BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of **Urszula H. Kotlow, M.D.** Holder of License No. 33139 For the Practice of Allopathic Medicine In the State of Arizona.	Case No. MD-14-0755A **ORDER FOR LETTER OF REPRIMAND; AND CONSENT TO THE SAME**

Urszula H. Kotlow, M.D. ("Respondent"), elects to permanently waive any right to a hearing and appeal with respect to this Order for a Letter of Reprimand; admits the jurisdiction of the Arizona Medical Board ("Board"); and consents to the entry of this Order by the Board.

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 33139 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-14-0755A after receiving a complaint regarding Respondent's care and treatment of an 11 year-old male patient ("C.R.") alleging inappropriate prescribing.

4. On May 11, 2011, C.R. was admitted to the Children's Hospital where Respondent held privileges for violent behaviors and auditory hallucinations. C.R. presented with established diagnoses of Attention Deficit Hyperactivity Disorder ("ADHD") Combined Type, Oppositional Defiant Disorder ("ODD"), and Mood Disorder, not otherwise specified ("NOS") according to his outpatient psychiatrist. C.R.'s psychotropic medications prior to admission were Abilify and Intuniv. C.R. had two prior psychiatric admissions in 2010 for aggression, auditory hallucinations and a suicide attempt, and was previously taking Remeron, Focalin and Depakote, all of which caused increased violent behavior.

5. During the hospitalization, Respondent's diagnosis for C.R. was Bipolar Disorder vs Mood Disorder Psychosis NOS, and ODD. Respondent discontinued C.R.'s Abilify and Intuniv and replaced them with Zyprexa, titrated to 10 mg at 3pm, and Lithium. Respondent also added Amantadine due to C.R.'s report of a significantly increased appetite, and Cogentin due to drooling and lip-smacking. Respondent's progress notes and discharge summary state that C.R. subjectively reported improvement in his mood and auditory hallucinations; though he complained of morning sedation on discharge. Respondent adjusted C.P.'s Zyprexa dosage and schedule of dosing during the inpatient stay due to this complaint and C.P.'s discharge dose and schedule was 10mg at 3pm and 7pm.

6. Respondent subsequently saw C.R. in follow-up nine times between June 2, 2011 and May 8, 2013. Respondent also treated C.R. on one other inpatient psychiatric admission in November 2012. There were also numerous telephone calls from C.R.'s mother to Respondent's office between office visits and one emergency room visit for C.R complaining of abdominal pain in August, 2011. C.R. and his family were later involved with Child Protective Services due to an allegation that his mother hit him with a broom, which was substantiated.

7. Respondent changed C.R.'s medications and dosages frequently throughout this period, depending on C.R.'s reported side effects. Specifically, Respondent initiated Lamictal at C.R.'s June 2, 2011 visit with a written titration schedule provided with starting dose of 25 mg in the evening, and increasing every two weeks to a final dose of 200 mg every evening. Respondent also increased C.R.'s dose of Cogentin due to extrapyramidal symptoms, changed C.R.'s lithium dose to 600 mg in the morning and 300 mg in the evening, and kept C.R's Zyprexa dosage the same. Respondent advised a follow-up appointment for C.R. in five to six months.

8. On August 29, 2011, C.R. was admitted to the Emergency Department for complaints of abdominal pain, and was diagnosed with constipation. C.R.'s weight had increased from 34 kg to 43.5 kg. and his mother complained he was eating too much.

9. On October 6, 2011, C.R. was seen at Respondent's office by another physician. C.R.'s father noted that C.R. complained of auditory and visual hallucinations, and paranoia. The physician added Risperdal 0.5 mg at bedtime to C.R.'s regimen and decreased his Lamictal by 50 mg per day due to concerns that it may be activating the patients. The physician further recommended follow up with Respondent in 1-2 weeks.

10. On December 2, 2011 Respondent saw C.R. in follow up. Full labs were completed and C.R.'s lithium level was 0.9 on 900 mg per day. C.R.'s weight was 44.77 kg. Respondent's note states that the Risperdal helped with C.R.'s aggression and moodiness but that C.R. was giddy and laughing uncontrollably during the examination. Respondent increased C.R.'s Amantadine to a total of 300 mg per day, and increased C.R.'s Lamictal back to 200 mg per day and advised titration to 300 mg total daily dose, taken in the morning. Respondent also advised C.R.'s mother to call the nurse in one month for clinical update and to discuss discontinuation of Risperdal. Follow-up appointment was not recommended for another five to six months.

11. On January 5, 2012 C.R.'s mother phoned in to report that C.R. was still taking Risperdal and that C.R. was talking in his sleep with increased irritability and tearful over small things. C.R.'s mother was advised to consider trileptal at 300 mg twice a day.

12. On January 19, 2012, C.R.'s mother again phoned to report that C.R. was having difficulty sleeping and bad dreams. She was advised to try melatonin or Benadryl.

13. On March 12, 2012, C.R.'s mother phoned to report that C.R. was complaining of intermittent hand tremors that were worse with stress. Mother also expressed concern about the possibility that C.R. might develop diabetes, as it ran in the

family. Respondent ordered labs and reassured mother that the tremors were likely due to anxiety.

14. On May 5, 2012 C.R.'s mother again called complaining of bad dreams. She was advised to increase C.R.'s Zyprexa by 5 mg per day for a total daily dose of 25 mg per day and a same day office visit was scheduled. C.R.'s weight had decreased 2 lbs since his December, 2011 visit, but his triglycerides were elevated.

15. On August 3, 2012, C.R.'s mother called and reported that C.R. was experiencing an increase in paranoia and aggression. Respondent advised that C.R. should start trileptal, 300 mg twice a day, with a one month prescription and two refills called into the pharmacy.

16. On August 6, 2012, C.R.'s mother called again to report that she had discontinued the trileptal because C.R. was crying for no reason, biting his lower lip, and feeling the urge to harm others. Respondent advised C.R.'s mother to add Zyprexa 2.5 to 5 mg at 3 pm and a prescription for 5 mg at 3 pm was called into the pharmacy on August 10, 2012 with 5 refills.

17. On October 11, 2012, C.R.'s mother called to report C.R. hitting, kicking, throwing things and that he was easily agitated. As a result, C.R.'s follow up appointment was moved up and Respondent saw C.R. on October 31, 2012. C.R.'s weight was recorded as having increased 13 lbs. C.R.'s mother reported that he had increased eating along with increased visual hallucinations of a man, increased aggression, decreased hygiene, self-picking at scabs. Respondent again advised trileptal, despite the previously unsuccessful trial, and discussed relaxation techniques and coping skills. Respondent also advised C.R.'s mother to consider saphris.

18. On November 2, 2012, C.R.'s mother called to inform Respondent that she could not afford the saphris. Respondent increased C.R.'s Zyprexa and advised C'R's

mother to consider metformin, and called in a six month prescription for metformin to the pharmacy.

19. C.R. was hospitalized between November 25 and 29, 2012 after becoming increasingly aggressive, self-injurious over the previous few weeks. C.R. reported multiple familial stressors, and both mild tongue fasciculations were noted. C.R.'s Cogentin and Lamictal were increased during his stay.

20. C.R. had a follow up visit with Respondent on December 3, 2012. Respondent increased his Cogentin dose to assist with side effects caused by increased dosage of Zyprexa. During another follow up visit on December 7, 2012 Respondent's notes indicate that C.R.'s Zyprexa dose had not been increased as previously ordered on December 3. Respondent again order C.R.'s Zyprexa dose increased and advised a follow up appointment in 3-4 months.

21. On February 13, 2013, C.R. had a follow up visit with Respondent, who noted a diagnosis of bipolar disorder and ordered labs in one month and advised C.R. to schedule a follow up visit in 3-4 months.

22. On April 5, 2013, Respondent had a follow up visit with C.R., along with both his mother and father. Respondent's records note that CPS was involved with the family. Respondent changed C.R.'s Zyprexa dose to 5mg in the morning, 10mg midday and 15 mg at bedtime due to C.R. reportedly misperceiving information by others. Respondent ordered labs in one month.

23. On May 8, 2013 Respondent saw C.R. for a follow up visit. C.R. complained of daytime sleepiness, and an intermittent hand tremor. Respondent prescribed Zyrtec and decreased C.R.'s Zyprexa dose to 2.5mg in the morning, and kept the afternoon and evening dose the same.

24. Another physician assumed C.R.'s care after May 2013. C.R.'s diagnoses were updated to ADHD, ODD and Post Traumatic Stress Disorder ("PTSD"). The new treating physician decreased C.R.'s psychotropic medications significantly in order to re-evaluate their need and reduce polypharmacy, and C.R. has been tolerating the changes well and has not been demonstrating physical aggression, self-harm, or suicidal ideation and has shown consistent weight loss and resolution of tachycardia .

25. When prescribing atypical antipsychotics in children, the standard of care requires a physician to assess the dosages at baseline and regular intervals during ongoing care as specifically defined in the consensus statement by the American Diabetes Association and American Psychiatric Association and the physician should provide a clear explanation of the basis for the atypical dosage as well as the risks and benefits and alternatives. Respondent deviated from the standard of care by prolonged prescribing of high-dose Zyprexa and Lamictal in the presence of identified side effects.

26. The standard of care requires a physician to consider a treatment plan that considers both pharmacological and psychosocial interventions. Respondent deviated from the standard of care by failing to consider a treatment plan that included both pharmacological and psychosocial interventions.

27. The standard of care requires a physician to assess a patient more frequently and perform appropriate diagnostic reassessment in the event of medication changes. Respondent deviated from the standard of care by failing to assess the patient more frequently after medication changes, and by failing to perform a diagnostic reassessment.

28. The standard of care requires a physician to provide adequate informed consent to the patient's family regularly throughout the course of treatment, including discussion of the risks and benefits of medication changes. Respondent deviated from the

standard of care by failing to provide adequate informed consent to the patient's family regularly throughout the course of treatment

29. The standard of care requires a physician to minimize polypharmacy whenever possible in favor of the fewest medications at the lowest doses that are effective in treating patients' symptoms and maximizing their level of function. Respondent deviated from the standard of care by failing to minimize the patient's polypharmacy.

30. Actual patient harm was identified in that C.R. experienced weight gain, hyperlipidemia, tachycardia and excessive sedation, as well as poor focus in school, distress, lack of sleep and other somatic complaints and interpersonal conflicts.

31. Potential patient harm included weight gain, tachycardia, hyperlipidemia, missed treatable diagnoses and subsequent complications of untreated disorders including continued patient distress, academic and social struggles.

CONCLUSIONS OF LAW

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

b. 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.").

c. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(q) ("[a]ny conduct or practice that is or might be harmful or dangerous to the health of the patient or the public.").

ORDER

IT IS HEREBY ORDERED THAT:

1. Respondent is issued a Letter of Reprimand.

DATED AND EFFECTIVE this 8th day of February, 2016.

ARIZONA MEDICAL BOARD

By Patricia E. McSorley
Patricia E. McSorley
Executive Director

CONSENT TO ENTRY OF ORDER

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

2. Respondent acknowledges and agrees that this Order is entered into freely and voluntarily and that no promise was made or coercion used to induce such entry.

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

4. The Order is not effective until approved by the Board and signed by its Executive Director.

5. 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.

6. Upon signing this agreement, and returning this document (or a copy thereof) to the Board's Executive Director, Respondent may not revoke the consent to the entry of the Order. 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.

7. This Order is a public record that will be publicly disseminated as a formal disciplinary action of the Board and will be reported to the National Practitioner's Data Bank and on the Board's web site as a disciplinary action.

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

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

10. ***Respondent has read and understands the terms of this agreement.***

Urszula H. Kotlow, MD

URSZULA H. KOTLOW, M.D.

DATED: 01/20/2016

EXECUTED COPY of the foregoing mailed this 8th day of February, 2016 to:

J. Arthur Eaves
Sanders & Parks
3030 N 3rd St Ste 1300
Phoenix AZ 85012-3099
Attorney for Respondent

ORIGINAL of the foregoing filed this 8th day of February 2016 with:

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

Mary Bibey
Board Staff