

Medical Records (EMR's). Staff copied and provided Investigator JL with medical records that were not included in the EMR's as they would have been provided by St. Anthony's Hospital.

5. Defendant was interviewed and medical and prescription records were reviewed and evaluated. Defendant admitted that he knew all four (4) of the patients were "drug addicts" and provided further information on each. Through that process the following was determined:

- a) **A.L.L.**: Defendant said this patient was referred to him about six years ago with a history of endometriosis and that she was addicted to Fentanyl. He said she needed a hysterectomy to relieve her pain; but she wanted to have another baby. He said he told her if she did not become pregnant by the end of the year, he would not continue to prescribe her CDS.

Investigation of Defendant's medical and prescribing records revealed that Defendant saw this patient from 01-11-2008 to 03-29-2013 and prescribed her **322 prescriptions which totaled 7,133 doses** of CDS II or III. This included 222 prescriptions which totaled 1,141 patches for Fentanyl, a Schedule II narcotic, and 99 prescriptions which totaled 5,932 tablets for Hydrocodone, a Schedule III narcotic.

- b) **M.B.L.**: Defendant stated that this patient was on numerous CDS prescriptions when she came to him from Colorado. Defendant stated that he had medical and pharmacy records from Colorado showing the medications that this patient had been taking, but further investigation showed that such records were not in the patient's medical records or charts. He said he was aware that during the pregnancy she was picked up for a DUI. Defendant continued to prescribe CDS to this patient in spite of this information and stated that, subsequently, he believed this infant was sent to NICU for withdrawals upon birth.

Investigation of Defendant's medical and prescribing records revealed that Defendant saw this patient from 01-17-2012 to 09-06-2012. On the first visit, she was estimated to be 8 to 10 weeks pregnant. She claimed to be on Percocet 10mg (6 a day), Soma and Xanax for degenerative disc disease, spousal abuse and a MVA. Defendant prescribed her Oxycodone 5 mg (2 per day), Soma and Lorazepam. Patient's medical record contained paperwork revealing to Defendant that patient was jailed on or about 04-20-2012. The records do not state the reason for the incarceration, but they do state that Patient was pregnant and detoxing from Demerol, Soma and Xanax.

During Patient's pregnancy (01-17-2012 to 07-17-2012), Defendant prescribed her **44 CDS** for a total quantity of **5,030**:

Alprazolam 1mg #450

Alprazolam 2mg #450
Carisoprodol 350mg #1,620
Diazepam 5mg #90
Hydromorphone 2mg #60
Hydromorphone 4mg #90
Lorazepam 1mg #30
Meperidine 50mg #480
Oxycodone/APAP 5-325 #60
Oxycodone/APAP 10-325 #980
Oxycodone 15mg #720

She delivered her infant on 07-28-2012. If Patient was taking the medication as prescribed by Defendant, on the day she delivered her infant she would have been taking the following:

Carisoprodol 350mg – 6 per day
Alprazolam 2mg – 3 per day
Diazepam 5mg – 3 per day
Hydromorphone 4mg – 3 per day
Meperidine 50mg – 2 per day
Oxycodone 15mg – 8 per day

This totals 25 CDS per day up to the day of her delivery. The infant was sent to the NICU upon birth.

- c) **B.M.L.**: Defendant stated that this patient came to him already on narcotics. He advised he spent about six months “weaning her off Percocet” when her psychiatrist took over her pain medication management.

Investigation of Defendant’s medical and prescribing records revealed this patient was first seen for endometriosis and that Defendant saw this patient from 01-25-2010 to 12-15-2011. During her pregnancy, Defendant prescribed her 17 CDS for a quantity of 1,990:

Hydrocodone 10mg # 550
Oxycodone/APAP 10-325 #1,440

Defendant prescribed 11 CDS prescriptions for a quantity of 1,338 to Patient from 01-13-2012 until 07-30-2012 (her last charted office visit was 12-15-2011). None of these prescriptions were noted in the chart.

- d) **A.O.L.**: Investigation of Defendant’s medical and prescribing records revealed that Defendant saw this patient four (4) times from 11-30-2008 to

07-29-2010 for birth control issues, then eight (8) times from 03-09-2012 to 08-16-2012 for pain related to ovarian cysts and adhesions. Defendant prescribed Patient 17 C-II prescriptions for a quantity of 1,112 from 03-09-2012 through 09-03-2012. This consisted of ten (10) prescriptions for hydromorphone (Dilaudid) 2mg for a quantity of 622 and seven (7) 7 prescriptions for hydromorphone 4mg for a quantity of 490. Of these 17 C-II prescriptions, 11 were not noted in the medical record.

Defendant stated that this patient was never pregnant while he treated her. He said he took out both of her ovaries in two separate surgeries. Defendant stated that a urine drug screen was administered to this patient and the results were negative for the CDS which he was prescribing to her. He believes she was selling those drugs to support herself. Investigator JL pointed out the medical record stated A.O.L. believed she was addicted to Dilaudid and Defendant continued to prescribe it. When asked why, he advised he continued because she was addicted. When asked if he was aware that continuing to prescribe CDS to a known addict is prohibited he said, "I guess I wasn't aware of that. That's my fault. I admit it."

Further review of Patient's medical records revealed that on 04-16-2012 Defendant told Patient "Take no more than 4 – 2mg per day." This would be equivalent to no more than 8mg per day or 240mg per month. However, he prescribes her 90 – 2mg hydromorphone on this day and then again 2 weeks later on 05-01-212. This is 360mg of hydromorphone for a one-month period. He prescribed her 380mg the following 30-day period.

On 07-26-2012 Defendant notes, "Complete resolution of pain...Feels she is addicted to Dilaudid and wants to wean." He prescribes her hydromorphone 4mg #30.

On 08-09-2012 Defendant notes, "Dilaudid 2mg #42...the patient has agreed to NO more narcotics." However, on 09-03-2012 Defendant prescribes Patient hydromorphone 4mg #82.

Expert Review

6. The medical and prescription records were provided to an outside expert for his review and opinion. This expert's "Summation of Medical Records Review" provided to Board staff stated, in part, the following:

"So the excessive prescribing at high amounts of controlled substances with inconsistent documentation as to the reason why the pts were given these high doses was a glaring factor in Defendant's prescribing practices in being classified as way beyond prudent practice. Especially for an OB/Gyn physician."

“Regarding prudent medical practice of OB/Gyn there are glaring discrepancies set forth in these cases that make me wonder if Defendant is a competent practicing OB/Gyn physician.”

“Of even greater concern was the use of Ativan in the first trimester of pregnancy for one pt & then a concoction of powerful analgesics & anti-anxiety agents throughout the pregnancy. The pregnant pt was identified by the house staff at the hospital she delivered as being a narcotic addict & the baby ended up in the NICU after being delivered at 37 weeks. No mention on the record existed as to [Defendant’s] concern for the baby during the pregnancy being exposed to high ingested amounts of narcotics by the mother. Also in this case it showed a glaring discrepancy regarding the reason for prescribing on [Defendant’s] part throughout the pregnancy of strong narcotics when upon admission in labor, the house officer record denied the symptoms being mentioned by the pt nor had any confirmatory findings on clinical examination.”

“From a standpoint of clinical OB/Gyn compliance with prudent standards of care, I feel that Defendant’s practice patterns as reflected in these four chart reviews show an uncaring, clinically deficient practitioner. Professional clinical behavior, per the notes reviewed, shows reckless practice patterns with little concern for pt safety & welfare.”

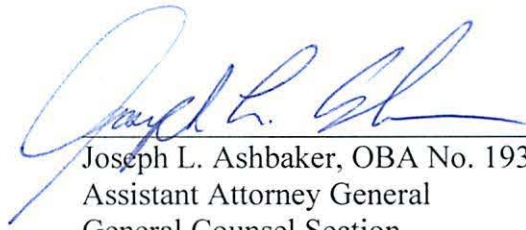
Violations

7. Based on the foregoing, the Defendant is guilty of professional misconduct as follows:
 - a) Dishonorable or immoral conduct which is likely to deceive, defraud, or harm the public in violation of 59 O.S. 2011, § 509(8);
 - b) Prescribing, dispensing or administering of controlled substances or narcotic drugs in excess of the amount considered good medical practice, or prescribing, dispensing or administering controlled substances or narcotic drugs without medical need in accordance with published standards in violation of 59 O.S. 2011, § 509(16);

- c) Failure to maintain an office record for each patient which accurately reflects the evaluation, treatment, and medical necessity of treatment of the patient in violation of 59 O.S. 2011, § 509(18);
- d) Indiscriminate or excessive prescribing, dispensing or administering of Controlled or Narcotic drugs in violation of Okla. Admin. Code § 435:10-7-4(1);
- e) Prescribing, dispensing or administering of Controlled substances or Narcotic drugs in excess of the amount considered good medical practice or prescribing, dispensing or administering controlled substances or narcotic drugs without medical need in accordance with published standard in violation of Okla. Admin. Code § 435:10-7-4(2);
- f) Dispensing, prescribing or administering a Controlled substance or Narcotic drug without medical need in violation of Okla. Admin. Code § 435:10-7-4(6);
- g) Conduct likely to deceive, defraud, or harm the public in violation of Okla. Admin. Code § 435:10-7-4(11);
- h) Except as otherwise permitted by law, prescribing, selling, administering, distributing, ordering, or giving to a habitue or addict or any person previously drug dependent, any drug legally classified as a controlled substance or recognized as an addictive or dangerous drug in violation of Okla. Admin. Code § 435:10-7-4(25); and
- i) A prescription may not be issued for the dispensing of a controlled dangerous substance listed in any schedule to a drug dependent person for the sole purpose of continuing his/her dependence upon such drugs. This prohibition applies to the use of gradually diminished doses for the purpose of tapering the person's dependence..... in violation of Okla. Admin. Code § 435:30-1-3(c).

Conclusion

Given the foregoing, the undersigned requests the Board conduct a hearing, and, upon proof of the allegations contained herein, impose such disciplinary action as authorized by law, up to and including suspension or revocation and any other appropriate action with respect to the Defendant's professional license, including an assessment of costs and attorney's fees incurred in this action as provided by law.



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