

**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,)
)
 vs.)
)
 MEGAN RIDLEY, R.C.,)
 LICENSE NO. RC 3636,)
)
 Defendant.)

FILED

SEP 01 2017

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

Case No. 16-04-5301

VOLUNTARY SURRENDER OF LICENSE IN LIEU OF PROSECUTION

State of Oklahoma)
)
Oklahoma County) ss:

I, Megan Ridley, R.C. (“Defendant”), being of lawful age and after first being duly sworn, depose and state as follows:

1. I hereby voluntarily surrender my Oklahoma Respiratory Care License no. 3636.
2. The surrender of my license is freely and voluntarily made. I have not been subject to any coercion or duress, and I am fully aware of the consequences of the surrender of my license.
3. I am currently licensed as a respiratory care practitioner to practice medicine in the State of Oklahoma and have violated the laws and rules governing the practice of medicine with this state.
4. I am the subject of an investigation by the Oklahoma State Board of Medical Licensure and Supervision (“Board”) involving allegations that if proven, would constitute grounds for disciplinary action by the Board.
5. The allegations of unprofessional conduct to which I plead guilty are as follows:

MERCY-INTERNAL INVESTIGATION

- A. 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.

- B. 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 INTERVIEW DEFENDANT

- C. Investigators made many attempts to interview Defendant. Those were continually thwarted by Defendant. Defendant was continually evasive, manipulative and dishonest with investigators. She would tell conflicting stories and repeatedly attempt to mislead investigators and obfuscate the facts and circumstances surrounding her case, as stated in the Verified Complaint filed in this case.
- D. 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

- E. 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.
- F. 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.
- G. 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

- H. 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

- I. 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.
- J. 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.
- K. 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.
- L. 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.
- M. 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.

- N. 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.
- O. 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.
- P. 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

- Q. 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.

II. VIOLATIONS

6. 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).

7. I hereby submit my wallet card and wall certificate as evidence of my intent to surrender my license.
8. I hereby agree that if my Respiratory Care License is ever reinstated I must first complete an approved drug and alcohol evaluation and an approved mental health evaluation and follow all recommendations of each of those evaluations prior to being eligible for such a reinstatement. I further agree and understand that such a license will be under terms and conditions of probation.
9. If the Board does not accept this Surrender In Lieu of Prosecution or it is disapproved by the Oklahoma Attorney General, the Plaintiff and Defendant (collectively, the "Parties") stipulate that it shall be regarded as null and void. Admissions by Megan Ridley herein, if any, shall not be regarded as evidence against her in a subsequent disciplinary hearing. Megan Ridley will be free to defend herself, and no inferences will be made from her willingness to have this Order accepted by the Board. The Parties stipulate that neither the presentation of this Order nor the Board's consideration of this Order shall be deemed to have unfairly or illegally prejudiced the Board or its individual members and, therefore, shall not be grounds for precluding the Board nor any individual Board member from further participation in proceedings related to the matters set forth herein.
10. As a condition to accepting my voluntary surrender of license in lieu of prosecution, I acknowledge that the Board shall require me to pay all costs expended by the Board for any legal fees and costs, and any investigation, probation and monitoring fees, including but not limited to staff time, salary and travel expense, witness fees and attorney fees.

This Order is subject to review and approval by the Oklahoma Attorney General, and this Order shall become final upon completion of the review by the Oklahoma Attorney General unless disapproved, in which case this Order shall be null and void.

Dated this 20 day of July, 2017.



Megan Ridley
 Megan Ridley, R.C., License #3636

Subscribed and sworn before me this 20th day of July, 2017.

Nancy Thiemann
 Notary Public

My commission expires: 1/26/2020

ACCEPTED:



Billy H. Stout, M.D., Board Secretary
OKLAHOMA STATE BOARD OF MEDICAL
LICENSURE AND SUPERVISION

Dated: July 20th, 2017.



OFFICE OF ATTORNEY GENERAL
STATE OF OKLAHOMA

ATTORNEY GENERAL OPINION
2017-656A

Billy H. Stout, M.D., Board Secretary
State Board of Medical Licensure and Supervision
101 N.E. 51st Street
Oklahoma City, OK 73105-1821

August 30, 2017

Dear Dr. Billy H. Stout, M.D., Board Secretary:

This office has received your request for a written Attorney General Opinion regarding agency action that the State Board of Medical Licensure and Supervision intends to take pursuant to a "Voluntary Surrender of License in Lieu of Prosecution" ("SILOP") with respect to Respiratory Care Licensee No. 3636 in Case No. 16-04-5301. The Board's proposed action is to accept the SILOP in lieu of further prosecution of Licensee for professional misconduct.

The licensee holds Oklahoma respiratory care license number 3636. On May 24, 2016, the licensee signed an Agreement Not to Practice with the Board. The Agreement was to remain in effect until an investigation by the Board and any resulting Complaint and Citation was concluded or until such time as the licensee was released by the Board Secretary. On December 28, 2016, a Verified Complaint and a Citation were filed against the licensee. A hearing on the Complaint and Citation was set for July 20, 2017. The Complaint and Citation asserted numerous allegations of professional misconduct on the part of the licensee in violation of the Oklahoma Allopathic Medical and Surgical Licensure Act, the Oklahoma Respiratory Care Practice Act, and the rules and regulations of the Board. The licensee filed an Answer to the allegations contained in the Complaint on February 27, 2017.

At 7:30 a.m. on the morning of the July 20, 2017 Board meeting, the licensee appeared in person and executed a SILOP at the front desk of the Board office. The licensee also surrendered the licensee's wallet card and stated that the licensee would mail the wall certificate to the Board. The licensee did not stay for the Board meeting. In the SILOP, the licensee pled guilty to several of the allegations of unprofessional conduct contained in the Complaint and Citation. The SILOP stated that the licensee was guilty of professional misconduct for, among other things, intemperance or the habitual use of habit-forming drugs; being habitually intemperate or addicted to the use of any drug, chemical or substance which could result in behavior that interferes with the practice of respiratory care; dishonorable or immoral conduct likely to deceive, defraud, or harm the public; the use of false, fraudulent, or deceptive statements in any document connected with the practice of medicine or surgery; falsifying documents submitted to the Respiratory Care Advisory Committee or the Board; and failure to cooperate with a lawful investigation. The licensee further

stated in the SILOP that “I hereby voluntarily surrender my Oklahoma Respiratory Care License no. 3636.” The Board concluded that the SILOP should be accepted.

The Oklahoma Respiratory Care Practice Act, 59 O.S.2011 & Supp.2016, §§ 2026-2045, empowers the Board to regulate the practice of respiratory care. To that end, the Board has, among other powers, the legislative authority to issue licenses and to impose discipline on licensees for, among other things, professional misconduct. *See id.* §§ 2027(1), 2030(1),(3) and (5), 2031(6), 2033 – 37, 2040(4) and (9), 2041, 2042; *see also* OAC 435:45-5-3(a)(1), (2), (3), (7), (21), (41). The Oklahoma Allopathic Medical and Surgical Licensure Act, 59 O.S.2011 & Supp.2016, §§ 480-518.1, also empowers the Board to discipline licensees for, among other things, unprofessional conduct. *See id.* §§ 509.1(D), 503; *see also* 59 O.S.2011, § 509(4), (8), (15); OAC 435:10-7-4 (3), (11), (17), (19), (27), (38), (40). Section 509.1(E)(1) of the Oklahoma Allopathic Medical and Surgical Licensure Act specifically authorizes the Board to “accept a surrender of a license from a licensee who has engaged in unprofessional conduct in lieu of Board Staff prosecuting a pending disciplinary action[.]” 59 O.S.2011, § 509.1(E)(1). “A surrender under [Subsection 509.1(E)] shall be considered disciplinary action by the Board in all cases[.]” *Id.* § 509.1(2). “All disciplinary actions defined in [Section 509.1] are applicable to any and all professionals licensed under the legislative jurisdiction of the [Board].” *Id.* § 509.1(F). In this case, the licensee is licensed under the legislative jurisdiction of the Board. The licensee has admitted to being guilty of professional misconduct and voluntarily submitted a SILOP. Accordingly, the Board may reasonably believe that its acceptance of the SILOP advances the state policy of protecting the health, safety and well-being of the citizens of Oklahoma by ensuring that respiratory care licensees are working substance free, exhibit honesty and cooperate with Board investigations.

It is, therefore, the official opinion of the Attorney General that the State Board of Medical Licensure and Supervision has adequate support for the conclusion that this action advances the State of Oklahoma’s policy to protect public health and ensure patient welfare.



MIKE HUNTER
ATTORNEY GENERAL OF OKLAHOMA



RYAN CHAFFIN
DEPUTY CHIEF – ASSISTANT ATTORNEY GENERAL

RECEIVED

SEP 1 2017
OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
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