

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

**STATE OF OKLAHOMA, *ex rel.*,** )  
**OKLAHOMA STATE BOARD** )  
**OF MEDICAL LICENSURE AND** )  
**SUPERVISION,** )  
 )  
**Plaintiff,** )  
 )  
**v.** )  
 )  
**BRUCE THOMPSON, M.D.,** )  
**LICENSE NO. MD 24945,** )  
 )  
**Defendant.** )

**Case No. 15-06-5165**

**FILED**  
**DEC 29 2015**  
OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

**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 Bruce Thompson, M.D. (“Defendant”):

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 24945. 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.

**Background**

3. In May 2015, DEA Diversion Investigator (“DI”) M.S. developed information indicating that Defendant recently started ordering large quantities of Oxycodone 30 mg IR to his home. DI M.S. later learned that Defendant had been ordering various types of controlled dangerous substances (“CDS”) as far back as 2001, presumably to be dispensed to patients. These drugs included Tramadol and Promethazine with Codeine.

4. On June 22, 2015, the Board’s Chief Investigator R.D. prepared a subpoena for the patient files for eight of Defendant’s patients who were receiving Oxycodone prescriptions.

5. On June 22, 2015, Investigator DI M.S., DEA Group Supervisor (“GS”) J.K., and Board Investigator L.C. attempted to meet with Defendant at his home/office. No one answered the door. Investigator L.C. called Defendant’s cell phone number and left a voice message.

Defendant returned that call a short time later, and agreed to meet with Investigator L.C. on June 23, 2015.

6. On June 23, 2015 at 12:55 pm, DI M.S., GS J.K. and Investigator L.C. met with Defendant at his home. Defendant treated a few patients at his home, and equipment associated with his medical practice was on hand.

7. Defendant did not accept any insurance, so all office visits were cash only. On the initial visit, he charged \$250. Follow up visits cost \$125. If Defendant dispensed any medicine to a patient, those charges were added to the cost of an office visit.

8. When Defendant started seeing pain patients in 2015, he began ordering Oxycodone immediate release ("IR") to dispense. Defendant's distributor subsequently notified him that they would no longer send CDS to him. At that time, Defendant decided he no longer wanted to dispense any drugs, and did not seek a replacement distributor.

9. Defendant admitted that he has treated friends and neighbors for minor conditions at his home.

10. Defendant also admitted that he probably did not have much in the way of patient records for these older events, but maintained that his records for the more recent pain patients would be more complete. Defendant claimed, however, all of his patient records are electronic, and that his computer has been down for the past day, making the patient records unavailable at that time.

11. Defendant stated that he no longer had CDS on the premises and was not going to dispense any longer and that he only had a small amount of non-CDS medications on hand.

12. When asked, Defendant was only able to produce invoices and DEA-222 order forms for the CDS which he distributed for a few months instead of the two years required by DEA. Defendant admitted he was not aware of the DEA requirements as he should be.

13. Defendant said that he was familiar with the OBN Prescription Monitoring Program ("PMP"), and that he has used it in the past; however, he has had difficulty logging into the system. Defendant was informed that when he dispenses CDS directly to a patient, he is required to submit that information to the PMP, just as a pharmacist would. Defendant again claimed ignorance of these requirements, and said that he no longer intended to dispense any drugs from his home office.

14. Defendant committed to calling investigators when he got access to his computer; however, he failed to do so.

15. On June 24, 2015, at 3:05 pm, Investigator L.C. again met with Defendant. Investigator L.C. asked if Defendant had been able to get his computer working, and Defendant responded that he had. Defendant produced approximately twenty electronic patient files.

16. The subpoenaed patient files were copied to a flash drive and given to Investigator L.C. Defendant informed Investigator L.C. that he did not have one of the files being subpoenaed; the missing file is for patient G.M.

17. The records produced by Defendant contained little information.

18. Each produced patient file was reviewed to determine when the files were created and by whom. At least eleven of the files had been created and/or modified after Defendant was notified on June 22, 2015 that investigators wished to interview him about a complaint.

19. Both pages of patient A.W.'s file were created on June 24, 2015, the day after our initial interview.

20. An examination note dated April 13, 2015 for patient C.Z. was created on June 23, 2015 at 12:13 pm, approximately forty minutes before investigators interviewed Defendant. The C.Z. file was modified the same date at 1:56 pm, approximately twenty minutes after investigators left Defendant's home.

21. This indicates that Defendant was not being candid when he stated that his computer was not working.

22. On June 26, 2015 at 1:50 pm, Chief Investigator R.D., DI M.S., and Investigator L.C. arrived at Defendant's home. Investigator L.C. confronted Defendant and explained to him that the evidence showed it was clear that he had manufactured several of the patient records he produced on June 24, 2015, and that he had lied about his computer being down at that time.

23. Defendant admitted that he had not kept his patient records up as he should have, and that he had been trying to recreate them before the scheduled meeting with investigators on June 24, 2015.

24. There were no records of dispensations noted in the medical records subpoenaed by investigators.

25. Defendant was asked if he would submit to a urine drug screen to demonstrate that he was not using any of the drugs he had acquired for the purposes of dispensing. Defendant refused until after he sought counsel from his attorney. Investigators explained to Defendant that if he did not provide a urine sample by 4:30 pm on June 26, 2015, that it would be considered a refusal and noted as such.

26. Defendant did not provide a urine sample for testing.

### **Violations**

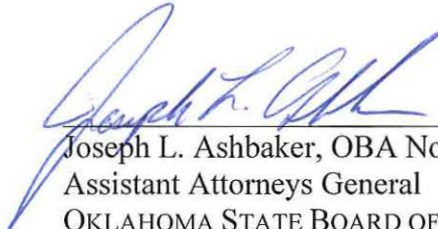
27. Based on the foregoing, the Defendant is guilty of unprofessional conduct as follows:

- 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 59 O.S. 2011, § 509(16) and Okla. Admin. Code § 435:10-7-4(2);
- b. 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 in violation of 59 O.S. 2011, § 509(9).
    - i. 63 O.S. 2013 § 2-309C: Failure to Submit information related to dispensed CDS to the Oklahoma PMP.
    - ii. 63 O.S. 2004 § 2-404: Failure to make, keep, or furnish required records (specifically, invoices and dispensing records).
  - c. Prescribing or administering a drug or treatment without sufficient examination and the establishment of a valid physician-patient relationship in violation of 59 O.S. 2011, § 509(12).
  - d. 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 59 O.S. 2011, § 509(18).
  - e. Dispensing, prescribing or administering a Controlled substance or Narcotic drug without medical need in violation of Okla. Admin. Code 435:10-7-4(6).
  - f. Violating any state or federal law or regulation relating to controlled substances in violation of Okla. Admin. Code 435:10-7-4(27).
    - i. 63 O.S. 2013 § 2-309C: Failure to Submit information related to dispensed CDS to the Oklahoma PMP.
    - ii. 63 O.S. 2004 § 2-404: Failure to make, keep, or furnish required records.
    - iii. Okla. Admin Code 475:25-1-3(b): Requirement to make and keep readily retrievable records related to CDS prescribed, administered, or dispensed.
    - iv. Okla. Admin. Code 475:25-1-4: Requirement to maintain all CDS records for at least two (2) years.
  - g. Improper management of medical records in violation of Okla. Admin. Code 435:10-7-4(36).
  - h. Failure to furnish the Board, its investigators or representatives, information lawfully requested by the Board in violation of Okla. Admin. Code 435:10-7-4(37).
  - i. Failure to cooperate with a lawful investigation conducted by the Board in violation of Okla. Admin. Code 435:10-7-4(38).
  - j. Improper use of controlled substances for the management of chronic pain in violation of Okla. Admin. Code 435:10-7-11.

**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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Joseph L. Ashbaker, OBA No. 19395  
Assistant Attorneys General  
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**VERIFICATION**

I, Larry 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, Bruce Thompson, M.D.; and
2. The factual statements contained therein are true and correct to the best of my knowledge and belief.

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

Date: 22 Dec 2015  
Oklahoma County, OK  
Place of Execution