S DISTRIBUTION OF OXYCODONE

The Jamaica Clinic

7. From at least approximately January 2011 until December 2016, EMMANUEL LAMBRAKIS, the defendant, operated two medical clinics in Queens, New York.

8. The first clinic, located at 175-61 Hillside Avenue, Suite 202 in Jamaica, New York (the "Jamaica Clinic") was held out by EMMANUEL LAMBRAKIS, the defendant, to be a "sports medicine" and "family practice" office. LAMBRAKIS typically was present and working at the Jamaica Clinic on Tuesdays, Thursdays, and Saturdays.

9. At the Jamaica Clinic, EMMANUEL LAMBRAKIS, the defendant, wrote thousands of prescriptions for large quantities of oxycodone in exchange for cash payments. LAMBRAKIS typically charged \$150 in cash for "patient visits" that involved little, if any, examination by him of his "patients," and almost always resulted in the issuance of a prescription for a large quantity of oxycodone, most often 120 30-milligram tablets or more.

10. EMMANUEL LAMBRAKIS, the defendant, did not accept medical insurance at the Jamaica Clinic. Instead, LAMBRAKIS accepted only cash payments, or on occasion, payments from automobile insurance or lawsuit settlements following accidents or other causes of personal injury.

11. EMMANUEL LAMBRAKIS, the defendant, oversaw the day-to-day operations at the Jamaica Clinic, including supervising the Office Staff. As the Jamaica Clinic's sole licensed practitioner and proprietor, LAMBRAKIS saw all of the Jamaica Clinic's "patients," and often oversaw the collection of a \$150 cash fee from each of these "patients" before authorizing a prescription, most frequently, for 120 30-milligram oxycodone tablets.

12. EMMANUEL LAMBRAKIS, the defendant, also operated a separate medical office in Astoria, Queens, located at 3276 31<sup>st</sup> Street in Astoria, NY, (the "Astoria Clinic"). At the Astoria Clinic, LAMBRAKIS dispensed a greater variety of prescriptions than at the Jamaica Clinic, accepted more forms of insurance than at the Jamaica Clinic, and claimed to provide additional services to his patients, such as preventative and rehabilitation services. LAMBRAKIS also held out the Astoria

Clinic as a "trauma center." LAMBRAKIS typically was present and working at the Astoria Clinic on Mondays, Wednesdays, and Fridays.

13. Based upon my review of records maintained by the New York State Office of Professional Licensing Services, and numerous medical boards, I have learned that EMMANUEL LAMBRAKIS, the defendant, is a New York-licensed doctor who appears to lack any current Board-certification.

14. Based upon review of data obtained from the Bureau of Narcotics Enforcement ("BNE") and the Prescription Management Program ("PMP"), I know that:

a. Between January 2011 and the present, EMMANUEL LAMBRAKIS, the defendant, wrote approximately 17,000 oxycodone prescriptions at the Jamaica Clinic alone, resulting in the distribution of nearly 2.4 million oxycodone tablets having a street value of at least \$48,000,000.00. By contrast, during the same period, LAMBRAKIS wrote 6,000 oxycodone prescriptions for patients at the Astoria Clinic.

b. On at least seven occasions, LAMBRAKIS wrote 100 or more prescriptions for 30-milligram oxycodone pills in a single day for patients at the Jamaica Clinic.

c. On over 200 occasions, LAMBRAKIS wrote 30 or more prescriptions for 30-milligram oxycodone pills in a single day at the Jamaica Clinic.

d. Among other methods of providing prescriptions, LAMBRAKIS provides electronic prescriptions from the Jamaica Clinic - that is, LAMBRAKIS causes his Office Staff to transmit an electronic version of a prescription to a pharmacy designated by a "patient" as that patient's pharmacy of choice, so that the pharmacy can fill the prescription. On thousands of occasions, LAMBRAKIS caused electronic prescriptions for oxycodone written at the Jamaica Clinic to be transmitted to pharmacies located in Manhattan and the Bronx, New York.

15. Based on my training and experience, conversations with other law enforcement agents who have analyzed relevant BNE and PMP data, and knowledge of the investigation, including the fact that EMMANUEL LAMBRAKIS, the defendant, typically charges \$150 for a doctor's visit at the Jamaica Clinic and that LAMBRAKIS wrote approximately 17,000 oxycodone prescriptions at the Jamaica Clinic, I estimate that

LAMBRAKIS collected at least \$2.5 million in fees for "doctor visits" between January 2011 and the present.

### Recorded Office Visits

16. In the course of this investigation, I have participated in several law enforcement operations during which the activities of EMMANUEL LAMBRAKIS, the defendant, and members of LAMBRAKIS's Office Staff, including a co-conspirator not named herein ("CC-1"), were audio- and video-recorded at the Jamaica Clinic between in or around April 2015 and in or around November 2016. Based upon my review of these recordings, as well as my debriefing of the individuals who made the recordings at the direction of law enforcement, and my use of a live-feed audio transmitting device during some of the visits described below, I have learned that:

a. At the Jamaica Clinic, LAMBRAKIS routinely sees "patients" in groups, calling as many as four or five unrelated individuals into the exam room at the same time. LAMBRAKIS then proceeds to "examine" each individual in the presence of others, often strangers, and issue prescriptions including, *inter alia*, prescriptions for oxycodone.

b. LAMBRAKIS's examinations generally consist of moving a patient's limbs, turning the patient's head, or manipulating the patient's body to undergo other basic movements, for a minute or less. LAMBRAKIS at times neglects to even speak with the "patient," and when he does speak with his patients, his conversation lasts less than a minute or two.

c. The exam room at the Jamaica Clinic contains a small window that opens directly to the center office area, allowing individuals to communicate with CC-1 and another member of the office staff ("CC-2") from within the exam room.

d. Patients make cash payments for their oxycodone prescriptions through this window to CC-1 and CC-2 in the presence of LAMBRAKIS.

17. Certain of the recordings described in Paragraph 16, *supra*, were made by a confidential source ("CS-1")<sup>1</sup> at the

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<sup>1</sup> CS-1 previously was convicted of narcotics offenses, including the illegal distribution of oxycodone, and is now serving as a paid informant for the DEA. Information obtained by CS-1 has proven reliable and has been corroborated by, among other things, the audio- and video-recordings described herein.

Jamaica Clinic. Based upon my review of the recordings and my participation in debriefing CS-1, I have learned the following, among other things:

a. Before CS-1 began working as a confidential source for law enforcement, CS-1 was a patient of EMMANUEL LAMBRAKIS, the defendant. CS-1 became a patient of LAMBRAKIS's in or around 2011, for the purpose of obtaining easy access to oxycodone prescriptions.

b. On multiple occasions, CC-1 provided oxycodone prescriptions to CS-1 directly, without CS-1 needing to see LAMBRAKIS for a patient visit.

18. Certain of the recordings described in Paragraph 16, *supra*, were made by a cooperating witness ("CW-1")<sup>2</sup> at the Jamaica Clinic. Based on my participation in debriefing CW-1, conversations with other law enforcement agents who have participated in debriefing CW-1, and recordings made by CW-1 at the Jamaica Clinic, I have learned the following:

a. Before CW-1 began working as a cooperating witness for law enforcement, CW-1 was a patient of EMMANUEL LAMBRAKIS, the defendant, at the Jamaica Clinic. CW-1 had been a "patient" of LAMBRAKIS's for approximately four years. Between in or around February 2012 and the present, LAMBRAKIS wrote CW-1 numerous prescriptions for 30-milligram oxycodone tablets, typically in quantities of 90 tablets or more, which CW-1 abused and often sold.

b. From speaking with others who had obtained medically unnecessary prescriptions from LAMBRAKIS, CW-1 understood that LAMBRAKIS typically required an MRI or police accident report before he would allow an individual to become a patient at the Jamaica Clinic. When CW-1 first visited the Jamaica Clinic, CW-1 did not provide an MRI or an accident report; instead, CW-1 tendered only a copy of an X-ray that had been taken several years prior to CW-1's visit to LAMBRAKIS. Nonetheless, LAMBRAKIS allowed CW-1 to make appointments at the Jamaica Clinic and prescribed oxycodone to CW-1.

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<sup>2</sup> CW-1 has pleaded guilty to narcotics offenses, including the illegal distribution of oxycodone, and is providing information to the DEA in the hope of receiving leniency at sentencing. Information obtained by CW-1 has proven reliable and has been corroborated by, among other things, the audio- and video-recordings described herein.

c. On at least one occasion, in or around early 2015, CW-1 visited the Jamaica Clinic on a particularly crowded day. On that date, CC-1 handed CW-1 a prescription for oxycodone without CW-1 seeing LAMBRAKIS for a "patient visit." On several other occasions, CW-1 has observed CC-1 provide prescriptions to other "patients" at the Jamaica Clinic without the "patients" having to see LAMBRAKIS at all.

d. On or about July 14, 2016 and August 11, 2016, at the direction of law enforcement, CW-1 made audio- and video-recordings of CW-1's visits to the Jamaica Clinic. Each of the recordings reflect LAMBRAKIS holding "patient visits" in which approximately four or five individuals, in addition to CW-1, are seen by LAMBRAKIS in the same exam room at the same time. In turn, LAMBRAKIS rotates the arms and legs of each "patient," and asks cursory questions, before issuing each a prescription for oxycodone.

19. Certain of the recordings described in Paragraph 16, *supra*, were made by an agent of the DEA acting in an undercover capacity ("the UC") at the Jamaica Clinic. Based on my participation in debriefing the UC, conversations with other law enforcement agents who have participated in debriefing the UC, and recordings made by the UC at the Jamaica Clinic, I have learned the following:

a. On or about November 3, 2016, the UC visited EMMANUEL LAMBRAKIS, the defendant, at the Jamaica Clinic; during the visit, LAMBRAKIS wrote an oxycodone prescription for the UC, who had no medical need for such medication.

b. During this "patient visit," the UC supplied CC-1 with a clearly forged MRI that appeared on its face to be over three years old, as well as a forged accident report. CC-1 accepted the records from the UC and commented on the age of the medical records; CC-1 also appeared uncomfortable when CC-1 noticed the discrepancies apparent on the face of the document, and asked the UC "Why it's different here?" Without receiving an answer to CC-1's questions, CC-1 nonetheless accepted the records and delivered them to LAMBRAKIS.

c. The UC received a cursory "examination" by LAMBRAKIS, during which another purported patient was present. During the "examination," the UC requested medication after stating to LAMBRAKIS that it "hurts all over." LAMBRAKIS responded to the UC's statements by instructing the UC that "[a]ll over doesn't make it. Lower back. Lumbar spine."



LAMBRAKIS further confided in the UC that because "[b]ig brother is watching" and because a new law had been passed, "you cannot take more than 7 days worth of medication."

d. LAMBRAKIS then advised the UC that the UC could get "a prescription today for 7 days" and that "next Thursday, you come back and we send another prescription for the rest of the month."

e. At the conclusion of the examination, the UC handed CC-1 \$250 in cash before receiving, in return, a prescription for 21 30-milligram oxycodone tablets.


f. Before the UC left the Jamaica Clinic, CC-1 confirmed that the UC would return in a week to obtain a prescription for oxycodone, and that the UC would not have to see LAMBRAKIS or pay cash for the next appointment, because the UC had "paid already." CC-1 further stated to the UC that "[n]ext month, you're going to pay one hundred fifty regular every month."

g. The following Thursday, on or about November 10, 2016, the UC returned to the Jamaica Clinic. CC-1 provided the UC with a prescription<sup>3</sup> for 63 30-milligram oxycodone tablets; the UC did not have to pay any additional cash and the UC did not have to see LAMBRAKIS.

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<sup>3</sup> As described in Paragraph 15(d), the prescription was delivered to a pharmacy designated by the UC electronically shortly after the UC visited the Jamaica Clinic.

WHEREFORE, deponent requests that a warrant be issued for the arrest of EMMANUEL LAMBRAKIS, the defendant, and that he be arrested and imprisoned, or bailed, as the case may be.



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JAMES C. MANNICK  
Special Agent  
Drug Enforcement  
Administration

NOV 30 2016

Sworn to before me this  
day of November, 2016

*S/James L. Cott*

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HONORABLE JAMES L. COTT  
United States Magistrate Judge  
Southern District of New York