

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

FILED

SEP 23 2011

STATE OF OKLAHOMA)
EX REL. THE OKLAHOMA BOARD)
OF MEDICAL LICENSURE)
AND SUPERVISION,)
)
Plaintiff,)
)
v.)
)
PAUL POWEN CHENG, M.D.,)
LICENSE NO. 18914,)
)
Defendant.)

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

Case No. 10-03-3942

COMPLAINT

COMES NOW the Plaintiff, the State of Oklahoma ex rel. the Oklahoma State Board of Medical Licensure and Supervision (the "Board"), by and through its attorney, Elizabeth A. Scott, Assistant Attorney General, and for its Complaint against the Defendant, Paul Powen Cheng, M.D., alleges and states as follows:

1. The Board is a duly authorized agency of the State of Oklahoma empowered to license and oversee the activities of physicians and surgeons in the State of Oklahoma pursuant to 59 Okla. Stat. §480 *et seq.*

2. Defendant, Paul Powen Cheng, M.D., holds Oklahoma license no. 18914 and at the time of the events in question, practiced pain medicine and anesthesiology in Enid, Oklahoma.

PRIOR DISCIPLINARY ACTION

3. On or about October 17, 2006, Defendant was indicted in the United States District Court for the Western District of Oklahoma in the case styled, United States of America v. Paul P. Cheng, M.D., Case No. CR-06-256, wherein Defendant was charged with illegal distribution of controlled dangerous substances, specifically, Fentanyl, Hydrocodone and Alprazolam. On or about March 12, 2007, Defendant entered into a plea agreement wherein he pled guilty to illegal distribution of Alprazolam, a felony. As part of his plea agreement, and in exchange for the concessions of the United States, Defendant agreed to voluntarily waive his right to appeal or collaterally challenge his guilty plea, sentence and restitution imposed, and any other aspect of his felony conviction.

4. Based upon Defendant's final felony conviction, on or about April 12, 2007, the State filed its Complaint against Defendant.

5. On or about September 20, 2007, after full hearing before the Board, the Board issued a **FINAL ORDER OF REVOCATION** of Defendant's medical license.

6. On or about November 6, 2008, the Board reinstated Defendant's license under a **FIVE (5) YEAR TERM OF PROBATION**.

CURRENT UNPROFESSIONAL CONDUCT ALLEGATIONS

7. As a result of Defendant's felony conviction for illegal distribution of a controlled dangerous substance, Defendant lost his DEA permit to prescribe controlled dangerous substances. His prescribing was thus limited to non-controlled drugs.

8. On or about April 30, 2009, Defendant began treating Patient SWW for headaches, noted as "chronic" in the patient chart. Defendant's treatment of Patient SWW consisted primarily of intramuscular injections of Toradol, a nonsteroidal anti-inflammatory drug ("NSAID"), as well as nerve blocks using Marcaine.

9. During the approximate seven (7) month period from May 4, 2009 until December 18, 2009, Patient SWW had one-hundred thirty-five (135) office visits to Defendant. During these office visits, Defendant gave Patient SWW **ninety-eight (98) injections of Toradol** and charged over **\$13,000.00** (approximately \$100.00 per visit) on the patient's husband's credit card. During this time, the patient had an office visit with Defendant almost every day, with Toradol injections given at the majority of these visits. The injections were given generally in blocks of 3-5 days, with the longest duration being a seven (7) day period in October 2009.

10. During the same time that Defendant was injecting the patient with Toradol in this chronic manner, she suffered from edema and severe dehydration on multiple occasions. Although the patient chart mentioned the need for lab work, the chart does not reflect that any lab tests were ever done during this time. The patient's repeated edema and severe dehydration were symptomatically treated by Defendant without any further workup to determine the cause of these problems.

11. During the same period of time Defendant was giving the patient Toradol injections, Defendant continued to encourage the patient to also use "OTC NSAIDs", some of which were documented on the same day the patient received the Toradol injection.

12. On or about December 20, 2009, Patient SWW was taken to the emergency room by her husband, at which time her Hemoglobin level was 5. Further tests at the hospital revealed that Patient SWW had colon cancer.

13. After discovery of the colon cancer, Patient SWW had surgery to remove the cancer, then began chemotherapy.

14. After her release from the hospital but while still on chemotherapy, the Patient went back to Defendant, who again began giving the patient Toradol injections. He gave her one (1) injection on January 13, 2010, then seven (7) more from February 18, 2010 until March 2, 2010.

15. When Patient SWW's husband learned that Defendant had resumed the Toradol injections for his wife while she was still obtaining chemotherapy, he confronted her and persuaded her to stop seeing Defendant.

16. Defendant's long-term and almost daily use of Toradol with Patient SWW, while at the same time encouraging the use of additional over-the-counter NSAIDs, his failure to order appropriate tests in light of the patient's continued severe dehydration and edema, his continued use of Toradol while the patient was dehydrated, and his continued use of Toradol while the patient was undergoing chemotherapy, all of which are contraindicated, put Patient SWW at severe increased risk of harm.

17. Defendant is guilty of unprofessional conduct in that he:

A. Engaged in dishonorable or immoral conduct which is likely to deceive, defraud or harm the public in violation of 59 O.S. §509(8) and OAC 435:10-7-4(11).

B. Violated any provision of the medical practice act or the rules and regulations of the Board or of an action, stipulation, or agreement of the Board in violation of 59 O.S. §509(13) and OAC 435:10-7-4(39).

Conclusion

WHEREFORE, the Plaintiff respectfully requests that 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 Defendant's medical license, and an assessment of costs and attorney's fees incurred in this action as provided by law.

Respectfully submitted,

Elizabeth A. Scott

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