

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

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

Case No. 10-03-3942

FILED
MAY 06 2015
OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

ORDER OF DISMISSAL WITH PREJUDICE

This cause came on for hearing before the Oklahoma Board of Medical Licensure and Supervision (the "Board") on March 8, 2012, at the office of the Board, 101 N.E. 51st Street, Oklahoma City, Oklahoma 73105, pursuant to notice given as required by law and rules of the Board.

Defendant, Paul Powen Cheng, M.D., holding Oklahoma medical license no. 18914, appeared in person, and Ms. Linda Scoggins, Attorney at Law, appeared in support of Defendant. Also present in support of Dr. Cheng was Robert Westcott, MD of the OHPP.

Elizabeth A. Scott, Assistant Attorney General appeared on behalf of the Plaintiff, State of Oklahoma, *ex rel.*, the Oklahoma State Board of Medical Licensure and Supervision.

The Board *en banc* after hearing arguments of counsel, reviewing the exhibits admitted and the sworn testimony of witnesses, and being fully advised in the premises found that there was clear and convincing evidence to support the following Findings of Fact, Conclusions of Law and Order:

Findings of Fact

1. 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.

2. 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, for admitting guilt to a felony, in Case No. CR-06-256, W.D. Okla., for illegal distribution of a controlled dangerous substance (Alprazolam). On or about November 6, 2008, the Board reinstated Defendant's license under a five (5) year term of probation.

3. The State subsequently issued a Citation and Complaint against the Defendant making the following allegations of unprofessional conduct:

- a. 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.
- b. 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.
- c. 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.
- d. 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.
- e. 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.
- f. 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.
- g. After discovery of the colon cancer, Patient SWW had surgery to remove the cancer, then began chemotherapy.
- h. 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.

- i. 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.
- j. 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.

4. The State introduced the following evidence at the hearing:

a.	Defense Exhibit 1	Patient records for patient SWW from Dr. Krablin
	State's Exhibit A	Letter dated 8/10/11 from Christendoza Le., PharmD., Clinical Coordinator, Pharmacy Management Consultants, OU College of Pharmacy.
	State's Exhibit B	Patient records for patient SWW
	State's Exhibit E	Black Box Warnings for ketorolac
	State's Exhibit F	Spreadsheet of meds for patient SWW
	State's Exhibit G	Final Order of Revocation filed 9/28/07
	State's Exhibit I	Credit card authorizations for patient SWW

- b. Christendoza Le, PharmD, was called as a witness for the State. She testified regarding the use of Toradol, the black label warnings for the drug, and the risks of using it intramuscularly for more than five days and other adverse outcomes.
- c. Dr. Cheng testified regarding his felony conviction, revocation of his medical license and subsequent regaining of his license. He said he does not have his DEA permit so does not prescribe any Scheduled drugs. He testified regarding his treatment of patient SWW and the money he received from her for that treatment.

5. After hearing the State's case, Defendant requested dismissal of the case on the grounds of insufficiency of evidence.

Conclusions of Law

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 O.S. § 480, *et seq.*

2. The Board therefore has jurisdiction over the subject matter herein pursuant to 59 O.S. § 480 *et seq.*

3. The State failed to show by clear and convincing evidence the Defendant committed unprofessional conduct regarding the use of Toradol.

4. The Board therefore dismissed the Complaint against Defendant.

Order

IT WAS THEREFORE ORDERED by the Oklahoma State Board of Medical Licensure and Supervision that the above captioned matter was dismissed with prejudice, effective March 8, 2012.

Dated this 6th-day of May, 2015.



Billy H. Stout, M.D., Board Secretary
OKLAHOMA STATE BOARD OF MEDICAL
LICENSURE AND SUPERVISION

Certificate of Mailing

This is to certify that on the 6th day of May, 2015, a true and correct copy of this order was sent by U.S. first-class mail, postage prepaid, to:

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Nancy Thiemann, Legal Secretary