

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

FILED

AUG 05 2011

STATE OF OKLAHOMA)
EX REL. THE OKLAHOMA BOARD)
OF MEDICAL LICENSURE)
AND SUPERVISION,)

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

Plaintiff,)

v.)

Case No. 11-03-4193

WILLAM CHESTER NOBLET, M.D.,)
LICENSE NO. 8694,)

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, William Chester Noblet, 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, William Chester Noblet, M.D., holds Oklahoma license no. 8694 and at the time of the events in question, practiced as an oncologist at the Valley View Cancer Treatment Center in Ada, Oklahoma.

PERSONAL SUBSTANCE ABUSE

3. Beginning on or around June 15, 2009 and continuing through November 1, 2010, Defendant purchased a total of **15,000 dosage units** of Phendimetrazine 35mg, a Schedule III controlled dangerous substance. These drugs were purchased by Defendant from Henry Schein Pharmaceutical Distributors. The total amount of drugs purchased consisted of fifteen (15) bottles containing 1,000 tablets in each bottle.

4. In late 2010, the drug manufacturer contacted the DEA about possible suspicious activity based upon Defendant's purchasing of the Phendimetrazine. The manufacturer was suspicious because Defendant was an oncologist working at a cancer treatment center, but was ordering large quantities of weight loss medications.

5. When questioned by representatives of the DEA, Defendant admitted that he did not distribute the controlled dangerous substances, but instead, used them for his own personal use, as well as for a few friends and family and a nurse with whom he worked.

6. Defendant has no patient charts reflecting the prescribing, dispensing or administering of any of the Phendimetrazine he purchased. Defendant additionally failed to keep any records of the purchase or distribution of the drugs.

7. Defendant admitted to Board investigators that he kept thirteen (13) of the 1,000 tablet bottles for his own personal use, and gave the other two (2) 1,000 tablet bottles to his nurse and friend, Patient MACD. According to Defendant, one (1) of the bottles given to Patient MACD was to be given to her daughter, Patient MECD.

8. Defendant also admitted to Board investigators that he took approximately **twenty (20) pills of Phendimetrazine per day** during the time in question.

9. From July 18, 2011 until July 21, 2011, Defendant submitted to an assessment at Talbott Recovery Campus. At the conclusion of the assessment, the assessment team concluded that Defendant should submit to long term residential treatment for substance abuse.

10. As of the date of the filing of this Complaint, Defendant has not submitted to the recommended long term treatment for substance abuse.

11. On or about July 29, 2011, pursuant to an investigation by the Drug Enforcement Administration, Defendant entered into a Settlement Agreement with the United States Department of Justice and the DEA based upon allegations that he ordered the Phendimetrazine and failed to make, keep and furnish any records with regard to the order, receipt, inventory or dispensation of the controlled dangerous substances. The DEA also alleged that Defendant dispensed Phendimetrazine to an individual without proper documentation. Pursuant to his Settlement Agreement, Defendant paid the DEA \$35,000.00, surrendered his DEA permit, and closed his medical practice.

PRESCRIBING VIOLATIONS

12. A review of pharmacy records reveals that on or about April 2, 2010, Defendant wrote a prescription for #30 Adipex 37.5mg with three (3) refills to Patient JBD, a nurse at the clinic where Defendant worked. Pharmacy records additionally reflect that on or about January 15, 2011, Defendant authorized a prescription for #30 Phentermine 37.5mg with two (2) refills to Patient JBD. Defendant admits that he kept **no chart** on this patient, that he failed to perform **any** physical examination on this patient prior to prescribing the controlled dangerous drugs, that he failed to obtain a full history of the patient, that he did not order appropriate tests, that he did not establish a legitimate medical need for the medications, and that he did not maintain an office record which accurately reflects the evaluation, treatment and medical necessity of treatment of the patient.

13. A review of pharmacy records reveals that on or about February 22, 2010, Defendant wrote a prescription for #60 Ambien 6.25mg with six (6) refills to Patient MACD, his nurse and friend. Pharmacy records additionally reflect that on or about September 16, 2010, Defendant wrote a prescription for #60 Ambien 6.25mg with five (5) refills to Patient MACD. Defendant admits that he kept **no chart** on this patient, that he failed to perform **any** physical examination on this patient prior to prescribing the controlled dangerous drugs, that he failed to obtain a full history of the patient, that he did not order appropriate tests, that he did not establish a legitimate medical need for the medications, and that he did not maintain an office record which accurately reflects the evaluation, treatment and medical necessity of treatment of the patient.

14. A review of pharmacy records reveals that on or about January 4, 2011, Defendant authorized a prescription for Tussionex to Patient MECD, the daughter of Patient MACD. Defendant admits that he kept **no chart** on this patient, that he failed to perform **any** physical examination on this patient prior to prescribing the controlled dangerous drugs, that he failed to obtain a full history of the patient, that he did not order appropriate tests, that he did not establish a legitimate medical need for the medications, and that he did not maintain an office record which accurately reflects the evaluation, treatment and medical necessity of treatment of the patient.

15. Defendant is guilty of unprofessional conduct in that he:

A. Habitually uses habit-forming drugs in violation 59 O.S. 407 §509(4) and OAC 435:10-7-4(3).

B. 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).

C. 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).

D. 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).

E. Purchased or prescribed a regulated substance in Schedules I through V for the physician's personal use in violation of OAC 435:10-7-4(5).

F. Prescribed, sold, administered, distributed, ordered or gave a 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).

G. Failed to keep complete and accurate records of the purchase and disposal of controlled drugs or of narcotic drugs in violation of 59 O.S. §509(10).

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. Confessed to a crime involving a violation of the anti-narcotic laws of the federal government or the laws of this state in violation of 59 O.S. §509(7).

J. Violated a state or federal law or regulation relating to controlled substances in violation of OAC 435:10-7-4(27),

K. Committed 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. §509(9).

L. Prescribed or administered a controlled substance without medical need in accordance with published standards in violation of 59 O.S. §509(16) and OAC 435:10-7-4(2) and (6).

M. 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).

N. Engaged in the indiscriminate or excessive prescribing, dispensing or administering of controlled or narcotic drugs in violation of OAC 435:10-7-4(1).

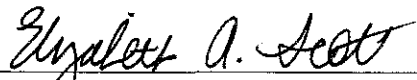
O. Failed to provide a proper and safe medical facility setting and qualified assistive personnel for a recognized medical act, including but not limited to an initial in-person patient examination in violation of 59 O.S. §509(20). Adequate medical records to support diagnosis, procedure, treatment or prescribed medications must be produced and maintained.

P. Failed to establish a physician/patient relationship prior to providing patient-specific medical services, care or treatment in violation of OAC 435:10-7-4(49).

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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