

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

**FILED**

DEC 28 2016

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

STATE OF OKLAHOMA, *ex rel.* )  
OKLAHOMA STATE BOARD )  
OF MEDICAL LICENSURE )  
AND SUPERVISION, )  
 )  
Plaintiff, )  
 )  
vs. )  
 )  
MEGAN RIDLEY, R.C., )  
LICENSE NO. RC 3636, )  
 )  
Defendant. )

Case No. 16-04-5301

**VERIFIED COMPLAINT**

The State of Oklahoma ("State"), *ex rel.* Oklahoma State Board of Medical Licensure and Supervision ("Board"), alleges and states as follows for its Complaint against Megan Ridley, R.C. ("Defendant"):

1. The Board has jurisdiction over the subject matter and is a duly authorized agency of the State of Oklahoma empowered to license and oversee the activities of respiratory care practitioners in the State of Oklahoma. 59 O.S. 2011, § 2026 *et seq.* Okla. Admin. Code §§ 435:1-1-1 *et seq.*, 435:45-1-1 *et seq.*
2. Defendant holds Oklahoma respiratory care license number 3636.
3. The acts and omissions complained of herein were made while Defendant was acting as a respiratory care practitioner pursuant to the license conferred upon her by the State of Oklahoma. Such acts and omissions occurred within the physical territory of the State of Oklahoma.

**I. ALLEGATIONS OF PROFESSIONAL MISCONDUCT**

4. This case was originated by a complaint stating that on March 19, 2016 Defendant was pulled from her shift for suspicion of being under the influence of drugs or alcohol. As was standard procedure, Defendant was relieved of duty and she then called for a ride home. After a Human Resource investigation by her employer, Respiratory Care at Mercy Hospital in Oklahoma City, Defendant was found in violation of the drug free workplace.

## MERCY-INTERNAL INVESTIGATION

5. On March 19, 2016, Defendant filled out a co-worker consent to alcohol and/or drug screening form. She listed that she was prescribed and was taking Nucynta, Percocet and Xanax. Prescription records did not support a prescription for Xanax (Alprazolam). The drug screen showed a positive result for Methamphetamines, Benzodiazepines, Tricyclics, Oxycodone and Propoxyphene.
6. The investigation also showed evidence that Defendant was at work displaying signs of being aloof, singing while they spoke, having glassy eyes and seemed dazed. She admitted to taking Percocet and Xanax prior to arriving for her shift at work.

## ATTEMPTS TO GET MS. RILEY IN FOR AN INTERVIEW

7. Investigators made many attempts to interview Defendant. Those were continually thwarted by Defendant. On April 7, 2016, Board Investigator Robert DuVall left a voicemail on Defendant's phone. The following day, Defendant returned Investigator DuVall's call notifying him that she was sick. It was agreed that she would come to the agency on April 11, 2016.
8. On April 11, 2016, Defendant called Investigator DuVall and advised that she was still sick and wouldn't make it to the scheduled meeting.
9. On May 4, 2016, Investigator DuVall advised he had spoken with Defendant and she told him she had been in the hospital since he last talked to her. She said she left the hospital on May 3, 2016. Defendant claimed that she was sick with the flu and pneumonia. She said she had called and left a message for Investigator DuVall, but no such message from Defendant was received. A new appointment was set up for May 6, 2016 at 1430.
10. On Friday May 6, 2016 at 0536, Defendant left Investigator Lane a voicemail. Defendant advised she was running a fever and was going to the doctor at 0800 to get a steroid shot. She also said she was taking breathing treatments every hour. Defendant said she is working nights, so she would like to reschedule her meeting with Investigators for the afternoon of Monday May 9, 2016. She said she would be at Oklahoma University all day and would probably not be able to receive a signal to her cell phone and that Investigator Lane should leave her a voicemail.
11. Board Investigator Jana Lane called Defendant and left a voicemail advising Defendant that Board staff had been more than fair with allowing her to cancel meetings due to her illness but that she needed to keep the meeting scheduled for May 9, 2016, and scheduled it for 1430 at the Board office. Investigator Lane told Defendant that if she was unable to meet at the Board office Investigator Lane would meet her wherever Defendant was.
12. On May 9, 2016 at 1208, Defendant emailed Investigator Lane asking if she could come early as she had "gotten the approval to leave the hospital in order to meet and authorized to return afterwards.....". A few minutes later Defendant wrote, "My temporary discharge paperwork is already in my chart. I could leave the hospital in 15-20 minutes? From Norman. So 1:15-1:20, would that be okay? Of all times to be hospitalized, I have even

more empathy for patients now....". She then emailed, "I do need to warn you that I am still running a fever. I don't feel right not saying that." Investigator Lane replied that she could drive to Norman Hospital so Defendant didn't have to be discharged. Defendant responded, "It's alright. I'm the one who got sick during all this so I'll be up there. Is the earlier time good for you?"

13. Investigator Lane then called Defendant with Investigator DuVall present. Investigator Lane told Defendant that she did not want Defendant to leave the hospital and that the staff would reschedule. Defendant said her mother was already on her way to get her and she just wanted to get this over with. Defendant then said she would need to stop by her house in Norman and change her clothes and be here by 1320 or so. Investigator Lane again said there was no need to leave the hospital, but Defendant insisted. Investigator Lane told Defendant that the interview could be done at the hospital. Investigator Lane asked if Defendant was at the Norman Hospital. Defendant said no and hesitated before saying she was at the Chickasha Nation Medical Center. Investigator Lane asked Defendant where that was and she said it was in Purcell, OK but that she was on her way. Investigator Lane asked what she was admitted to the hospital for. Defendant said it was for her foot, the flu and pneumonia. Investigator Lane asked the name of the physician taking care of Defendant and she said Dr. Connery was her primary care physician. Investigator Lane asked if he was taking care of Defendant in the hospital and she advised he had come up to see her, but he was not the actual doctor taking care of her at the hospital. She then said she was in the car with her mother and they were stopping by her house to change clothes and would be here shortly.

#### **INTERVIEW OF MS. RIDLEY MAY 9, 2016**

14. Defendant arrived around 1325. Defendant stated that her mother drove her here. Investigator Lane said it was hot (approximately 75 – 80 degrees) and asked if her mother would like to come in from the car. Defendant said she told her mom to run errands because she didn't know how long this would take. Defendant then said she would let her mom know when the interview was over. At the end of the interview Investigator Lane told Defendant she could contact her mom as the interview was over and she could wait there for her mom to return. Defendant said that was not necessary as her mom was already there. There was no way for Defendant to know that as she hadn't looked at or used her phone since the interview began. Defendant left the facility. Investigator Lane then had the security cameras checked and they showed Defendant pulled in and exited her car on the driver's side. It shows her entering the driver's seat when she left.
15. During the interview, Defendant completely changed her story about being in the hospital and being released to come to her interview. Defendant said she had not just been released from a hospital to come to this appointment. Defendant was then asked what doctor she saw on Friday May 6, 2016 at 0800 when she called and cancelled her scheduled interview. She admitted, at that point, she didn't go and see a doctor that day.
16. Defendant then advised that she has Reflex Sympathetic Dystrophy Syndrome now known as Complex Regional Pain Syndrome. She said she injured her right foot on

September 26, 2006 and that the neuro stimulator implanted in her right hip does not work for her and does not assuage the pain even though it is set at the highest level.

17. A urine drug screen (“UDS”) was obtained from Defendant during her interview and was observed by Board staff. On May 17, 2016 Defendant’s UDS results were received. According to her prescribing records, in the prior two (2) months she was receiving Oxycodone, Fentanyl, and Nucynta. The UDS results were positive for Oxycodone, Fentanyl and Phenobarbital. Defendant did not have a prescription for Phenobarbital.

#### **OKLAHOMA PAIN CENTER**

18. On May 13, 2016 Investigator Lane spoke with Oklahoma Pain Center staff. They faxed this agency some records from the end of Defendant’s treatment at the Oklahoma Pain Center. The note dated February 23, 2015 states in part, “We reviewed her most recent UDS in the office today. She either tested negative for medications currently prescribed or tested positive for additional medication. This is in violation of the signed opioid agreement we have on file. It was made very clear that if this continues to be a problem, we will not be able to continue the current medication regimen and may be grounds for termination. She will be monitored closely and must pass her UDS from now on.” The UDS results were consistent with Dilaudid and Oxycodone. They were inconsistent for Norhydrocodone, Tramadol and Gabapentin.
19. On the March 18, 2015 note it states in part, “We reviewed that the patient tested positive for tramadol/hydrocodone in her last drug confirmation lab. We reminded the patient of the controlled substance agreement she signed with us and that she is in violation of the controlled substance agreement. If this violation continues in future, that she no longer be a candidate for opiate medication.” The UDS results from this visit were consistent with Dilaudid and Oxycodone. They were inconsistent for Hydrocodone, Norhydrocodone and Tramadol.
20. In April 2015, Defendant notified Oklahoma Pain Centers that she did not wish to be seen there any longer. On January 4, 2016, Defendant attempted to return to treatment at Oklahoma Pain Centers however they refused to accept her back as a patient.

#### **ATTEMPTED FRAUDULENT PRESCRIPTION**

21. In May 2015, Dr. Connery agreed to treat Defendant for a pain management issue on a temporary basis until she found a permanent doctor. Between May 2015 and January 2016, Defendant would continually find excuses to need early refills of her prescriptions. Also during this time period Defendant went to Sovereign Pharmacy Solutions in Norman Oklahoma to ask for an early refill of medications. The pharmacy refused the early refill. Approximately 10 minutes later, the pharmacist was called by a woman claiming to be Dr. Connery’s nurse saying it was okay to refill Defendant’s medications early. The pharmacist eventually spoke with Dr. Connery who advised his nurse did not make that call as she was gone for the day and he did not authorize any early refills.

**NORMAN REGIONAL HOSPITAL**

22. On May 11, 2016, Investigator Lane faxed a subpoena to Norman Regional Hospital for Defendant's medical records from January 1, 2016 to the present. The records consisted of 6 visits on 4 different days. They were all for complaints of symptoms of RSD flare ups (i.e. nausea/vomiting, high heart rate, high blood pressure, pain). Two occasions Defendant left the hospital and returned. On both of these occasions she returned to the Emergency Department ("ED") 10 minutes later.
23. On March 27, 2016 at 1624, she was admitted for complaints of high blood pressure. The ED note states in part, "presents to ED with acute flare and her RSD pain.....She's been here numerous times before and advised her pain management to come to the ER if these symptoms to start." It later states, "Unfortunately cannot continue to treat chronic acute pain outburst in the ED despite what her primary care physicians are telling her." On this visit Defendant received Methylprednisolone, Diphenhydramine, Hydromorphone, and Fentanyl all intravenously. She left at 1746.
24. On March 28, 2016 at 0950, Defendant was admitted for complaints of nausea/vomiting and RSD flare up. She was given Diphenhydramine, Methylprednisolone, Orphenadrine Citrate, Hydromorphone and Ketamine all intravenously. She left at 1333 with a prescription of Percocet 7.5 #20.
25. On March 30, 2016 at 1511, she was admitted for complaints of fast heart rate. The nurse's note states, "Pt states she did not want to wait in the waiting room for available room as all of hpx (healthplex) ED rooms are full. Pt states she will try Moore ED." She left at 1519.
26. At 1529 (10 minutes later), Defendant returned to the ED for complaints of "CRPS/vomiting". ED notes state in part, "this flare up started 3 days ago....was seen by Dr. Cody in the Health Plex on Monday. The patient states she was given a combination of Ketamine, Benadryl, and Dilaudid which seemed to help her pain." She was given Diphenhydramine, Solumedrol, Ketamine and Hydromorphone intravenously. She left at 2145.
27. On April 21, 2016 at 1348, Defendant was admitted for complaints of vomiting and high blood pressure and heart rate. The ED note states in part, "She states that her pain management physician referred her to the ER and is unable to prescribe additional medication at this time." It also states, "Offered pt nausea medication in the ER and she refused. She states she only wants a pain shot 'whatever Dr. Bradford did last time'. I discussed with patient that I am comfortable treating her nausea however not comfortable treating with additional narcotics for her chronic pain. She has a prescription for oxycodone and fentanyl patch at home according to the OBN/ODT report. Patient then stood up without grimace or distress walked out ambulating with an upright steady gait and stated, 'That's fine I'll just go the other hospital where they will give me what I want'. Patient left prior to receiving her discharge instructions....." Defendant was seen by Tracy Parker, ARNP. She left at 1446.

28. At 1456 (10 minutes later), Defendant returns to the ED for complaints of vomiting/possible hives. An ultrasound is performed on her leg to rule out DVT; the results are negative. The doctor states, "Her exam is completely unremarkable. She has improvement of her symptoms. She is requesting ketamine. I have explained to her that I will not give her ketamine for this." Defendant was treated by Marshall Rea, DO. Defendant received Ondansetron, Diphenhydramine, Prochlorperazine Edisylate, and Hydromorphone all intravenously. Defendant left at 2008. This is the last visit in her medical record.
29. It should be noted that Defendant did not have a visit on March 19, 2016. This is when Defendant told her employer at Mercy Hospital that she had gone directly to the Norman Emergency Room following being drug tested and sent home. Defendant said she was diagnosed with an inner ear infection. The medical record does not support this claim.

### **PRESCRIBING INFORMATION**

30. Prescribing records were obtained from January 1, 2013 to May 6, 2016 for Defendant. There were a total of 136 prescriptions. There were a total of 28 providers, some providers from the same clinic. There were a total of 14 different pharmacies the controlled dangerous substances ("CDS") were filled at.

### **ATTEMPTS TO GET DEFENDANT IN FOR A SECOND INTERVIEW**

31. On May 17, 2016 Investigator Lane sent an email advising Defendant that there needed to be a meeting at the Board office on May 20, 2016 at 0830. The email asked for a confirmation email. No such confirmation was received. On May 18, 2016 Investigator Lane called and left a voicemail requesting confirmation of the previous email. That evening, Defendant sent an email claiming to be out of state on family business and requesting that the meeting be moved to May 19, 2016 or Monday May 23. Investigator Lane replied that May 23 at 0830 would be fine.
32. On May 23, 2016 at approximately 0500, Defendant sent an email stating that she had stayed out of state through the weekend and because of weather delays she would not be back in time for the scheduled meeting and asked if it could be change to Tuesday May 24 at 0930 or 0945. Investigator Lane responded that would be fine however, due to the constant rescheduling Investigator Lane would like to see the boarding passes for the flights over the weekend.
33. That same day, around 1610, Board Investigator Robbin Roberts travelled to Defendant's parent's residence located in Norman, Oklahoma. Investigator Roberts observed a white SUV, the same type of car Defendant drove to the Board for the May 9, 2016 interview, and a black truck in the driveway. Defendant's father answered the door and said Defendant was asleep. He denied Defendant had gone out of town over the weekend and said Defendant had been mostly at the house.

## SECOND INTERVIEW WITH DEFENDANT ON MAY 24, 2016

34. Defendant arrived at the Board Offices at approximately 0930 on May 24, 2016. Investigators Lane and DuVall interviewed Defendant. When confronted by the many inconsistencies and clear fabrications, Defendant continued to make denials and excuses. When told that video showed that she was not being truthful when she stated that her mother had driven her to the last meeting on May 9, 2016, she did admit that she had driven but said that her mother was present and stayed in the vehicle during the interview. Defendant then agreed to sign an Agreement Not to Practice. Defendant was provided the contact information for the Allied Professional Peer Assistance Program (“APPA”) and was advised to call them to set up an appointment. Defendant was told after she spoke with APPA she would have to be assessed for substance abuse issues. She advised she was willing to do this. Defendant went to Medical Therapy Associates for an assessment but has not completed that to date.
35. Following the interview on May 24, 2016, Investigator Lane checked Defendant’s prescription records. They showed a prescription was filled on Friday May 20, 2016 for Oxycodone. According to Defendant’s previous email, on Monday May 23, 2016 Defendant was out of town for the weekend. Investigator Lane then called Sovereign Pharmacy where the prescription was filled and the pharmacist advised it was picked up on Friday May 20, 2016 at 0950. The pharmacist also said it appeared to be Defendant’s signature on the pick-up form.

## II. VIOLATIONS

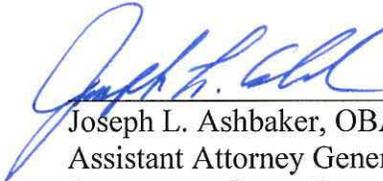
36. Based on the foregoing, the Defendant is guilty of professional misconduct as follows:
  - a. Habitual intemperance or the habitual use of habit-forming drugs, in violation of 59 O.S. 2011, § 509(4) and Okla. Admin. Code § 435:10-7-4(3),
  - b. Dishonorable or immoral conduct likely to deceive, defraud, or harm the public, in violation of 59 O.S. 2011, § 509(8) and Okla. Admin. Code § 435:10-7-4(11),
  - c. The inability 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 physical condition, in violation of 59 O.S. 2011, § 509(15) and Okla. Admin. Code § 435:10-7-4(17)(40),
  - d. The use of any false, fraudulent, or deceptive statement in any document connected with the practice of medicine and surgery, in violation of Okla. Admin. Code § 435:10-7-4(19),
  - e. Violating any state or federal law or regulation relating to controlled substances, in violation of Okla. Admin. Code § 435:10-7-4(27),
  - f. Failure to cooperate with a lawful investigation conducted by the Board, in violation of Okla. Admin. Code § 435:10-7-4(38),

- g. Habitually intemperate or addicted use of any drug, chemical or substance which could result in behavior that interferes with the practice of respiratory care and the responsibilities of the licensee, in violation of Okla. Admin. Code § 435:45-5-3(A)(1),
- h. Unauthorized possession and use of illegal or controlled substances or pharmacologic agents without lawful authority or prescription by an authorized and licensed independent practitioner of the state of Oklahoma, in violation of Okla. Admin. Code § 435:45-5-3(A)(2),
- i. Any conduct which potentially or actually jeopardized a patient's life, health or safety, in violation of Okla. Admin. Code § 435:45-5-3(A)(3),
- j. Falsifying documents submitted to the Respiratory Care Advisory Committee or the Oklahoma State Board of Medical Licensure and Supervision, in violation of Okla. Admin. Code § 435:45-5-3(A)(7),
- k. Violating any provision of the Respiratory Care Practice Act or the rules promulgated by the Board, in violation of Okla. Admin. Code § 435:45-5-3(A)(21),
- l. Violation of any provision(s) of the medical practice act or the rules and regulations of the Board or any action, stipulation, agreement or order of the Board, in violation of Okla. Admin. Code § 435:45-5-3(A)(41), and
- m. Demonstrate behavior that reflects integrity, supports objectivity, and fosters trust in the professional and its professionals, in violation of Okla. Admin. Code § 435:45-5-4(A)(1).

**III. 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.

Respectfully submitted,



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Assistant Attorney General  
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**VERIFICATION**

I, Jana Lane, 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, Megan Ridley, R.C.; and

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



Jana Lane, Investigator  
OKLAHOMA STATE BOARD OF MEDICAL  
LICENSURE AND SUPERVISION

Date: 12-23-2016

Oklahoma City, OK  
Place of Execution