

Prior Complaints

5. On or about December 22, 2009 Board Investigator received a complaint from Comanche County Memorial Hospital (“CCMH”) concerning inappropriate prescribing of opiates to an 80-year old female patient. As a result, information was gathered by the Board from the CCMH in which CCMH concluded that Defendant demonstrated poor judgment with regard to his ordering of opiate medication to the 80-year old female patient. Dr. Rezaei was given the opportunity to voluntarily relinquish his privileges at CCMH which he accepted.
6. In or about April of 2010 a survey of Defendant’s practice prescribing was reviewed which resulted in patient charts being subpoenaed and reviewed by Medical Board Advisor and outside Expert Witness. It was determined that Defendant would attend CPEP for a formal evaluation of his skills and knowledge concerning Controlled Dangerous Substances (“CDS”) and his family medicine practice skills should be assessed as well.
7. On or about June 30, 2010 a meeting was held between Defendant, Defendant’s counsel and Board Staff wherein it was discussed he still needed to attend CPEP for a formal evaluation.
8. On or about January 24, 2011 Defendant attended CPEP for a formal evaluation and it was determined in that evaluation that Defendant should receive a comprehensive neuropsychological examination to be performed by the University of Oklahoma Health Sciences Center (“OUHSC”).
9. On or about April 20, 2011 a meeting was again held between Defendant, Defendant’s Counsel and Board Staff wherein Defendant agreed to submit to the recommended neuropsychological examination at the OUHSC.
10. On or about August 10, 2011 Board Investigator received a call from Southwestern Medical Center (“SMC”) advising of Defendant’s “*disruptive, harassing and unprofessional behavior*” toward staff and a patient which occurred during May and June of 2011.
11. On or about September 7, 2011 Defendant underwent the neuropsychological examination at OUHSC under the direction of Russell Adams, Ph.D.
12. On or about December 6, 2011 Board Medical Advisor corresponded with Defendant via letter which was mailed to Defendant’s practice address. The letter set forth CPEP’s educational recommendations which are as follows: Defendant should “*participate in a structured, individualized education intervention to address the identified areas of need in family medicine and pain management.*”

13. On or about February 14, 2012 Defendant entered into the family practice residency program in Lawton, Oklahoma under the direction of Heidi Malling, MD.

Proposed Current Board Violations

14. On November 5, 2012, a Board Investigator requested Defendant provide a urine drug sample. Prior to providing the sample, Defendant told the Board Investigator that he would test positive for Hydrocodone, that he had taken a sample packet of Hydrocodone from the medical clinic for his personal use the night before. Defendant's urine drug screen was positive for Oxycodone *not Hydrocodone*. When confronted with this result, Defendant admitted to taking Oxycodone, a medication for which he had no personal prescription, but was from CDS that was returned to Defendant by one of his patients.
15. Defendant does not maintain an appropriate log of the use of CDS, and there is CDS inventory that is not properly accounted for, in violation of OAC 435:10-7-1(2).
16. Defendant has admitted to Board Investigators that at Defendant's request, patients from the medical clinics have returned to Defendant unused portions of prescription medication, including Oxycodone, in addition to other CDS. Defendant has torn off the patient's identifying name on the prescription bottle, then placed these returned prescription medication with CDS in (a) an unlocked drawer in Defendant's personal office desk in the medical clinic and (b) in an unlocked drawer in an exam room in the spa clinic. Employees, patients of the medical and spa clinics, and patrons of the spa clinic have access to Defendant's unlocked desk drawer and the exam room in the spa clinic which contains prescription medication including CDS.
17. Defendant has admitted to Board Investigators that he has taken and ingested for his personal use sample packets of CDS from the locked medication cabinet and in addition, he has taken and ingested his patients' returned prescription medication, including Oxycodone and other CDS for his personal use.
18. Defendant has further admitted that he has *personally used returned prescription medication including CDS, from a medical clinic patient for use with a spa clinic patient*. No pharmacy has verified the strength or medication that is contained within these "returned medication bottles" from patients.
19. Defendant has further admitted to Board Investigators that he has left pre-signed prescriptions for the Licensed Practical Nurse ("LPN") employed at his clinic, who has written refill prescriptions for CDS for patients when Defendant is away from the office.
20. On or about December 7, 2012 Defendant was arrested by Oklahoma Highway Patrol ("OHP") for alleged domestic abuse and assault and battery. This case is currently pending and is set to be heard in Grady County District Court in May of 2013.

21. On or about January 9, 2013 Board Investigator received an email from Lawton Police Department concerning an incident on December 28, 2012 wherein Patient DB reported she went to Defendant's office to obtain a refill for cough medication. The Defendant told her he could not write the prescription due to the ongoing Board investigation. As Defendant walked Patient DB out he responded, "It's not f***ing fair, it's not fair. If they take my license I will put a bomb in Comanche Memorial Hospital." He also stated he "hoped the world blew up" and that he hoped "Lawton blew up." He further stated that if his license was revoked, "It would be worse than Bin Laden." Upon questioning by Board Investigator, Defendant admitted making the statements contained herein. The Federal Bureau of Investigation ("FBI") investigated this incident and found Defendant not to be a threat in this regard.

22. Further, Defendant is guilty of unprofessional conduct in that he violated:

509. Unprofessional Conduct – Definition

The Board has the authority to revoke or take other disciplinary action against a licensee or certificate holder for unprofessional conduct. Pursuant to 59 O.S., 1991, Section 509, "Unprofessional Conduct" shall be considered to include:

A. Conviction or confession of a crime involving violation of:

- a. the antinarcotic or prohibition laws and regulations of the federal government,
- b. the laws of this state, or
- c. State Board of Health rules as violation of Title 59 O.S. §509 (7).

B. The commission of any act which is a violation of the criminal laws of any state when such act is connected with the physician's practice of medicine. A complaint, indictment or confession of a criminal violation shall not be necessary for the enforcement of this provision. Proof of the commission of the act while in the practice of medicine or under the guise of the practice of medicine shall be unprofessional conduct Title 59 O.S. §509 (9).

C. Failure to keep complete and accurate records of purchase and disposal of controlled drugs or of narcotic drugs Title 59 O.S. §509 (10).

D. Aiding or abetting, directly or indirectly, the practice of medicine by any person not duly authorized under the laws of this state Title 59 O.S. §509 (14).

23. Defendant is guilty of unprofessional conduct in that he violated:

Rule 435:10-7-4: Unprofessional Conduct:

The words "unprofessional conduct" as used in Sections 481 through 514 of this title are hereby declared to include, but shall not be limited to, the following:

A. Purchasing or prescribing any regulated substance in Schedule I through V, as defined by the Uniform Controlled Dangerous Substances Act, for the physician's personal use in violation of Rule 435:10-7-4(5) of the Oklahoma Administrative Code.

B. Dispensing, prescribing or administering a Controlled substance or Narcotic drug without medical need in violation of Rule 435:10-7-4(6) of the Oklahoma Administrative Code.

C. The delegation of authority to another person for the signing of prescriptions for either controlled or non-controlled drugs, in violation of Rule 435:10-7-4(7) of the Oklahoma Administrative Code, except as provided for in 59 O.S., 519.6(D).

D. Conduct likely to deceive, defraud, or harm the public in violation of Rule 435:10-7-4(11) of the Oklahoma Administrative Code.

E. Allowing another person or organization to use a physician's license to practice medicine and surgery in violation of Rule 435:10-7-4(22) of the Oklahoma Administrative Code.

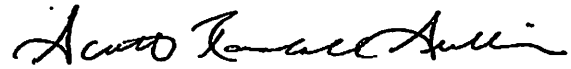
F. Prescribing, selling, administering, distributing, ordering, or giving any drug legally classified as a controlled substance or recognized as an addictive dangerous drug to a family member or to himself or herself. Provided that this paragraph shall not apply to family members outside the second degree of consanguinity or affinity. Provided further that this paragraph shall not apply to medical emergencies when no other medical doctor is available to respond to the emergency in violation of Rule 435:10-7-4(26) of the Oklahoma Administrative Code.

G. Violating any state or federal law or regulation relating to controlled substances in violation of Rule 435:10-7-4(27) of the Oklahoma Administrative Code. (See Rule 435:10-7-1 (2) of the Oklahoma Administrative Code.)

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,



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