**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,	)	FILED MAR 2 2 2021 OKLAHOMA STATE BOARD OF MEDICAL LICENSURE & SUPERVISION
Plaintiff,	)	
vs.	)	**Case No. 17-12-5558**
HENRY NDEKWE, M.D., LICENSE NO. MD 21147,	)	
Defendant.	)	

VERIFIED COMPLAINT

The State of Oklahoma, *ex rel.*, the Oklahoma State Board of Medical Licensure and Supervision ("Board"), alleges and states as follows for its Complaint against HENRY NDEKWE, M.D. ("Defendant"):

I. JURISDICTION

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, holds Oklahoma medical license number 21147. The acts and omissions complained of herein were made while Defendant was acting as a physician pursuant to the medical license conferred upon him by the State of Oklahoma, and such acts and omissions occurred within the physical territory of the State of Oklahoma.

II. ALLEGATIONS OF UNPROFESSIONAL CONDUCT

3. This case was initiated by a complaint made by the daughter of patient Y.W. Complainant informed the Board Staff that doctors in California where patient Y.W. had recently moved, stated that the patient records for Y.W. were inadequate and failed to justify the high doses of opioids prescribed by Defendant.

4. Subpoenas were issued and records collected on 11 patients of Defendant. Those records revealed several troubling trends that demonstrate unprofessional conduct on behalf of Defendant.

5. Defendant rarely used safety measures included in the standard of care when treating chronic patients with opiates. The records showed little to no documentation of opioid risk-reduction practices such as patient risk-stratification, utilization of the PMP database, prescribing of naloxone to high-risk patients or utilization of urine drug screens to monitor patient compliance. Defendant would give high dose chronic opioid prescriptions to known addicts. Defendant has shown a tendency to rapidly escalate patients' doses of opiates, even recklessly, and to manage patients using high dose opioid therapy. The records showed very few imaging studies, and almost no consultations or referrals from other specialists. The records showed that Defendant escalated patients' medications to high doses, then saw patients on an infrequent basis.

6. The records showed limited or inconsistent documentation of alternative therapies such as non-opioid medications, physical therapy and consultation with other medical specialists. The records showed that Defendant escalated patients' medications to high doses, then saw patients on an infrequent basis.

7. When the Centers for Disease Control ("CDC") published their guideline for prescribing changed the opioid prescribing paradigm, there is no evidence that Defendant changed his practices to more closely align them with the new guidelines.

8. Defendant either does not appreciate the risks of polypharmacy or is reckless in his prescribing practice. He did not use the safety tools allotted to him to protect his patients. By using high dose opiates alone, rather than multi-modal therapy or surgical intervention, he placed his patients at increased risk of addiction and drug abuse.

9. Many of the records were significantly lacking. Some cases never had a detailed history and physical examination. Some visits were exclusively patient complaints without any objective data. The plans were often "continue current meds," but going for months without mentioning medications. It was almost impossible to decipher what some patients were supposed to be taking.

10. There were multiple deaths resulting from prescription drugs among the 11 records reviewed. Defendant has shown a tendency to rapidly escalate patients' doses of opiates and to manage patients using high dose opioid therapy. Patient deaths typically involved multiple substances, some prescribed by Defendant, but often involved either a second medication from another prescriber or multiple substances apparently not prescribed to the patient, were implicated.

III. VIOLATIONS

11. Based on the foregoing, the Defendant is guilty of unprofessional conduct as follows:

    a. 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 Title 59 § 509(16)

b. 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 Title 59 § 509(18):

c. Failure to provide a proper and safe medical facility setting and qualified assistive personnel for a recognized medical act, including but not limited to an initial in-person patient examination, office surgery, diagnostic service or any other medical procedure or treatment. Adequate medical records to support diagnosis, procedure, treatment or prescribed medications must be produced and maintained in violation of Title 59 § 509(20) and OAC 435:10-7-4(41):

d. Indiscriminate or excessive prescribing, dispensing or administering of Controlled or Narcotic Drugs in violation of OAC 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 standards OAC 435:10-7-4(2):

f. Dispensing, prescribing or administering a Controlled substance or Narcotic drug without medical need in violation of OAC 435:10-7-4(6):

g. Conduct likely to deceive, defraud, or harm the public in violation of OAC 435:10-7-4(11):

h. Gross or repeated negligence in the practice of medicine and surgery in violation of OAC 435:10-7-4(15):

i. Being physically or mentally unable to practice medicine and surgery with reasonable skill and safety in violation of OAC 435:10-7-4(17):

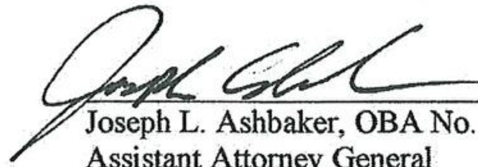
j. Practice or other behavior that demonstrates an incapacity or incompetence to practice medicine and surgery in violation of OAC 435:10-7-4(18):

k. 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.

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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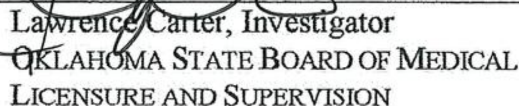
VERIFICATION

I, Lawrence Carter, under penalty of perjury, under the laws of the State of Oklahoma, state as follows:

1. I have read the above Complaint regarding the Defendant, HENRY NDEKWE, M.D.; and

2. The factual statements contained therein are true and correct to the best of my knowledge and belief.



Lawrence Carter, Investigator
OKLAHOMA STATE BOARD OF MEDICAL
LICENSURE AND SUPERVISION

Date: 2 March 2021
Oklahoma County