Arizona Medical Board

9545 East Doubletree Ranch Road • Scottsdale, Arizona 85258
Home Page: http://www.azmd.gov
Telephone (480) 551-2700 • Fax (480) 551-2705 • In-State Toll Free (877) 255-2212

DRAFT MINUTES FOR
REGULAR SESSION MEETING
Held on Wednesday, June 8, 2011
9535 E. Doubletree Ranch Road · Scottsdale, Arizona

Board Members

Douglas D. Lee, M.D., Chair
Paul M. Petelin Sr., M.D., Vice Chair
Amy J. Schneider, M.D., F.A.C.O.G., Secretary
Patricia R. J. Griffen, Member-at-Large
Andrea E. Ibáñez
Jody L. Jenkins, M.D.
Gordi S. Khera, M.D.
Ram R. Krishna, M.D.
Germaine Proulx
William J. Thrift, M.D.

CALL TO ORDER
Dr. Lee called the meeting to order at 8:00 a.m.

ROLL CALL
The following Board members were present: Ms. Ibáñez, Dr. Jenkins, Dr. Khera, Dr. Krishna, Dr. Lee, Dr. Petelin, Ms. Proulx, Dr. Schneider, and Dr. Thrift. The following Board member was absent: Ms. Griffen.

CALL TO THE PUBLIC
Individuals that addressed the Board during the call to the public appear beneath the case referenced.

EXECUTIVE DIRECTOR'S REPORT
Lisa S. Wynn, Executive Director, reported that the Agency has provided a preliminary response to the Audit Report. She stated that the final report is expected as early as June 10, 2011. Ms. Wynn thanked the Board for their review and comments. She informed the Board that she has been invited by the Federation of State Medical Boards (FSMB) to participate in a work group that will look at composite action index. She explained that this is a consumer advocacy group that will be looking at the number of serious discipline against licensees in different states. Ms. Wynn also informed the Board that on June 17, 2011, William Wolf, M.D., Chief Medical Consultant, will be presenting to the medical students at the Maricopa Medical Center.

Ms. Wynn stated that the management team has suggested that if Board staff could shorten preparation time that is provided to Board members, this could help the Agency in decreasing the amount of time from the onset of an investigation to the time that the case is adjudicated by the Board. Ms. Wynn asked Board members to provide feedback regarding whether providing the Board meeting materials two weeks prior to the meeting will provide sufficient time for case review. Dr. Schneider commented that she believes two weeks is adequate time to review case materials for a one-day meeting. Ms. Ibáñez commented that she preferred to receive the materials two weeks prior to the meeting because she stated that if she reviewed the materials too early, she had to re-review them just prior to the meeting.

CHAIR'S REPORT
Dr. Lee thanked the Board and its staff for their hard work during the Audit process. Dr. Lee welcomed the medical students who were present and observing the meeting. He also congratulated Ms. Wynn for her appointment to the FSMB work group.

LEGAL ADVISOR'S REPORT
Jennifer Boucek, Assistant Attorney General, reported that Dr. Cabret-Carlotti had appealed an Advisory Letter issued by the Board. She stated that the Court of Appeals upheld the Board's decision and dismissed the appeal. Ms. Boucek further reported that Dr. Lipton had appealed an Advisory Letter issued by the Board, and the Court of Appeals also upheld the Board's decision. Ms. Boucek stated that Dr. Lipton has appealed the decision to dismiss his appeal and that the matter is currently pending.

ASTS Accrediting Body
Rainer Gruessner, M.D., FACS, Professor of Surgery and Immunology, Chairman of the Department of Surgery, University of Arizona, presented to the Board stating that ASTS is the leading society and formal training program in abdominal surgical transplantation. Dr. Gruessner stated that he recognizes that a foreign medical graduate applicant for an Arizona medical license is required to have completed three years of ACGME accredited training in a fellowship or residency. Dr. Gruessner pointed out that abdominal surgical transplantation training is not available through ACGME. Therefore, he stated that ASTS requests that the Board consider recognizing ASTS as a training body similar to ACGME in order to ensure that physicians who complete ASTS programs qualify for an Arizona medical license. Susan Wong-Bean, Associate General Counsel, University Physicians Healthcare, stated that the Dean of the University of Arizona College of Medicine, supports ASTS's request for approval as a clinical fellowship program. She stated that Arizona statutes grant the Board with the authority to approve ASTS as an ACGME similar body. Ms. Wong-Bean stated that they realize the Board may grant a teaching license to an ASTS fellowship trained physician; however, she stated that there is a stigma attached to the license as the teaching license is not the same as a full unrestricted license to practice medicine in the state. She stated that this particular issue makes it difficult to recruit skilled physicians as they would rather hold full, unrestricted medical licenses.

Dr. Thrift questioned how long ASTS has been certifying fellowship trained transplantation surgeons. Dr. Gruessner confirmed that it has been for approximately three decades. Dr. Thrift also questioned why the ASTS programs are not available through ACGME. Dr. Gruessner stated that ACGME fellowship does not address transplantation surgery. Dr. Petelin questioned what "stigma" seemed to be attached to a teaching license, as he recalled that it has worked successfully in the past. Ms. Wong-Bean stated that a physician under a teaching license will be at a disadvantage on what he could do on a daily basis. Ms. Wynn clarified for the Board that there are no restrictions placed on teaching licenses by this Board. Dr. Gruessner stated that hospitals impose restrictions on teaching licenses limiting the physician's practice. Dr. Lee stated that the restrictions are placed by the hospitals and not the Board. Ms. Boucek pointed out that A.R.S. §32-1432 does place a restriction on a teaching license, in that a physician is restricted from opening a private practice or designating a place for seeing patients outside the university or teaching facility. Dr. Gruessner stated that the core of their request is that the requirements for fellowships as put forth by the ACGME are the same if not very similar as to what is required by the ASTS. Dr. Krishna questioned whether other states were having any difficulties regarding the same issue. Ms. Wynn reported that she had submitted a query through the administrators through medicine webpage and that none of the twenty three states that responded accept ASTS and that none had seen any issues. Dr. Gruessner stated that transplantation surgery is a very unique subspecialty as it is a very small field and highly competitive. He stated that he feels confident that ASTS's requirements are not only similar, but basically the same as ACGME. Lorraine Mackstaller, M.D., reiterated that ASTS is equivalent to ACGME. She stated that the Board's goal is to have qualified physicians taking care of patients in Arizona; she stated that the ASTS satisfies that goal.

APPROVAL OF MINUTES
MOTION: Dr. Krishna moved to approve the April 6, 2011 Regular Session Meeting, including Executive Session; the April 25, 2011 Emergency Teleconference Meeting, including Executive Session; and the May 12, 2011 Summary Action Teleconference Meeting, including Executive Session.
SECONDED: Ms. Proulx
VOTE: 9-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

ADVISORY LETTERS
MOTION: Dr. Krishna moved to issue an Advisory Letter in items 1, 4, 6, 7, 9, 10, 11, 15, 16, 17, 18, 20, 21, 22 and 24.
SECONDED: Dr. Petelin
VOTE: 9-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

NO.	CASE NO.	PHYSICIAN	LIC. #	RESOLUTION
1.	MD-10-1191A	REYNALDO DE LOS ANGELES, M.D.	12231	Issue an Advisory Letter for action taken by the states of Nebraska and Oklahoma. This matter does not rise to the level of discipline.
2.	MD-10-1004A	AMNON KAHANE, M.D.	23948	Dismiss.

Ms. Ibáñez recognized that this was a complex case that involved a difficult patient. She questioned whether the case rises to the level of Board action. Dr. Krishna spoke in favor of dismissing the case.

MOTION: Ms. Ibáñez moved for dismissal.
SECONDED: Dr. Krishna

Dr. Schneider pointed out that Board staff sustained a medical recordkeeping violation in this case and that there was no deviation from the standard of care identified. Dr. Krishna spoke in favor of the motion and stated that Dr. Kahane could not have done anything different to alter the outcome of the case. Dr. Petelin commented that despite the case being of a complex nature, it should not provide for a Board dismissal. He questioned why Board members felt that dismissing the case would be appropriate.

Dr. Krishna stated that the medical consultant criticized Dr. Kahane's discharge summary. However, Dr. Krishna stated that he believed that documentation in the discharge summary did not affect the patient's outcome in the case.

VOTE: 7-yay, 2-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

NO.	CASE NO.	PHYSICIAN	LIC. #	RESOLUTION
3.	MD-10-0892A	BOBBY A. SHAH, M.D.	41793	Issue an Advisory Letter for failing to address a dialysis catheter kink during the initial procedure, and for inadequate medical records. There is insufficient evidence to support discipline.

Dr. Jenkins observed that the medical consultant found that Dr. Shah failed to address a dialysis catheter kink during the patient's initial procedure. She noted that supplemental material was submitted by the physician prior to the meeting, which included additional images of the catheter. Dr. Wolf pointed out that the films provided by Dr. Shah to support his position were films that were done two days post procedure, and that the films were previously provided to the Board's medical consultant for review at the time that the case was being analyzed.

MOTION: Dr. Jenkins moved to issue an Advisory Letter for failing to address a dialysis catheter kink during the initial procedure, and for inadequate medical records. There is insufficient evidence to support discipline.
SECONDED: Dr. Krishna
VOTE: 9-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

NO.	CASE NO.	PHYSICIAN	LIC. #	RESOLUTION
4.	MD-10-1367A	JOHN R. TESSER, M.D.	11285	Issue an Advisory Letter for diverting a scheduled medication for self-use and for inadequate medical records. This matter does not rise to the level of discipline.
5.	MD-10-0725A	JOE R. SERNA, M.D.	16279	Issue an Advisory Letter for failure to document monitoring for side effects, aberrant behaviors, and discussions of risks and benefits for multiple patients.

KW spoke during the call to the public on behalf of the complainant. Dr. Lee spoke in favor of issuing Dr. Serna an Advisory Letter, and he recognized that there were mitigating factors involved in this case. Dr. Lee expressed concern regarding Dr. Serna's dispensing of medications and found his actions to be callous. Dr. Lee stated he recognizes that pain management has been an issue in the rural communities, but that it should not be an excuse for providing inadequate treatment to patients. Dr. Lee agreed with Board staff's finding that the case does not rise to the level of discipline and he spoke in favor of issuing an Advisory Letter to track the conduct.

MOTION: Dr. Lee moved to issue an Advisory Letter for failure to document monitoring for side effects, aberrant behaviors, and discussions of risks and benefits for multiple patients.
SECONDED: Dr. Krishna
VOTE: 9-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

NO.	CASE NO.	PHYSICIAN	LIC. #	RESOLUTION
6.	MD-10-0704A	LAURA L. VANDENHEEDE, M.D.	26282	Issue an Advisory Letter for failure to identify the correct site during the removal of a lipoma. There is insufficient evidence to support discipline.
7.	MD-10-1257A	BRADLEY O. OSWOOD, M.D.	19630	Issue an Advisory Letter for failure to review x-ray reports, for failure to order appropriate follow up studies, and for failure to document assessment of sudden hypotension. This matter does not rise to the level of discipline.
8.	MD-10-1479A	DUAN C. COPELAND, M.D.	35699	Dismiss.

Dr. Thrift noted that the medical consultant criticized Dr. Copeland's failure to obtain a neurology consultation after the patient suffered a stroke, and for his failure to initiate thrombolysis postoperatively. Dr. Thrift stated he did not find that thrombolysis was required in this case, and questioned whether the neurology consultation was necessary. Dr. Thrift noted that this incident occurred in Springerville, Arizona, which is a rural community that does not have many specialty physicians practicing in that location. He stated that if a neurology consultation was warranted, it would have been very difficult for Dr. Copeland to obtain one without having to transport the patient to another facility.

MOTION: Dr. Thrift moved for dismissal.
SECONDED: Dr. Khera

Dr. Jenkins observed that Board staff did not sustain a quality of care violation, but found that Dr. Copeland failed to document his reasoning for not obtaining a neurology consultation. Dr. Wolf stated that the MC found that Dr. Copeland did not document in the chart that the patient refused a neurology consultation, as he had indicated in his response to the Board. Dr. Petelin expressed concern regarding Dr. Copeland's failure to transfer the patient to a tertiary facility for formal treatment due to the many factors involved in her care.

VOTE: 6-yay, 3-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

NO.	CASE NO.	PHYSICIAN	LIC. #	RESOLUTION
9.	MD-10-1382A	ABDULKADIR A. HOURANI, M.D.	25270	Issue an Advisory Letter for initiating Tracleer without first performing right heart catheterization. This matter does not rise to the level of discipline.
10.	MD-10-1399A	WAHEED H. ZEHRI, M.D.	23454	Issue an Advisory Letter for inadequate supervising of a PA. This matter does not rise to the level of discipline.

Complainant Cynthia Lawrence, P.A., spoke during the call to the public.

NO.	CASE NO.	PHYSICIAN	LIC. #	RESOLUTION
11.	MD-10-1109A	JACK O. SIPPERLEY, M.D.	16167	Issue an Advisory Letter for improper lens implantation. The violation was a technical error.

Attorney Mike Ryan spoke during the call to the public on behalf of Dr. Sipperley.

NO.	CASE NO.	PHYSICIAN	LIC. #	RESOLUTION
12.	MD-10-1374A	ROYAL B. ANSPACH, M.D.	8995	Issue an Advisory Letter for failure to measure blood glucose in the office on a patient with symptoms consistent with hyperglycemia secondary to diabetes. This matter does not rise to the level of discipline.

Dr. Jenkins questioned whether the standard of care required a physician to perform office glucose testing. Kathleen Coffer, M.D., Medical Consultant, stated that it is the standard of care to perform glucose testing in the office for patients with signs and symptoms of hyperglycemia. Dr. Thrift stated that he personally does not rely on finger prick blood glucose testing for a definitive diagnosis of diabetes as it is often inaccurate. Dr. Coffer pointed out that Dr. Anspach stated in his response that he had glucometer testing available onsite, but failed to utilize it in caring for this patient. Board members determined that Dr. Anspach should have followed this patient more closely.

MOTION: Dr. Jenkins moved to issue an Advisory Letter for failure to measure blood glucose in the office on a patient with symptoms consistent with hyperglycemia secondary to diabetes. This matter does not rise to the level of discipline.
SECONDED: Dr. Thrift
VOTE: 9-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

NO.	CASE NO.	PHYSICIAN	LIC. #	RESOLUTION
13.	MD-11-0107A	KAREN M. BADER, M.D.	24525	Issue an Advisory Letter for the administration of a shingles vaccine for a patient with a history of lymphoma. This matter does not rise to the level of discipline.

Dr. Thrift observed that the medical consultant opined that Dr. Bader administered a shingles vaccine for a patient with a history of lymphoma. Dr. Thrift questioned whether a standard of care has been established regarding administering vaccines for patients with cancer that are undergoing chemotherapy. He found that the patient's last PET scan was equivocal, and questioned whether it was appropriate for Dr. Bader to have waited until the patient's last course of chemotherapy prior to administering the vaccine. Dr. Coffer stated that the guidelines that Dr. Bader referred to in her response addressed administering vaccines to patients with leukemia, while the patient involved in the current case has lymphoma. Dr. Coffer pointed out that the handout provided in the shingles vaccine packaging specifically states that an exception should be made in patients with cancer affecting bone marrow, such as lymphoma. Dr. Thrift found that the issuance of an Advisory Letter is appropriate in this case to track the occurrence.

MOTION: Dr. Thrift moved to issue an Advisory Letter for the administration of a shingles vaccine for a patient with a history of lymphoma. This matter does not rise to the level of discipline.
SECONDED: Dr. Petelin
VOTE: 9-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

NO.	CASE NO.	PHYSICIAN	LIC. #	RESOLUTION
14.	MD-11-0036A	RICHARD A. BURGMEIER, M.D.	20130	Return this matter for further investigation to obtain clarification regarding the professional relationship between Dr. Burgmeier and the naturopathic physician involved in this case.

Dr. Jenkins observed that Board staff did not sustain a quality of care violation, but that a medical recordkeeping violation had been substantiated. Dr. Jenkins stated that it seemed the patient was not seen by Dr. Burgmeier, but by the naturopathic physician in the office. Dr. Wolf stated that the Board's Staff Investigational Review Committee (SIRC) struggled with this case to some degree. He stated that the naturopathic physician is employed by Dr. Burgmeier, who is the owner of the clinic. Dr. Wolf explained that SIRC had determined that there was no consent form signed by the patient for injection of steroids, which was performed by the naturopathic physician. Dr. Thrift noted that naturopathic physicians are independent practitioners who are regulated by their respective licensing agency. Board members questioned the nature of Dr. Burgmeier's professional relationship with the naturopathic physician, and also what healthcare tasks naturopathic physicians are authorized to perform. Dr. Petelin asked if this type of treatment is under the purview of a naturopathic physician. Dr. Wolf reported that the medical consultant had opined that it would be uncommon treatment performed by a naturopathic physician. Dr. Wolf informed the Board that the naturopathic physician had been referred to the Arizona Naturopathic Board. Dr. Krishna recommended obtaining clarification regarding the professional relationship between Dr. Burgmeier and the naturopathic physician prior to proceeding with this matter.

MOTION: Dr. Krishna moved to return this matter for further investigation to obtain clarification regarding the professional relationship between Dr. Burgmeier and the naturopathic physician involved in this case.
SECONDED: Dr. Thrift
VOTE: 9-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

NO.	CASE NO.	PHYSICIAN	LIC. #	RESOLUTION
15.	MD-10-0740A	JUNG T. DAO, M.D.	29246	Issue an Advisory Letter for failure to discontinue rigid contact lenses prior to lens implant measurements. This matter does not rise to the level of discipline.
16.	MD-11-0216A	DEREK M. FEUQUAY, M.D.	41740	Issue an Advisory Letter for continuing metoprolol with no instructions to hold it for decreased blood pressure or decreased heart rate. This matter does not rise to the level of discipline.
17.	MD-10-1353A	DAVID R. JOHNSON, M.D.	10913	Issue an Advisory Letter for inadequate documentation. This matter does not rise to the level of discipline.
18.	MD-10-1471A	MICHAEL MAHL, M.D.	12868	Issue an Advisory Letter for failure to perform physical examinations on patients receiving Suboxone, and for failure to adequately evaluate a patient for substance abuse. This matter does not rise to the level of discipline.
19.	MD-10-0909A	SHARLET MURAD, M.D.	29050	Dismiss.

Dr. Petelin observed that this case involved an anesthesiologist who was not on shift or on call at the hospital, who presented to the hospital in response to a request from hospital staff for her assistance in an ectopic case. When Dr. Murad arrived at the hospital, she entered the wrong operating room where an emergency D&C was to be performed and she was requested to assist in the procedure. Dr. Petelin questioned why the on call anesthesiologist had not been contacted to assist in the emergency procedure. Dr. Petelin spoke in favor of dismissing the case.

MOTION: Dr. Petelin moved for dismissal.
SECONDED: Dr. Krishna

Dr. Lee expressed concern regarding the hospital staff's lack of communication in this case and recommended referring the matter to the appropriate regulatory authority. Dr. Lee noted that Dr. Murad did not have an established physician-patient relationship with the patient involved in the D&C case, and that she had a contractual obligated to attend to the ectopic patient. Dr. Lee questioned whether Dr. Murad's failure to care for the D&C patient rises to the level of Board action. Dr. Schneider opined that Dr. Murad should have cared for the D&C patient prior to assisting with the ectopic patient, as the emergency D&C patient was ready for surgery and the ectopic patient was not yet in the operating room. Dr. Schneider spoke in favor if issuing an Advisory Letter as recommended by SIRC. Dr. Lee commented that Dr. Murad did not have a legal obligation to the emergency D&C patient, and questioned what standard of care she had breached. Dr. Thrift commented that the confounding issue in the case is that Dr. Murad had been directed to assist with the ectopic patient when she arrived at the hospital. He stated that Dr. Murad should have personally discussed the issue with the surgeon, rather than taking direction from the nurse. Board members noted that Dr. Murad ultimately assisted in the emergency D&C case prior to attending to the ectopic patient.

VOTE: 6-yay, 3-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

NO.	CASE NO.	PHYSICIAN	LIC. #	RESOLUTION
20.	MD-11-0191A	REGINA M. WRIGHT, M.D.	25744	Issue an Advisory Letter for failure to measure viral titers in a patient with known Hepatitis B. This matter does not rise to the level of discipline.
21.	MD-10-1398A	MORTON H. DUBNOW, M.D.	4810	Issue an Advisory Letter for failure to refer a patient with an abnormal upper GI for EGD and for inadequate medical records. This matter does not rise to the level of discipline.
22.	MD-10-1452A	MARILYN M. HART, M.D.	16155	Issue an Advisory Letter for failure to perform either a CBC, pulse oximetry or spirometry in the evaluation of a patient with new onset of dyspnea.
23.	MD-10-1407A	LORNE W. MURRAY, M.D.	41846	Issue an Advisory Letter for failing to discuss treatment options in a patient with mild symptoms due to venous reflux. This matter does not rise to the level of discipline.

Dr. Khera expressed concern with Dr. Murray's failure to personally review the patient's venous study prior to proceeding with surgical intervention. Dr. Petelin observed that this patient was not a candidate for endovascular therapy, and noted that the patient's out of state physician subsequently performed a venous duplex study that did not show venous reflux. Dr. Khera recommended inviting Dr. Murray for a Formal Interview to allow him the opportunity to explain his thought process in this case.

MOTION: Dr. Khera moved to invite Dr. Murray for a Formal Interview with the Board.
SECONDED: Dr. Jenkins

Dr. Schneider questioned whether Dr. Khera believed the matter rises to the level of discipline. Dr. Khera stated that if Dr. Murray did not personally review the venous ultrasound and advised the patient to undergo a venous ablation, then this case may

potentially rise to the level of disciplinary action. Ms. Ibáñez questioned whether the case should be returned for further investigation for Board staff to look into the matter, and then have the physician present for a Formal Interview. Dr. Petelin spoke against the motion and stated that having the physician present for a Formal Interview would be redundant and a waste of both the physician's and the Board's time. Dr. Petelin stated he believed this matter does not rise to the level of discipline and that an Advisory Letter is appropriate to track the occurrence. Dr. Khera stated that it seemed from the physician's response that he believes he performed within the standard of care. Dr. Khera reiterated that Dr. Murray had the duty to personally review the venous ultrasound prior to recommending surgical intervention.

VOTE: 2-yay, 6-nay, 0-abstain, 0-recuse, 2-absent.
MOTION FAILED.

MOTION: Dr. Petelin moved to issue an Advisory Letter for failing to discuss treatment options in a patient with mild symptoms due to venous reflux. This matter does not rise to the level of discipline.
SECONDED: Dr. Jenkins

Dr. Thrift spoke in favor of the motion, and noted that issuing an Advisory Letter will allow the Board to trend the occurrence and track the physician's conduct.

VOTE: 7-yay, 1-nay, 0-abstain, 0-recuse, 2-absent.
MOTION PASSED.

NO.	CASE NO.	PHYSICIAN	LIC. #	RESOLUTION
24.	MD-10-1467A	AHMET O. TUREK, M.D.	36399	Issue an Advisory Letter for providing an inadequate course of antibiotics for pyelonephritis, and for inadequate follow up of metabolic profile in a patient in whom the bicarbonate blood level was trending downward. This matter does not rise to the level of discipline.

ADVISORY LETTERS WITH NON-DISCIPLINARY CONTINUING MEDICAL EDUCATION (CME)

NO.	CASE NO.	PHYSICIAN	LIC. #	RESOLUTION
1.	MD-10-1495A	DONNA CATANZARO, M.D.	29473	Issue an Advisory Letter for inadequate medical records. Issue an Order for Non-disciplinary CME for inappropriate prescribing. Within six months, obtain 15- 20 hours of Board staff pre-approved Category I CME in an intensive, in person prescribing course. The CME hours shall be in addition to the hours required for the biennial renewal of licensure. This matter does not rise to the level of discipline.

MOTION: Dr. Schneider moved to issue an Advisory Letter for inadequate medical records, and to issue an Order for Non-disciplinary CME for inappropriate prescribing. Within six months, obtain 15-20 hours of Board staff pre-approved Category I CME in an intensive, in person prescribing course. The CME hours shall be in addition to the hours required for the biennial renewal of licensure. This matter does not rise to the level of discipline.
SECONDED: Dr. Jenkins
VOTE: 9-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

NON-DISCIPLINARY CME ORDER

NO.	CASE NO.	PHYSICIAN	LIC. #	RESOLUTION
1.	MD-10-1278A	KALPESH C. PATEL, M.D.	36882	Issue an Advisory Letter and Order for Non-disciplinary CME for failure to identify a renal mass on MRI. Within six months, obtain 5-10 hours of Board staff pre-approved Category I CME in abdominal/renal MRI. The CME hours shall be in addition to the hours required for the biennial renewal of licensure. This matter does not rise to the level of discipline.

Dr. Petelin recommended issuing Dr. Patel an Advisory Letter in addition to the CME Order. Ms. Boucek stated that she has recommended in the past that the Board not combine the two because the CME Order is an appealable action. She explained that if the Advisory Letter and CME Order are issued together for the same violation, the Board is effectively giving the physician the opportunity to appeal the Advisory Letter. Dr. Petelin questioned if a CME Order is an action that can be tracked for future occurrences. Ms. Boucek stated that the CME Order becomes part of a licensee's prior Board history, and that it is arguably a stronger Board action because it is an appealable action that cites a statutory violation.

Dr. Krishna observed that Dr. Patel is a radiologist who failed to identify a renal cell mass on MRI. Dr. Krishna expressed concern with the fact that Dr. Patel failed to recognize the mass, while the patient's chiropractor later identified it. Dr. Wolf clarified that the chiropractor found it by reading the report of a subsequent study. Dr. Krishna stated that physicians rely on radiologists to provide their professional opinion and stated that he was bothered by Dr. Patel's failure to identify the mass on MRI.

MOTION: Dr. Krishna moved to issue an Advisory Letter and Order for Non-disciplinary CME for failure to identify a renal mass on MRI. Within six months, obtain 5-10 hours of Board staff pre-approved Category I CME in abdominal/renal MRI.

The CME hours shall be in addition to the hours required for the biennial renewal of licensure. This matter does not rise to the level of discipline.
SECONDED: Dr. Petelin

Dr. Khera questioned whether 5-10 hours of CME was appropriate, and he asked if the motion should be amended to increase the CME hours to 15-20 hours. Dr. Petelin pointed out that the CME course is specific to abdominal/renal MRI, which appropriately focuses on the Board's concerns in this case.

VOTE: 9-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

REVIEW OF EXECUTIVE DIRECTOR DISMISSALS
MOTION: Dr. Krishna moved to uphold the dismissal in item numbers 1-4 and 6-16.
SECONDED: Dr. Schneider
VOTE: 9-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

NO.	CASE NO.	PHYSICIAN	LIC. #	RESOLUTION
1.	MD-10-1290A	DONAVAN ANDERSON, M.D.	13491	Uphold the Dismissal.
2.	MD-10-1185A	MICHELLE L. CABRET-CARLOTTI, M.D.	30196	Uphold the Dismissal.

Complainant SP spoke during the call to the public. Dr. Michelle Cabret-Carlotti also spoke during the call to the public along with Dr. Albert Carlotti.

NO.	CASE NO.	PHYSICIAN	LIC. #	RESOLUTION
3.	MD-11-0017A	PETER H. DUX, M.D.	24154	Uphold the Dismissal.

Complainant JA spoke during the call to the public.

NO.	CASE NO.	PHYSICIAN	LIC. #	RESOLUTION
4.	MD-10-1456A	PATRICIA N. MARS, M.D.	25680	Uphold the Dismissal.
5.	MD-10-1468A	DEBORAH D. WILSON, M.D.	26168	Uphold the Dismissal.

Dr. Petelin questioned why the patient was dismissed from Dr. Wilson's practice, how the physician was unable to palpate a 3cm calcified breast mass in a fairly thin patient and whether the second gynecologist should have performed a breast examination while the patient reported that she recently had one performed. Ingrid Haas, M.D., Medical Consultant, stated that Dr. Wilson explained in her response letter that the patient had expressed great distrust with the physician. She stated that Dr. Wilson indicated that there was no working relationship with the patient and, therefore, she was dismissed from the practice. Dr. Haas stated that she could not speak to the issue of Dr. Wilson not being able to palpate the mass. Dr. Haas explained that Dr. Wilson performed a breast exam in the patient and described the mass as a thickening without a palpable mass. Dr. Haas further explained that the second gynecologist was not expected to have performed a breast examination on the patient at the initial visit. Dr. Petelin pointed out that the second gynecologist performed a very thorough history and physical exam. Dr. Petelin commented that it was disturbing to him that Dr. Wilson did not discover the 3cm breast mass in this thin patient.

MOTION: Dr. Petelin moved to uphold the dismissal.
SECONDED: Dr. Krishna
VOTE: 9-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

NO.	CASE NO.	PHYSICIAN	LIC. #	RESOLUTION
6.	MD-10-1401A	GILBERT R. ORTEGA, M.D.	34778	Uphold the Dismissal.
7.	MD-10-1414A	AMAR P. SHARMA, M.D.	40693	Uphold the Dismissal.
8.	MD-10-1393A	JACK O. SIPPERLEY, M.D.	16167	Uphold the Dismissal.

Attorney Mike Ryan spoke during the call to the public on behalf of Dr. Sipperley.

NO.	CASE NO.	PHYSICIAN	LIC. #	RESOLUTION
9.	MD-10-1400A	CLAUDE R. THIBEAULT, M.D.	19972	Uphold the Dismissal.
10.	MD-10-1457A	PAYAM ZAMANI, M.D.	34305	Uphold the Dismissal.
11.	MD-10-1324A	BRENDA A. CARROLL, M.D.	41749	Uphold the Dismissal.

Complainant MS spoke during the call to the public on behalf of the patient involved in this case.

NO.	CASE NO.	PHYSICIAN	LIC. #	RESOLUTION
12.	MD-10-1531A	JAY S. NEMIRO, M.D.	12781	Uphold the Dismissal.

Complainant KT spoke during the call to the public. Dr. Nemiro also spoke during the call to the public.

NO.	CASE NO.	PHYSICIAN	LIC. #	RESOLUTION
13.	MD-11-0056A	ALLAN R. REINFELD, M.D.	15900	Uphold the Dismissal.

Dr. Khera was recused from this case.

NO.	CASE NO.	PHYSICIAN	LIC. #	RESOLUTION
14.	MD-11-0067A	DEBJOTI SENSHARMA, M.D.	25654	Uphold the Dismissal.
15.	MD-11-0049A	JAMES W. BAIRD, M.D.	28720	Uphold the Dismissal.
16.	MD-10-1284B	EARL E. ROTH, M.D.	14021	Uphold the Dismissal.

OTHER BUSINESS
MOTION: Dr. Schneider moved to accept the Proposed Consent Agreement in item numbers 1-3.
SECONDED: Dr. Krishna
ROLL CALL VOTE: Roll call vote was taken and the following Board members voted in favor of the motion: Ms. Ibáñez, Dr. Jenkins, Dr. Khera, Dr. Krishna, Dr. Lee, Dr. Petelin, Ms. Proulx, Dr. Schneider, and Dr. Thrift. The following Board member was absent: Ms. Griffen.
VOTE: 9-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

NO.	CASE NO.	PHYSICIAN	LIC. #	RESOLUTION
1.	MD-10-1347A	DAVID L. CHILD, M.D.	6275	Accept the proposed Consent Agreement for a Decree of Censure and One Year Probation. Within six months, complete a PACE evaluation.
2.	MD-10-0514A	NAGLAA Z. ABDEL-AL, M.D.	34898	Accept the proposed Consent Agreement for a Decree of Censure and Practice Restriction. Dr. Abdel-Al shall not practice medicine and is prohibited from prescribing any form of treatment, including prescription medications, in Arizona. In addition, Dr. Abdel-Al shall not seek to renew her Arizona medical license and shall not reapply for an Arizona medical license for a period of five years.
3.	MD-10-1261A	CLIFFORD J. GOODMAN, M.D.	8263	Accept the proposed Consent Agreement for a Letter of Reprimand.
4.	MD-10-0947A	NAVNEET N. SHARDA, M.D.	27157	Approve the draft Findings of Fact, Conclusions of Law and Order for a Letter of Reprimand, and instructed Board legal counsel to add additional information to reflect the outcome of the superior court case.

Dr. Lee informed the Board that additional information had been received from Dr. Sharda regarding the judicial review of the Nevada Board action. Dr. Lee stated that the Nevada Board Order remains effective. Ms. Boucek advised the Board to include in its motion for approval of the draft that the Board's legal counsel is instructed to add additional information to reflect the outcome of the superior court case.

MOTION: Dr. Schneider moved to approve the draft Findings of Fact, Conclusions of Law and Order for a Letter of Reprimand, and instructed Board legal counsel to add additional information to reflect the outcome of the superior court case.
SECONDED: Dr. Petelin
VOTE: 9-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

NO.	CASE NO.	PHYSICIAN	LIC. #	RESOLUTION
5.	MD-10-0812A	GALEN B. JOHNSON, M.D.	19218	Issue an Order to undergo a psychosexual evaluation within sixty days. If Dr. Johnson fails to undergo the evaluation within sixty days, the case shall be referred to the Office of Administrative Hearings for a Formal Hearing with the recommendation for Revocation.

Dr. Johnson spoke during the call to the public. Ms. Boucek clarified that the criminal case against Dr. Johnson is currently pending. She stated that licensee's with pending criminal cases are often advised by their legal counsel not to undergo the assessment because the prosecutor in the criminal case may potentially subpoena the Board for the evaluation. Dr. Lee stated that despite the pending criminal case and the potential for criminal charges against Dr. Johnson, the issue remains that he has failed to undergo a psychosexual evaluation as ordered by the Board's Executive Director. Pat McSorley, Investigations Manager, informed the Board that the county attorney's office has reported that no charges have been filed, but that the case is still under review. Dr. Krishna noted that Board staff has recommended that if Dr. Johnson does not complete an evaluation within sixty days of the effective date of the Order, the case shall be referred for Formal Hearing with the recommendation to revoke the physician's license.

MOTION: Dr. Schneider moved to issue an Order to undergo a psychosexual evaluation within sixty days. If Dr. Johnson fails to undergo the evaluation within sixty days, the case shall be referred to the Office of Administrative Hearings for a Formal Hearing with the recommendation for Revocation.
SECONDED: Dr. Krishna
VOTE: 9-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

NO.	CASE NO.	PHYSICIAN	LIC. #	RESOLUTION
6.	MD-10-1229A	GABRIELLE J. GOODRICK, MD.	22811	Grant the request for modification of the Board Order by allowing Dr. Goodrick to use IV Versed and non-opioid IV medications in her practice. The Practice Restriction on all other opioid medications

NO.	CASE NO.	PHYSICIAN	LIC. #	RESOLUTION
				shall remain in effect.

Kathleen Muller, Physician Health Program (PHP), summarized that in February 2011, Dr. Goodrick was issued a Board Order for Probation to participate in PHP for five years which included psychiatric monitoring and a practice restriction that prohibits Dr. Goodrick from having intravenous (IV) drugs in her office practice. The Order provided that Dr. Goodrick may petition the Board after two months to request the use of IV Versed in her office practice. Ms. Muller stated the PHP Contractor has reported that Dr. Goodrick is compliant with the program requirements and recommended that the Practice Restriction on Versed be removed, and that she be allowed to use non-opioid IV medications in her office, but that the Practice Restriction on all other opioid medications shall remain in effect.

MOTION: Dr. Krishna moved to grant the request for modification of the Board Order by allowing Dr. Goodrick to use IV Versed and non-opioid IV medications in her practice. The Practice Restriction on all other opioid medications shall remain in effect.
SECONDED: Dr. Thrift

Dr. Petelin observed that Dr. Goodrick has requested that the Board clarify which specific non-opioid medications she is permitted to use while under the Practice Restriction. Dr. Lee stated that all non-opioid medications can be used, and instructed Board staff address the physician's request for clarification. Dr. Lee further stated that the Board Order is fairly clear in that Dr. Goodrick is restricted from using any IV opioid medications in her practice.

VOTE: 9-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

NO.	CASE NO.	PHYSICIAN	LIC. #	RESOLUTION
7.	MD-98-0050	ROGER M. NOCERA, M.D.	14570	Grant the request for termination of the January 19, 2000 Board Order.

Ms. Muller summarized that in January 2000, Dr. Nocera entered into a Consent Agreement limiting his work hours to 30 hours per week and required that he work in an office or clinic setting. She stated that the Agreement prohibits Dr. Nocera from performing angiography or any other procedures that may aggravate his medical condition. Ms. Muller informed the Board that Dr. Nocera's treating physician submitted correspondence to Board staff indicating that Dr. Nocera is fully recovered from his medical condition and is capable of practicing medicine safely without restriction.

MOTION: Dr. Krishna moved to grant the request for termination of the January 19, 2000 Board Order.
SECONDED: Dr. Jenkins

Dr. Petelin observed that Dr. Nocera has been restricted from performing angiography for the past eleven years and is requesting that the Practice Restriction be lifted. Dr. Petelin expressed concern regarding allowing Dr. Nocera to perform angiography after an eleven year lapse and questioned whether the Board should limit his practice. Dr. Krishna stated that hospital staff typically determines whether a physician is competent to perform angiography procedures. Dr. Khera spoke in favor of the motion and pointed out that most hospitals require a physician to have experience in performing angiography procedures within the past three years, and that Dr. Nocera would not meet the criteria.

VOTE: 8-yay, 1-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

NO.	CASE NO.	PHYSICIAN	LIC. #	RESOLUTION
8.	MD-11-0035A	JULES F. LEVEY, M.D.	N/A	Deny the license.

Dr. Levey spoke during the call to the public with Steven Lupiloff. Dr. Krishna observed that Dr. Levey currently does not qualify for an Arizona license due to unresolved issues in other states.

MOTION: Dr. Krishna moved to deny the license.
SECONDED: Ms. Proulx

Ms. Boucek clarified that the license application has been considered, and that the Board shall determine whether it is appropriate to grant or deny the license.

ROLL CALL VOTE: Roll call vote was taken and the following Board members voted in favor of the motion: Ms. Ibáñez, Dr. Jenkins, Dr. Khera, Dr. Krishna, Dr. Lee, Dr. Petelin, Ms. Proulx, Dr. Schneider, and Dr. Thrift. The following Board member was absent: Ms. Griffen.
VOTE: 9-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

NO.	CASE NO.	PHYSICIAN	LIC. #	RESOLUTION
9.	MD-09-1169A	NAVNEET ADYA, M.D.	31619	Accept the proposed Consent Agreement for Surrender of License.

MOTION: Dr. Schneider moved to accept the proposed Consent Agreement for Surrender of License.

SECONDED: Ms. Proulx
ROLL CALL VOTE: Roll call vote was taken and the following Board members voted in favor of the motion: Ms. Ibáñez, Dr. Jenkins, Dr. Khera, Dr. Krishna, Dr. Lee, Dr. Petelin, Ms. Proulx, Dr. Schneider, and Dr. Thrift. The following Board member was absent: Ms. Griffen.
VOTE: 9-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

NO.	CASE NO.	PHYSICIAN	LIC. #	RESOLUTION
10.	MD-10-0988A MD-10-1392A MD-11-0006A	ARTHUR J. O'CONNOR, M.D.	6361	Deny the appeal and uphold the Executive Director's referral to Formal Hearing.

Attorney Dan Jantsch spoke during the call to the public on behalf of Dr. O'Connor. Patient JP spoke during the call to the public regarding case MD-10-1392A. Drs. Krishna and Petelin stated that they know Mr. Jantsch, but that it would not affect their ability to adjudicate the cases. Elle Steger, Investigator, summarized that there were four separate complaints over several years and Dr. O'Connor failed to disclose two of the earlier incidents to Board staff even though they had been the subject of police complaints in 2003 and 2005. Ms. Steger further stated that Board staff determined that this case was appropriate for a full evidentiary hearing because there were differing accounts as to what happened, and based on the fact that an Administrative Law Judge would be in the best position to hear all of the testimony and make credibility determinations.

MOTION: Dr. Lee moved to enter into Executive Session to receive legal advice.
SECONDED: Dr. Petelin
VOTE: 9-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

The Board entered into Executive Session at 10:12 a.m.
The Board returned to Open Session at 10:20 a.m.
No deliberations or discussions were made during Executive Session.

Dr. Krishna stated that due to the allegations involved in the cases, he finds it appropriate to refer the matter for Formal Hearing.

MOTION: Dr. Krishna moved to deny the appeal and uphold the Executive Director's referral to Formal Hearing.
SECONDED: Dr. Jenkins

Dr. Lee spoke in favor of the motion and stated that referring the matter for a full evidentiary hearing is appropriate.

VOTE: 9-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

LEGAL MATTERS

NO.	CASE NO.	PHYSICIAN	LIC. #	RESOLUTION
1.	MD-09-1167A	GEORGE E. STAVROS, M.D.	4409	Rescind the referral to Formal Hearing and accept the proposed Consent Agreement for a Decree of Censure, Practice Restriction and Probation. Dr. Stavros' practice shall be restricted for a period of ten years in that he shall only perform FAA examinations and is prohibited from prescribing all controlled substances, including Phentermine. Within thirty days, Dr. Stavros shall enter into a contract with a Board approved monitoring company to provide all monitoring services, and Dr. Stavros shall bear all costs of monitoring requirements and services. The monitoring company shall perform periodic chart reviews.

Dr. Stavros was not present during the Board's consideration of this case. Camila Alarcon, Assistant Attorney General, summarized that prior to the scheduled Formal Hearing date the proposed Consent Agreement was signed by Dr. Stavros. She stated that the proposed Consent Agreement involves a ten year probation with a practice restriction that restricts Dr. Stavros to only performing FAA examinations and he will be prohibited from prescribing any controlled substances. The proposed Consent Agreement also provides that Dr. Stavros will be subject to periodic chart reviews. Dr. Lee questioned why Dr. Stavros' license should not be revoked. Dr. Krishna observed that the proposed Consent Agreement will prohibit Dr. Stavros from prescribing any controlled substances and limit him to only performing FAA exams. Dr. Krishna commended Board staff for drafting the Consent Agreement and stated that he believed the Agreement adequately protects the public. He spoke in favor of rescinding the referral to Formal Hearing and accepting the proposed Consent Agreement.

MOTION: Dr. Krishna moved to rescind the referral to Formal Hearing and accept the proposed Consent Agreement for a Decree of Censure, Practice Restriction and Probation. Dr. Stavros' practice shall be restricted for a period of ten years in that he shall only perform FAA examinations and is prohibited from prescribing all controlled substances, including Phentermine. Within thirty days, Dr. Stavros shall enter into a contract with a Board approved monitoring company to

provide all monitoring services, and Dr. Stavros shall bear all costs of monitoring requirements and services. The monitoring company shall perform periodic chart reviews.
SECONDED: Dr. Schneider
ROLL CALL VOTE: Roll call vote was taken and the following Board members voted in favor of the motion: Ms. Ibáñez, Dr. Jenkins, Dr. Khera, Dr. Krishna, Dr. Lee, Dr. Petelin, Ms. Proulx, Dr. Schneider, and Dr. Thrift. The following Board member was absent: Ms. Griffen.
VOTE: 9-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

FORMAL INTERVIEWS

NO.	CASE NO.	PHYSICIAN	LIC.#	RESOLUTION
1.	MD-10-0312A	RAJENDRAKUMAR SAVAJIYANI, M.D.	11928	Dismiss.

Dr. Savajiyani was present with legal counsel, Mr. Stephen Myers. Dr. Khera stated that he knows Dr. Savajiyani professionally, but that it would not affect his ability to adjudicate the case. Kathleen Coffer, M.D., Medical Consultant, summarized that the Board received notification that Dr. Savajiyani's privileges had been suspended at Banner Thunderbird. Dr. Coffer stated that deviations from the standard of care regarding the performance of anatomic imaging/assessment without proper clinical indication were identified in four of the five patients' charts reviewed by the Board's medical consultant. Dr. Coffer further stated that Dr. Savajiyani underwent Phase I and II of PACE and was deemed safe to practice with findings of appropriate fund of knowledge. Dr. Khera led the questioning and observed that the allegation involved Dr. Savajiyani's use of calcium scoring to determine whether he should proceed with the patient and perform an angiogram procedure. Dr. Savajiyani explained that the higher calcium score, the higher the chances are for the patient to have an adverse cardiac event within two to three years. Dr. Savajiyani stated that he would order the calcium scoring test routinely as a screening test in patients that may be at high risk for coronary artery disease with no symptoms. He informed the Board that he has learned from this experience, and that he should perform more functioning tests prior to undertaking intervention.

Dr. Lee pointed out that the medical consultant's main criticism involved Dr. Savajiyani placing a very high priority to calcium scoring. Dr. Lee questioned whether the scoring helped him to determine the course of treatment. Dr. Savajiyani stated that the calcium scoring indicates whether the patient's condition should be treated with aggressive treatment. In closing, Mr. Myers pointed out that PACE reviewed Dr. Savajiyani's patient charts and did not identify a breach from the standard of care. Mr. Myers also pointed out that Dr. Savajiyani has voluntarily obtained over 90 hours of CME in cardiology. Dr. Khera stated that he reviewed the material thoroughly, and opined that although the use of calcium scoring is not commonly used by cardiologists, he stated that it is supported by a growing part of medical literature. Dr. Khera found that Dr. Savajiyani met the standard of care in the cases, with a minor recordkeeping violation.

MOTION: Dr. Khera moved for a finding of unprofessional conduct in violation of A.R.S. §32-1401(27)(e) - Failing or refusing to maintain adequate records on a patient.
SECONDED: Ms. Ibáñez

Ms. Boucek informed the Board that Dr. Savajiyani was not notified of a medical records violation prior to his Formal Interview with the Board. Dr. Lee questioned whether it would be appropriate to return the case to allow for the proper statutory notification versus dismissing the case. Dr. Khera spoke in favor of dismissing the case. Dr. Khera and Ms. Ibáñez agreed to withdraw their previous motion.

MOTION: Dr. Khera moved for dismissal.
SECONDED: Dr. Krishna
ROLL CALL VOTE: Roll call vote was taken and the following Board members voted in favor of the motion: Ms. Ibáñez, Dr. Jenkins, Dr. Khera, Dr. Krishna, Dr. Lee, Dr. Petelin, Ms. Proulx, Dr. Schneider, and Dr. Thrift. The following Board member was absent: Ms. Griffen.
VOTE: 9-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

FORMAL INTERVIEWS

NO.	CASE NO.	PHYSICIAN	LIC.#	RESOLUTION
2.	MD-10-1255A	JOHN PELLERITO, M.D.	14864	Draft Findings of Fact, Conclusions of Law and Order for a Letter of Reprimand and One Year Probation. Within six months, complete the PACE prescribing course. The course hours shall be in addition to the hours required for the biennial renewal of licensure. The Probation shall terminate upon successful completion of the course work.

Dr. Pellerito was present without legal counsel. Bhupendra Bhatheja, M.D., Medical Consultant, summarized that Dr. Pellerito deviated from the standard of care for inappropriate prescribing of opioids, and failed to keep adequate and legible medical records. Dr. Pellerito stated that he monitored the patient's Methadone use as best he could under the circumstances. Dr. Pellerito acknowledged that he failed to have the patient enter into a pain management contract, and he failed to perform urine drug screens for medication compliance. Board members questioned whether Dr. Pellerito was aware that the patient had recently

been admitted for detoxification at a behavioral health clinic. Dr. Pellerito stated that he would not have accepted the patient in his practice had he been aware that she was recently discharged from a behavioral health clinic. He explained that the patient was compliant with her scheduled appointments and that she did not seem to be diverting her medication. However, Dr. Pellerito further explained that in retrospect, the patient did seem to have some personality issues that may have demonstrated an addiction problem. Dr. Pellerito reported that he currently has at least two pain management patients in his practice that are taking Methadone that he is currently trying to get transferred to a behavioral health clinic. In closing, Dr. Pellerito reiterated that he did the best he could under the circumstances. Dr. Krishna expressed concern regarding Dr. Pellerito's ability to manage patients with chronic pain problems. Dr. Krishna found that Dr. Pellerito engaged in unprofessional conduct by deviating from the standard of care with regards to opioid prescribing, and for a medical recordkeeping violation.

MOTION: Dr. Krishna moved for a finding of unprofessional conduct in violation of A.R.S. §32-1401(27)(e) - Failing or refusing to maintain adequate records on a patient; and A.R.S. §32-1401(27)(q) - Any conduct that is or might be harmful or dangerous to the health of the patient or the public.
SECONDED: Dr. Thrift

Dr. Thrift noted that the medical consultant had identified that Dr. Pellerito seemed to believe he was the only resource for the patient. Dr. Thrift commented that isolating the physician may have been the patient's intent, in order to manipulate him.

VOTE: 9-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

Dr. Krishna recommended that the physician obtain additional education in managing chronic pain patients. Dr. Petelin stated that he found this matter does not rise to the level of discipline and spoke in favor of issuing an Order for Non-disciplinary CME. Dr. Krishna noted Dr. Pellerito's prior Board history, which included a previous Advisory Letter for inappropriate prescribing. Dr. Petelin pointed out that the incident occurred thirteen years ago and the Board made no attempt in educating the physician at that time. Dr. Petelin spoke against the motion. Dr. Krishna found that the care was egregious and noted that potential harm had been identified.

MOTION: Dr. Krishna moved for a draft Findings of Fact, Conclusions of Law and Order for a Letter of Reprimand and One Year Probation. Within six months, complete the PACE prescribing course. The course hours shall be in addition to the CME hours required for the biennial renewal of licensure. The Probation shall terminate upon successful completion of the course work.
SECONDED: Dr. Thrift
ROLL CALL VOTE: Roll call vote was taken and the following Board members voted in favor of the motion: Ms. Ibáñez, Dr. Khera, Dr. Krishna, Dr. Lee, and Dr. Schneider. The following Board members voted against the motion: Dr. Jenkins, Dr. Petelin, Ms. Proulx, and Dr. Thrift. The following Board member was absent: Ms. Griffen.
VOTE: 5-yay, 4-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

NO.	CASE NO.	PHYSICIAN	LIC.#	RESOLUTION
3.	MD-10-1440A	GOVINDASAMY SANKAR, M.D.	33633	Draft Findings of Fact, Conclusions of Law and Order for a Letter of Reprimand and One Year Probation. The Probation shall include 15-20 hours of Board staff pre-approved Category I CME in opioid prescribing, to be completed within six months. The CME hours shall be in addition to the hours required for the biennial renewal of licensure. The Probation shall terminate upon successful completion of the CME.

Dr. Michael Loes spoke during the call to the public on behalf of Dr. Sankar. SB spoke during the call to the public on behalf of the patient involved in this case. Dr. Sankar was present with legal counsel, Mr. Paul Giancola. Dr. Coffer summarized that Dr. Sankar failed to ascertain the amounts and types of narcotic medication that patient CG had used for treatment of his pain while not receiving monthly Methadone from Dr. Sankar, and failed to address a urine drug screen that was positive for THC during CG's hospitalization. Dr. Sankar informed the Board that the patient's pain was well controlled under his predecessor for sixteen to eighteen months with a good quality of life while on Methadone. Dr. Sankar stated that this was a compliant patient who followed orders and never missed appointments. Dr. Lee found it difficult to decipher Dr. Sankar's medical record pertaining to CG's care. Dr. Sankar inaccurately documented multiple times that CG had atrial fibrillation. Dr. Sankar acknowledged that it is important to have an accurate medical record. Dr. Lee noted that Dr. Sankar prescribed CG Ciprofloxacin for a urinary tract infection and questioned whether Dr. Sankar knew if the medication would interact with the Methadone. Dr. Sankar stated that he knows the medication may cause cardiac issues. Dr. Petelin found it disturbing that Dr. Sankar prescribed both medications to CG at the same time. Board members found it difficult at times to determine the dosage of Methadone CG was prescribed by Dr. Sankar. In closing, Mr. Giancola pointed out that CG was maintained on Methadone for at least one year prior to becoming Dr. Sankar's patient. He recognized that this was a difficult case but stated that there were several mitigating factors involved. Dr. Lee found that Dr. Sankar engaged in unprofessional conduct by deviating from the standard of care and for a medical records violation.

MOTION: Dr. Lee moved for a finding of unprofessional conduct in violation of A.R.S. §32-1401(27)(e) - Failing or refusing to maintain adequate records on a patient; and A.R.S. §32-1401(27)(q) - Any conduct that is or might be harmful or dangerous to the health of the patient or the public
SECONDED: Dr. Krishna
VOTE: 9-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

Dr. Lee stated that Dr. Sankar did not seem to be familiar with current Methadone usage and did not seem to understand the potential complications associated with prescribing the medication. Dr. Lee noted that several mitigating factors were involved in this case and questioned whether the matter rises to the level of discipline. Dr. Krishna found that this matter rises to the level of discipline and agreed with SIRC's recommendation for a Letter of Reprimand.

MOTION: Dr. Krishna moved for a draft Findings of Fact, Conclusions of Law and Order for a Letter of Reprimand.
SECONDED: Dr. Schneider

Dr. Jenkins stated she believed it would be appropriate for Dr. Sankar to undergo a CME course in prescribing. Drs. Krishna and Schneider agreed to amend their motion to include probation with a requirement for CME in prescribing.

AMENDED MOTION: Dr. Krishna moved for a draft Findings of Fact, Conclusions of Law and Order for a Letter of Reprimand and One Year Probation. The Probation shall include 15-20 hours of Board staff pre-approved Category I CME in opioid prescribing, to be completed within six months. The CME hours shall be in addition to the hours required for the biennial renewal of licensure. The Probation shall terminate upon successful completion of the CME.
SECONDED: Dr. Schneider
ROLL CALL VOTE: Roll call vote was taken and the following Board members voted in favor of the motion: Ms. Ibáñez, Dr. Jenkins, Dr. Khera, Dr. Krishna, Dr. Lee, Dr. Petelin, Ms. Proulx, Dr. Schneider, and Dr. Thrift. The following Board member was absent: Ms. Griffen.
VOTE: 9-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

NO.	CASE NO.	PHYSICIAN	LIC.#	RESOLUTION
4.	MD-10-1534A	SUMIT DEWANJEE, M.D.	32018	Draft Findings of Fact, Conclusions of Law and Order for a Letter of Reprimand and Two Year Probation to participate in PHP. Dr. Dewanjee's PHP participation shall be retroactive to January 10, 2011.

Dr. Dewanjee was present with legal counsel, Mr. Bryan Murphy. Anita Shepherd, Investigations Assistant Manager, summarized that on December 20, 2010, Dr. Dewanjee was impaired when he presented for surgery as his urine test showed an alcohol level of 165mg/dl. Dr. Dewanjee was subsequently assessed by the Board's Physician Health Program (PHP) Contractor. Dr. Dewanjee was deemed safe to practice, and recommended that he participate in PHP for a period of two years on an abuse track for urine drug screen monitoring. On January 10, 2011, Dr. Dewanjee entered into an Interim Consent Agreement for PHP participation. Dr. Dewanjee stated that he accepts responsibility for his actions. He stated that he voluntarily abstained from consuming any alcohol even prior to entering into the Interim Consent Agreement. Dr. Dewanjee explained to the Board that he had his last alcoholic beverage around eight or ten o'clock the evening prior to the incident that occurred at the hospital. He stated that throughout the evening, he began to feel ill and started gargling Listerine. Dr. Petelin noted that Dr. Dewanjee had three surgical cases scheduled for the following morning that involved one knee manipulation, and shoulder and knee arthroscopies.

Dr. Dewanjee stated that after he presented to the hospital late, he consented the patient and waited in the surgeon's lounge where a nurse approached him and stated that she could detect a faint odor of alcohol on his breath. Dr. Dewanjee performed the knee manipulation and was then approached by the Chief of Anesthesia and told that he needed to provide a urine sample for alcohol testing. Dr. Dewanjee stated that he offered to provide the specimen in the emergency department, but was told that the collection needed to be done off hospital campus. Dr. Petelin pointed out that the information received from the hospital indicated that Dr. Dewanjee was told not to leave the hospital grounds until after the specimen collection. Dr. Dewanjee stated that the Chief of Anesthesia told him he could leave campus and would be called to return when the human resources individual was available. He returned four hours later to provide the urine sample. Dr. Petelin expressed concern with the fact that Dr. Dewanjee's specimen was positive for alcohol, which would indicate that he was under the influence to a much higher degree at the time that he performed the knee manipulation four hours earlier. Dr. Dewanjee reiterated that he took a significant amount of Listerine the night prior and in the morning of because he did not want to get sick. In closing, Mr. Murphy stated that the PHP Contractor failed to explain to the Board how long alcohol is present in the urine after consumption and whether it would be present for a longer period than blood alcohol content. Mr. Murphy asked that the Board issue Dr. Dewanjee a probationary order for PHP participation without further disciplinary action. Dr. Petelin found that Dr. Dewanjee has engaged in unprofessional conduct. Dr. Petelin stated that Dr. Dewanjee seemed to be in denial about the issues involved in this case. Dr. Petelin found that Dr. Dewanjee had been less than forthright in his testimony and that his statements were contradictory.

MOTION: Dr. Petelin moved for a finding of unprofessional conduct in violation of A.R.S. §32-1401(27)(f) – Habitual intemperance in the use of alcohol or habitual substance abuse; and A.R.S. §32-1401(27)(q) - Any conduct that is or might be harmful or dangerous to the health of the patient or the public.
SECONDED: Dr. Jenkins

Dr. Thrift expressed concern with the fact that Dr. Dewanjee's testimony was not credible. Dr. Khera spoke against sustaining a violation of A.R.S. §32-1401(27)(f). He stated that the Board does not any evidence to suggest that Dr. Dewanjee is a habitual user of alcohol.

MOTION: Dr. Lee moved to enter into Executive Session to receive legal advice.
SECONDED: Dr. Petelin
VOTE: 9-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

The Board entered into Executive Session at 4:32 p.m.
The Board returned to Open Session at 4:40 p.m.
No deliberations or discussions were made during Executive Session.

Dr. Krishna stated he did not believe that the Board had evidence to support a violation of A.R.S. §32-1401(27)(f). Drs. Jenkins and Petelin agreed to amend their previous motion to only include a violation of A.R.S. §32-1401(27)(q).

AMENDED MOTION: Dr. Petelin moved for a finding of unprofessional conduct in violation of A.R.S. §32-1401(27)(q) - Any conduct that is or might be harmful or dangerous to the health of the patient or the public.
SECONDED: Dr. Jenkins
VOTE: 9-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

Dr. Petelin stated that he believed that although Dr. Dewanjee's initial procedure involving a knee manipulation was not a complicated procedure, the two following procedures scheduled to follow were serious surgeries. Dr. Petelin found that this matter rises to the level of discipline.

MOTION: Dr. Petelin moved for a draft Findings of Fact, Conclusions of Law and Order for a Letter of Reprimand and Two Year Probation to participate in PHP. Dr. Dewanjee's PHP participation shall be retroactive to January 10, 2011.
SECONDED: Dr. Jenkins

Dr. Krishna questioned whether the violation rises to the level of a Letter of Reprimand, or if the Board members found it appropriate to only issue a probationary order. Dr. Krishna stated that there was the potential for patient harm, but that no actual patient harm occurred in this case. Dr. Lee spoke in favor of the motion and stated that he was concerned with the inconsistencies in Dr. Dewanjee's testimony. He questioned whether the Probation should include CME in ethics. Dr. Khera spoke against the motion and pointed out that Dr. Dewanjee was deemed safe to practice while being monitored by PHP for two years.

ROLL CALL VOTE: Roll call vote was taken and the following Board members voted in favor of the motion: Ms. Ibáñez, Dr. Jenkins, Dr. Krishna, Dr. Lee, Dr. Petelin, Ms. Proulx, Dr. Schneider, and Dr. Thrift. The following Board member voted against the motion: Dr. Khera. The following Board member was absent: Ms. Griffen.
VOTE: 8-yay, 1-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

The meeting adjourned at 5:28 p.m.

_____
Lisa S. Wynn, Executive Director