

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

FILED

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OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

STATE OF OKLAHOMA, ex rel., )  
OKLAHOMA STATE BOARD OF )  
MEDICAL LICENSURE AND )  
SUPERVISION, )

Plaintiff, )

vs. )

CASE NO. 10-01-3909

SCOTT PARKHURST TURNER, M.D., )  
LICENSE NO. 23840, )

Defendant. )

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, Scott Parkhurst Turner, 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, Scott Parkhurst Turner, M.D., holds Oklahoma license no. 23840 and practices internal medicine and pediatrics in Tulsa, Oklahoma.

3. In or around 2007, Defendant began abusing Lortab. He initially obtained the Lortab from a patient who had returned the medication to him.

4. In early 2008, Defendant was treating an elderly patient in the patient's home. The patient's granddaughter, Patient SJL, offered him two (2) Norco tablets, which he ingested. Patient SJL then asked Defendant to write her a prescription for Norco, which she would then share with Defendant. Defendant agreed to this arrangement.

5. Beginning February 1, 2008 and continuing through December 30, 2009, Defendant wrote one-hundred thirty-three (133) prescriptions to Patient SJL. These prescriptions included forty-nine (49) prescriptions for Oxycodone and Fentanyl, Schedule II controlled dangerous substances, for a total of 4,295 dosage units, forty (40) prescriptions for

Phendimetrazine and Hydrocodone, Schedule III controlled dangerous substances, for a total of 4,350 dosage units, forty (42) prescriptions for Alprazolam and Phentermine, Schedule IV controlled dangerous substances, for a total of 3,180 dosage units, and two (2) prescriptions for Cheratussin, a Schedule V controlled dangerous substances, for a total of 120 dosage units, for an average of **17.02 dosage units per day of controlled dangerous drugs**. Under their agreement, Defendant would go to Patient SJL's house and write her a prescription. Patient SJL would fill the prescription while Defendant waited at her house. When she returned, she would split the drugs with Defendant.

6. Beginning October 27, 2008 and continuing through December 28, 2009, Defendant wrote seventy-two (72) prescriptions for controlled dangerous substances to Patient KML, who is Patient SJL's step-father. These prescriptions included forty-seven (47) prescriptions for Fentanyl and Oxycodone, Schedule II controlled dangerous substances, for a total of 4,098 dosage units, twenty-two (22) prescriptions for Hydrocodone, a Schedule III controlled dangerous substance, for a total of 2,640 dosage units, one (1) prescription for Lorazepam, a Schedule IV controlled dangerous substance, for a total of ninety (90) dosage units, and two (2) prescriptions for Cheratussin, a Schedule V controlled dangerous substance, for a total of 104 dosage units, for an average of **15.75 dosage units per day of controlled dangerous drugs**. Under their agreement, Defendant gave the prescription to Patient KML. Patient KML would then fill the prescription and split the drugs with Defendant.

7. Beginning November 10, 2008 and continuing through December 22, 2009, Defendant wrote thirty-nine (39) prescriptions for controlled dangerous substances to Patient CRL, who is Patient SJL's mother. These prescriptions included twenty-six (26) prescriptions for Hydromorphon, Oxycodone and Fentanyl, Schedule II controlled dangerous drugs, for a total of 1,855 dosage units, nine (9) prescription for Hydrocodone, a Schedule III controlled dangerous substance, for a total of 1,020 dosage units, one (1) prescription for Clonazepam, a Schedule IV controlled dangerous substance, for a total of ninety (90) dosage units, and three (3) prescriptions for Cheratussin, a Schedule V controlled dangerous substance, for a total of one-hundred eighty (180) dosage units, for an average of **7.73 dosage units per day of controlled dangerous drugs**. Under their agreement, Defendant gave the prescription to Patient CRL. Patient CRL would then fill the prescription and split the drugs with Defendant.

8. Defendant admitted to Board investigators that he paid for the majority of the prescriptions that he split with these individuals.

9. Defendant admitted to Board investigators that he knew that Patient SJL was submitting some of the prescriptions to Medicaid for payment.

10. Defendant admitted to Board investigators that he knew Patient SJL was an addict and that Patient CRL was becoming an addict, yet he continued to prescribe controlled dangerous substances to them.

11. A review of Defendant's records reflects that Defendant kept no medical record on his treatment and prescribing of controlled dangerous substances to any of these three (3) patients.

12. Defendant admitted to Board investigators that he was abusing drugs while working as a hospitalist at St. Francis Hospital in Tulsa, Oklahoma. Specifically, Defendant admitted that he would often take three (3) 30 mg. Oxycodone in the morning, three (3) 30mg. Oxycodone before lunch, then three (3) 30 mg. Oxycodone after work. He also admitted that on some occasions, he would cut a portion of a Fentanyl patch and chew on it during his lunch break.

13. On or about April 27, 2009, Defendant submitted his Application for Renewal of his full medical license in the State of Oklahoma for the period May 2, 2009 through May 1, 2010. On his Application for Renewal, Defendant was asked the following question: "Have you been addicted to or abused any drug or chemical substance including alcohol?" In response to this question, the Defendant answered "NO". Defendant admits that he was abusing drugs at the time he filled out the renewal application.

14. Beginning on or about January 25, 2010 and continuing for approximately five (5) days, Defendant submitted to a rapid detox at the Rapid Drug Detox Center in Bloomfield, Michigan.

15. After his rapid detox, Defendant returned to Tulsa, Oklahoma. However, on or about February 2, 2010, Defendant again used a Fentanyl patch not prescribed to him.

16. Beginning on or about February 10, 2010 and continuing through May 19, 2010, Defendant obtained treatment for substance abuse at Bradford Health Services.

17. While obtaining treatment at Bradford, Defendant engaged in a sexual relationship for approximately one (1) month with another patient at Bradford. When Bradford learned of the affair, Defendant was ordered by Bradford staff not to have any contact with the fellow patient. Based upon these incidents, Bradford recommended that Defendant obtain an assessment at Acumen for boundary and sexual issues.

18. Beginning on or about May 24, 2010 and continuing for approximately five (5) days, Defendant submitted to an assessment at Acumen. During the assessment, Defendant admitted that despite being ordered by Bradford to cease all contact with the patient with whom he had the sexual affair, he was still in contact with the fellow patient. The assessment team recommended that Defendant obtain intensive day, longitudinal treatment to address professional and personal boundaries and compulsive use of sexual and interpersonal relationships with women.

19. Beginning on or about July 5, 2010 and continuing through July 23, 2010, Defendant obtained treatment at Acumen for boundary issues and sexual misconduct.

20. Based on the allegations stated above, 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. Procured, aided or abetted a criminal operation in violation of 59 O.S. § 509 (1).
- C. Committed an act of sexual ... misconduct or exploitation related or unrelated to the licensee's practice of medicine and surgery in violation of OAC 435:10-7-4 (23).
- D. Abused the physician's position of trust by coercion [or] manipulation ... in the doctor-patient relationship in violation of OAC 435:10-7-4(44).
- E. 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).
- F. Failed 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 59 O.S. §509 (18) and OAC 435:10-7-4(41).
- G. Violated any state or federal law or regulation relating to controlled substances in violation of OAC 435:10-7-4(27).
- H. Prescribed or administered a drug or treatment without sufficient examination and the establishment of a valid physician patient relationship in violation of 59 O.S. §509(12).
- I. Except as otherwise permitted by law, prescribed, sold, administered, distributed, ordered, or gave to a habitué or addict or any person previously drug dependent, any drug legally classified as a controlled substance or recognized as an addictive or dangerous drug in violation of OAC 435:10-7-4(25).

- J. Wrote a false or fictitious prescription or any drugs or narcotics declared by the laws of this state to be controlled or narcotic drugs in violation of 59 O.S. §509(11).
- K. Engaged in the indiscriminate or excessive prescribing, dispensing or administering of controlled or narcotic drugs in violation of OAC 435:10-7-4(1).
- L. Prescribed, dispensed or administered controlled substances or narcotic drugs in excess of the amount considered good medical practice or prescribed, dispensed or administered controlled substances or narcotic drugs without medical need in accordance with published standard in violation of OAC 435:10-7-4(2) and (6).
- M. Prescribed, dispensed or administered a controlled substance or narcotic drugs in excess of the amount considered good medical practice, or prescribed, dispensed or administered controlled substances or narcotic drugs without medical need in accordance with published standards in violation of 59 O.S. 509(16).
- N. Engaged in the use of any false, fraudulent, or deceptive statement in any document connected with the practice of medicine and surgery in violation of OAC 435:10-7-4(19).
- O. Is unable to practice medicine with reasonable skill and safety to patients by reason of age, illness, drunkenness, excessive use of drugs, narcotics, chemicals or any other type of material or as a result of any mental or physician condition in violation of 59 O.S. §509(15) and OAC 435:10-7-4(40).
- P. Is habitually intemperate or habitually uses habit-forming drugs in violation 59 O.S. §509(4) and OAC 435:10-7-4(3).
- Q. Confessed to a crime involving violation of the antinarcotic or prohibition laws and regulations of the federal government or the laws of this state in violation of 59 O.S. §509(7).
- R. Committed any act which is a violation of the criminal laws of any state when such act in connected with the physician's practice of medicine in violation of 59 O.S. §509(9).


- S. Prescribed, sold, administered, distributed, ordered, or gave any drug legally classified as a controlled substance or recognized as an addictive dangerous drug to a family member or to himself or herself in violation of OAC 435:10-7-4(26).
- T. Purchased or prescribed any regulated substance in Schedule I through V, for the physician's personal use in violation of OAC 435:10-7-4(5).
- U. Engaged in fraud or misrepresentation in applying for or procuring a medical license or in connection with applying for or procuring periodic reregistration of a medical license in violation of OAC 435:10-7-4(8).
- V. Engaged in practice or other behavior that demonstrates an incapacity or incompetence to practice medicine and surgery in violation of OAC 435:10-7-4(18).

21. These allegations raise serious concerns about Defendant's ability to practice as a physician in the State of Oklahoma with reasonable skill and safety.

WHEREFORE, plaintiff 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, the assessment of costs and fees incurred in this action, and any other appropriate action with respect to Defendant's license to practice as a physician in the State of Oklahoma.

Dated this 3<sup>rd</sup> day of September, 2010.

Respectfully submitted,

  
Elizabeth A. Scott (OBA #12470)

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Oklahoma Board of Medical Licensure and  
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