BEFORE THE ARIZONA MEDICAL BOARD

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| In the Matter of<br><br>**ARNOLD H. MEYEROWITZ, M.D.**<br><br>License No. 13263<br>For the Practice of Allopathic Medicine<br>In the State of Arizona. | Case No. MD-06-0612A<br><br>**CONSENT AGREEMENT FOR LETTER OF REPRIMAND AND PROBATION** |

**CONSENT AGREEMENT**

By mutual agreement and understanding, between the Arizona Medical Board ("Board") and Arnold H. Meyerowitz, M.D. ("Respondent"), the parties agreed to the following disposition of this matter.

1. Respondent has read and understands this Consent Agreement and the stipulated Findings of Fact, Conclusions of Law and Order ("Consent Agreement"). Respondent acknowledges he has the right to consult with legal counsel regarding this matter.

2. By entering into this Consent Agreement, Respondent voluntarily relinquishes any rights to a hearing or judicial review in state or federal court on the matters alleged, or to challenge this Consent Agreement in its entirety as issued by the Board, and waives any other cause of action related thereto or arising from said Consent Agreement.

3. This Consent Agreement is not effective until approved by the Board and signed by its Executive Director.

4. The Board may adopt this Consent Agreement of any part thereof. This Consent Agreement, or any part thereof, may be considered in any future disciplinary action against Respondent.

5. This Consent Agreement does not constitute a dismissal or resolution of other matters currently pending before the Board, if any, and does not constitute any

waiver, express or implied, of the Board's statutory authority or jurisdiction regarding any other pending or future investigation, action or proceeding. The acceptance of this Consent Agreement does not preclude any other agency, subdivision or officer of this State from instituting other civil or criminal proceedings with respect to the conduct that is the subject of this Consent Agreement.

6. All admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, said admissions by Respondent are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or any other state or federal court.

7. Upon signing this agreement, and returning this document (or a copy thereof) to the Board's Executive Director, Respondent may not revoke the acceptance of the Consent Agreement. Respondent may not make any modifications to the document. Any modifications to this original document are ineffective and void unless mutually approved by the parties.

8. If the Board does not adopt this Consent Agreement, Respondent will not assert as a defense that the Board's consideration of this Consent Agreement constitutes bias, prejudice, prejudgment or other similar defense.

9. This Consent Agreement, once approved and signed, is a public record that will be publicly disseminated as a formal action of the Board and will be reported to the National Practitioner Data Bank and to the Arizona Medical Board's website.

10. If any part of the Consent Agreement is later declared void or otherwise unenforceable, the remainder of the Consent Agreement in its entirety shall remain in force and effect.

11. Any violation of this Consent Agreement constitutes unprofessional conduct and may result in disciplinary action. A.R.S. § § 32-1401(27)(r) ("[v]iolating a formal order, probation, consent agreement or stipulation issued or entered into by the board or its executive director under this chapter") and 32-1451.

***12. Respondent has read and understands the condition(s) of probation.***

ARNOLD H. MEYEROWITZ, M.D.

DATED: 6·14·07

## FINDINGS OF FACT

1. The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.

2. Respondent is the holder of license number 13263 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-06-0612A after receiving a complaint from a pharmacist regarding Respondent's care and treatment of a forty-eight year-old male patient ("ES"). The pharmacist also provided information regarding a twelve year-old female patient ("GA"). Following the complaint the Board reviewed records of three randomly chosen patients.

## PATIENT ES

4. ES transferred to Respondent's care in April 2005. ES had documented degenerative changes in the knees and shoulders and his previous treating physician prescribed non-steroidal anti-inflammatory drugs ("NSAIDs") and physical therapy.

5. A pharmacy survey showed Respondent wrote monthly prescriptions for Hydrocodone during 2005 and changed the prescription to Oxycodone in 2006. However, Respondent's notes did not contain ongoing prescriptions in the form of a flow sheet or copies of the prescriptions in the record. Additionally, Respondent's handwriting made it difficult to read his notes.

6. Shortly after changing ES from Hydrocodone to Oxycodone Respondent obtained a consultation with a pain specialist. The specialist concurred with Respondent's continued conservative treatment management with Percocet twice a day for ES's chronic nonmalignant pain. ES signed an opioid contract on March 17, 2006 and Respondent noted ES remains active with exercise and ballroom dancing.

7. ES's ability to participate in physical activities such as ballroom dancing and exercise is not a contraindication to opioid management and may have been the positive result of Respondent's treatment. Additionally, the information from the pharmacy survey, forms completed by ES and the notes from the specialist, indicate Respondent's care was appropriate. However, Respondent's notes were illegible and difficult to decipher, therefore, they were not useful in confirming whether his treatment was appropriate.

**PATIENT GA**

8. Respondent prescribed GA Adderall. Respondent did not date two of the prescriptions provided to her.

**PATIENT JG**

9. Respondent saw JG, a seventy-two year-old male patient, for documented degenerative osteoarthritis of the cervical and lumbar spine. Respondent prescribed JG NSAIDs and Hydrocodone. Respondent's prescribing was appropriate for JG's condition. However, there were multiple visits that are documented only with a notation that the injection was given. There was no documented history or physical examination including history of illnesses, review of symptoms, vital sign check or examination of JG's extremities or back.

**PATIENT JW**

10. Respondent treated JW, a fifty-two year-old male patient, with Oxycontin and immediate release Oxycodone for chronic low back pain with multilevel mild to moderate lumbar degenerative disease. JW signed an opioid agreement on July 1, 2005. Respondent's prescribing was appropriate. However, JW's medical records were difficult to read because Respondent's notes were illegible and they did not contain adequate information for another physician to assume care including history of illness, review of symptoms, vital sign check or examination of JW's extremities or back.

## PATIENT PM

11. Respondent treated PM, a forty-seven year-old female patient, for various problems including sleep apnea and hyperlipidemia. Respondent noted PM had some pain issues, but it was difficult to determine whether he prescribed PM any medication because his notes were illegible.

12. A physician is required to maintain adequate legible medical records containing, at a minimum, sufficient information to identify the patient, support the diagnosis, justify the treatment, accurately document the results, indicate advice and cautionary warnings provided to the patient and provide sufficient information for another practitioner to assume continuity of the patient's care at any point in the course of treatment. A.R.S. § 32-1401(2). Respondent's records were inadequate because they did not contain ongoing prescriptions in the form of a flow sheet or copies of the prescriptions in the record; several of his notes were illegible and he did not document a history or physical examination including history of illnesses, review of symptoms, vital sign check or examination of the patient's extremities or back.

## CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter hereof and over Respondent.

2. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27) (e) ("[f]ailing or refusing to maintain adequate records on a patient. ") and A.R.S. § 32-1401(27) (k) ("[s]igning a blank, undated or predated prescription form.").

1 **ORDER**

2 IT IS HEREBY ORDERED THAT:

3 1. Respondent is issued a Letter of Reprimand for failing to maintain adequate
4 medical records, for failing to maintain legibly medical records and for signing undated
5 prescriptions.

6 2. Respondent is placed on probation for **one year** with the following terms and
7 conditions:

8 A. Continuing Medical Education (CME)

9 Respondent shall within **one year** of the effective date of this Order complete
10 **twenty hours** of the Physician Assessment and Clinical Education (PACE) course in
11 record keeping and follow up with any PACE recommendations. The PACE CME hours
12 shall be in addition to the hours required for the biennial renewal of your medical license.
13 The probation shall terminate upon successful completion of the PACE record keeping
14 course.

15 B. Obey All Laws

16 Respondent shall obey all state, federal and local laws, all rules governing the
17 practice of medicine in Arizona, and remain in full compliance with any court order criminal
18 probation, payments and other orders.

19 C. Tolling

20 In the event Respondent should leave Arizona to reside or practice outside the
21 State or for any reason should Respondent stop practicing medicine in Arizona,
22 Respondent shall notify the Executive Director in writing within ten days of departure and
23 return or the dates of non-practice within Arizona. Non-practice is defined as any period of
24 time exceeding thirty days during which Respondent is not engaging in the practice of
25

medicine. Periods of temporary or permanent residence or practice outside Arizona or of non-practice within Arizona, will not apply to the reduction of the probationary period.

3. This Order is the final disposition of case number MD-06-0612A.

DATED AND EFFECTIVE this 14th day of June, 2007.

(SEAL)

ARIZONA MEDICAL BOARD

By _____
TIMOTHY C.MILLER, J.D.
Executive Director

ORIGINAL of the foregoing filed this 14th day of June 2007 with:

Arizona Medical Board
9545 E. Doubletree Ranch Road
Scottsdale, AZ 85258

EXECUTED COPY of the foregoing mailed this 14th day of June 2007 to:

Arnold H. Meyerowitz, M.D.
Address of Record

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Investigational Review