

IN AND BEFORE THE OKLAHOMA STATE BOARD  
OF MEDICAL LICENSURE AND SUPERVISION  
STATE OF OKLAHOMA

**FILED**

APR 15 2013

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

STATE OF OKLAHOMA )  
EX REL. THE OKLAHOMA BOARD )  
OF MEDICAL LICENSURE )  
AND SUPERVISION, )  
) )  
Plaintiff, )  
) )  
vs. )  
) )  
DENNIS ROBERTS, M.D., )  
LICENSE NO. 17909, )  
) )  
Defendant. )

Case No. 10-10-4096

**ANSWER**

Comes now the defendant, Dennis Roberts, M.D., License No. 17909, and in response to those allegations made in plaintiff's Complaint, answers as follows:

I.

Regarding paragraph 1 of plaintiff's Complaint, defendant does not dispute the Board's jurisdiction.

II.

Defendant states that his medical license number is 17909.

III.

Regarding paragraph 3, defendant does not have sufficient information to either admit or deny what the unnamed medical license doctor claimed in 2010.

IV.

With regard to paragraph 4 of plaintiff's Complaint, defendant does not have sufficient information to either admit or deny what CB complained of.

V.

With regard to paragraph 5 of plaintiff's Complaint, defendant recalls meeting with Board Investigator Lane on multiple occasions, and they discussed prescribing medications and issues concerning patient narcotic abuse. He admits he was provided chronic pain guidelines. Defendant does not recall the term "red flags" being used, but is aware of concern regarding defendant's prescribing to his spouse's parents.

VI.

Regarding paragraph 6 of plaintiff's Complaint, defendant agrees that he met with Investigator Lane and, at some point, they discussed his former practice at Integris Family Care Southwest. Defendant admits that they may have discussed the variation in perspectives among physicians in treating patients with pain medication. Defendant admits that he began at Midwest Physicians in October 2011, that he was a salaried employee, and that he did receive production bonuses.

VII.

With regard to paragraph 7 of plaintiff's Complaint, defendant admits that investigator Lane did obtain medical records from Midwest Physicians.

VIII.

Defendant does not currently possess the pharmacy records as outlined in the Complaint regarding various patients. Defendant would, however, respectfully state

his disagreement with how the average medication per day has been calculated by plaintiff.

IX.

Regarding paragraph 9 of the Complaint, defendant does not have sufficient information to either admit or deny what the Board expert stated in a summary following the review of records.

X.

Defendant does not have sufficient information to either admit or deny what the Pharmacy Board advised the Board staff. Defendant admits that he did discuss CC and TC. Defendant denies that patient CC is his ex-wife, or that he stated that patient CC was his ex-wife. Patient TC is patient CC's current husband. Defendant admits that he could not locate the chart on patient TC at the Midwest Physician Clinic though he had cared for TC in his previous practice at Southwest where records were believed to have been maintained. Defendant states that he had known TC a long time and reasonably believed that he had legitimate pain needs.

XI.

With regard to the allegations contained in paragraph 11 of plaintiff's Complaint, defendant would state that he agrees he had prescribed medication to patient AS which was not a scheduled drug. Defendant cannot verify what the patient's obstetrician told the Board. According to discussions defendant had with AS, defendant believed that the treating obstetrician was aware of the medications she

was taking. In hindsight, it appears that AS did not provide the medical information to her obstetrician as she represented to defendant she had.

XII.

Regarding paragraph 12 of the Complaint, defendant agrees that he discussed patient AS's care with Board Investigator Lane. Defendant agrees that he continued to prescribe pain medication for her because he believed her pain needs were legitimate and that she was not an addict. At that time he believed patient AS had always been truthful with him and her other physicians, including her obstetrician.

XIII.

Regarding paragraph 13 of the Complaint, defendant does not possess the pharmacy records to verify each entry summarizing the medications for multiple patients. Defendant agrees that he could not locate the medical record for patient TC at Midwest Physician Clinic when asked to by Investigator Lane. Defendant is committed to doing better with regard to medical record keeping. Plaintiff's summary of the average pills per day each patient was receiving was not over the entire course of time that the records cover.

XIV.

Defendant does not have sufficient information to either admit or deny what the Board expert stated in his summary to the Board in review of additional records.

XV.

With regard to paragraph 15 of plaintiff's Complaint, defendant admits that he met with Board Investigator Lane and explained that he was no longer with Midwest

Physicians Group. Further, they may have discussed workplace disagreement over defendant's pain management of certain patients.

XVI.

With regard to paragraph 16 of plaintiff's Complaint and subparts, defendant denies such allegations as worded. Defendant states he never had any wrongful intent or willful neglect in managing patients' pain. He never engaged in an effort to deceive, defraud, or harm the public. Defendant contends that he was in truth wanting to help patients in pain through his care and treatment.

(A) Defendant denies such allegations as worded given the above.

(B) Defendant admits that he has prescribed drugs for patients he has known for a sufficient period of time when he believed they had legitimate pain needs. Defendant admits that he needs and requires himself to be better at creating and documenting his chart regarding each patient interaction.

(C) Defendant always believed the patients had medical need for his providing pain medication. Defendant admits that he can and will improve in these areas and is committed to doing so.

(D) Defendant admits that he should and will do better in record keeping for patients including those he has known for years who have legitimate pain needs. Defendant is committed to addressing this allegation.

(E) Defendant contends that he believed, based on his interaction with each person prescribed medication, that they had legitimate pain needs. He admits and is

committed to doing better in terms of documenting and keeping records on patient interaction and prescriptions.

(F) Defendant sincerely believed that patients had pain needs which needed to be addressed. Defendant admits he needs to do better regarding the issue of prescribing controlled or narcotic drugs.

(G) As stated above, defendant respectfully contends that at the time under review, he believed he was prescribing pain medication to people who legitimately needed it. Defendant admits that he needs more focus and improvement in this area moving forward.

(H) Defendant respectfully denies such allegation as stated. Defendant believed that his patients had pain needs.

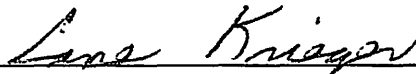
(I)(J)(K) Defendant respectfully denies any intent to deceive, defraud, or intent to harm the public. Defendant agrees that he can and will improve through education and/or monitoring in order to protect the public moving forward.

(L) Defendant denies this vague allegation as worded. Defendant admits he is committed to improving his clinical care and record keeping.

(M)(N) Defendant admits that his medical records could have been managed better in the past and they will be in the future. This includes, but is not limited to, recording a patient's history of presentation for examination and their response to medication management.

All of which is respectfully submitted.

WIGGINS SEWELL & OGLETREE



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Attorney for Defendant

**Certificate of Service**

On this 15<sup>th</sup> day of April, 2013, a true and correct copy of the within and foregoing ANSWER was mailed, with sufficient postage fully prepaid thereon, to the following counsel of record:

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