

1 **BEFORE THE ARIZONA MEDICAL BOARD**

2 In the Matter of

3 **JOHN A. LIEBERT, M.D.**

4 Holder of License No. 24378
5 For the Practice of Allopathic Medicine
6 In the State of Arizona.

Case No. MD-19-1185A

**ORDER FOR LETTER OF REPRIMAND
AND PROBATION WITH PRACTICE
RESTRICTION; AND CONSENT TO
THE SAME**

7 John A. Liebert, M.D. ("Respondent") elects to permanently waive any right to a
8 hearing and appeal with respect to this Order for Letter of Reprimand and Probation with
9 Practice Restriction; admits the jurisdiction of the Arizona Medical Board ("Board"); and
10 consents to the entry of this Order by the Board.

11 **FINDINGS OF FACT**

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

14 2. Respondent is the holder of license number 24378 for the practice of
15 allopathic medicine in the State of Arizona.

16 3. The Board initiated case number MD-19-1185A after receiving a complaint
17 regarding Respondent's care and treatment of a 16-year-old male patient ("CC") alleging
18 inappropriate prescribing and medication management resulting in stroke like symptoms
19 due to serotonin syndrome. Based on the complaint, Board staff requested Medical
20 Consultant ("MC") review of Respondent's care and treatment of CC and three other
21 patients ("LS" "RB" and "LV").

22 4. CC initiated care with Respondent in January 2015. CC's medical history
23 included bipolar affective disorder ("BAD"), attention deficit hyperactivity disorder
24 ("ADHD"), panic attacks, obsessive compulsive disorder ("OCD"), and autism spectrum.
25 At CC's initial evaluation, Respondent prescribed Risperidone and Zyprexa. Respondent
saw CC frequently, making multiple adjustments and additions to CC's medications.

1 During the course of his treatment, Respondent prescribed CC medications including
2 Xanax 1mg twice daily, Vyvanse 50mg daily, Nuvigil 250mg daily, Prozac 40mg daily,
3 Risperidone 0.5 three times daily, Lithium 600mg twice daily, Zyprexa 30mg daily, and
4 Seroquel 50mg at bedtime.

5 5. In May 2019, CC complained of nausea and Respondent prescribed
6 Compazine, an anti-emetic/antipsychotic, in addition to two other concurrent antipsychotic
7 medications. In January 2020, CC was seen in the ED due to a possible medication
8 reaction.

9 6. Respondent asserts that CC's situation was highly unusual and complex.
10 Respondent endeavored to treat CC to the best of his ability but subsequently discovered
11 medication mismanagement that was not reported until the end of the treatment
12 relationship. Respondent asserts that this would have changed his approach to the
13 treatment.

14 7. LS was a 49-year-old female who established care with Respondent in June
15 2015 for anxiety. LS had a medical history of mal de debarquement syndrome ("MDDS"),
16 fibromyalgia, OCD, PTSD, ADHD, and anxiety disorder. During the course of her
17 treatment, Respondent prescribed LS medications including Prozac 15mg daily, Abilify
18 2mg twice daily, Lyrica 150mg daily, Xanax XR 2mg three times daily, Luvox 50mg at
19 bedtime, and dextroamphetamine 10mg daily. Multiple additional medications were tried,
20 including SSRIs, immediate release and extended-release benzodiazepines, and other
21 medications, including Provigil and Lyrica. Respondent asserts that MDDS is a very
22 complex syndrome, and that LS required multiple medication adjustments. In addition, LS
23 consulted with a neurologist specializing in MDDS who reviewed LS's medications and
24 advised that the medications LS was taking were helpful and should be continued until LS
25 could enter an MDDS clinical trial.

1 8. RB was a 26-year-old male who established care with Respondent in June,
2 2016. RB had a medical history of opioid dependency, scoliosis, bipolar disorder, OCD,
3 and anxiety disorder. During the course of his treatment, Respondent prescribed RB
4 medications including Xanax XR 1mg, Xanax 1mg, Methadone 10mg daily, Seroquel
5 50mg three times daily, clonidine 0.1mg every six hours as needed, and guanfacine 1mg.
6 Respondent asserts that he worked with RB to successfully wean the patient off opiates
7 and was in the process of decreasing RB's benzodiazepine medication when he was
8 referred out to another provider in March 2022.

9 9. LV was a 40-year-old female who established care with Respondent in
10 September, 2016. LV had a medical history of bipolar disorder, PTSD, ADHD, and binge
11 eating. LV was seen frequently by Respondent, who treated her with multiple psychotropic
12 medications, including two stimulants. During her course of treatment, Respondent
13 prescribed LV medications including Tegretol ER 200mg twice daily, Pristiq 100mg daily,
14 Adderall 30mg twice daily, Klonopin 0.5mg in am, Klonopin 2mg at bedtime, Ativan 1mg at
15 bedtime, Lamictal 200mg daily, Phentermine 37.5 mg daily, and Evekeo 10mg three times
16 daily. Additionally, during the course of her treatment, Respondent initiated trials of three
17 different antidepressants- venlafaxine, duloxetine, and Trintillex. Respondent asserts that
18 LV had a significant weight problem which made it difficult to adequately medicate her
19 without exacerbating the weight issue. Respondent acknowledges that there currently may
20 be more appropriate medications for this patient that would be more effective, but those
21 medications were not available at that time.

22 10. The standard of care prohibits a physician from prescribing antipsychotic
23 polypharmacy for a newly diagnosed outpatient without a clinical rationale. Respondent
24 deviated from this standard of care for Patient CC by prescribing Risperidone and Zyprexa
25 for a newly diagnosed outpatient without a clinical rationale.

1 11. The standard of care prohibits a physician from prescribing medications at a
2 higher than FDA recommended dosage without a clinical rationale. Respondent deviated
3 from the standard of care for Patient CC by prescribing Zyprexa at a higher than FDA
4 recommended dosage without a clinical rationale.

5 12. The standard of care prohibits a physician from prescribing an anti-
6 depressant for mixed bipolar disorder without a clinical rationale. Respondent deviated
7 from the standard of care by prescribing Prozac to Patient CC for mixed bipolar disorder
8 without a clinical rationale.

9 13. The standard of care requires a physician to query the controlled substance
10 prescription monitoring program prior to prescribing controlled substances. Respondent
11 deviated from the standard of care for Patients LS, RB and LV by failing to query the
12 controlled substance prescription monitoring program prior to prescribing controlled
13 substances.

14 14. The standard of care prohibits a physician from providing early prescription
15 refills for controlled substances without justification. Respondent deviated from the
16 standard of care for Patients LS, RB and LV by providing early prescription refills for
17 controlled substances without justification.

18 15. The standard of care requires a psychiatrist to prescribe medications that
19 have a psychiatric indication. Respondent deviated from the standard of care for Patient
20 LV by prescribing Phentermine without a psychiatric indication.

21 16. The standard of care prohibits a physician from prescribing stimulants and
22 benzodiazepines concurrently without a clinical rationale and requires a psychiatrist to
23 appropriately prescribe psychotropic medications. Respondent deviated from the standard
24 of care for Patient LV by prescribing inappropriate combinations of stimulants and
25

1 benzodiazepines, and for prescribing antidepressants without adequate doses of primary
2 mood stabilizers.

3 17. Actual patient harm was identified in that patients CC and LV did not receive
4 appropriate treatment for their bipolar disorder. There was potential for patient harm in
5 that LS, RB and LV were all at unreasonable risk of drug-to-drug interactions.

6 18. Effective October 26, 2021, Respondent entered into an Interim Consent
7 Agreement for Practice Restriction prohibiting him from practicing medicine in the State of
8 Arizona.

9 19. Between January 26, 2022, and March 4, 2022, Respondent completed a
10 competency evaluation with a Board approved evaluating Facility. Based on the
11 evaluation's results and findings, the Facility made recommendations for remediation
12 including additional Continuing Medical Education ("CME"), ongoing Practice Restrictions,
13 use of a Practice Monitor and compliance with treatment recommendations for identified
14 health conditions.

15 20. Between January 1, 2022, and January 24, 2022 Respondent completed
16 28.5 Category I CME hours in psychiatric care including pharmacology,
17 psychopharmacology, Bipolar disorder, as well as ADHD and OCD treatment.

18 21. Respondent completed evaluations for health conditions and complied with
19 recommendations for medical treatments to address them.

20 CONCLUSIONS OF LAW

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

23 b. The conduct and circumstances described above constitute unprofessional
24 conduct pursuant to A.R.S. § 32-1401(27)(e) ("Failing or refusing to maintain adequate
25 records on a patient.").

1 c. The conduct and circumstances described above constitute unprofessional
2 conduct pursuant to A.R.S. § 32-1401(27)(r)(“Committing any conduct or practice that is or
3 might be harmful or dangerous to the health of the patient or the public.”).

4 **ORDER**

5 IT IS HEREBY ORDERED THAT:

6 1. Respondent is issued a Letter of Reprimand.

7 2. The Interim Consent Agreement for Practice Restriction is terminated as of
8 the effective date of this Agreement.

9 3. Respondent is placed on Probation for a minimum period of 3 years with the
10 following terms and conditions:

11 **a. Practice Restriction**

12 Respondent's practice is restricted in that he shall be prohibited from practicing in a
13 solo setting, and shall practice in a group setting only and shall not see or treat more than
14 five patients in a day. Additionally, Respondent shall be prohibited from seeing or treating
15 patients under the age of 18.

16 **b. Practice Monitor**

17 Within 30 days of the effective date of this Order, Respondent shall submit the
18 name of a practice monitor who is a physician licensed and in good standing with the
19 Board. The practice monitor shall be responsible for ensuring that Respondent's treatment
20 is in accordance with current guidelines and that Respondent is demonstrating appropriate
21 psychiatric care and prescribing practices. Respondent shall agree to allow the monitor to
22 view his interactions with any and all patients as deemed appropriate by the monitor. The
23 monitor shall provide written reports to the Board on a monthly basis or at any time the
24 monitor has concerns regarding Respondent's safety to practice. Respondent shall be
25 responsible for all expenses relating to the practice monitor and preparation of the monthly

1 reports. After two years, Respondent may petition the Board in writing for termination of
2 this requirement. Respondent's request for termination must be accompanied by a report
3 from the practice monitor that Respondent's fund of knowledge regarding current
4 treatment guidelines is adequate and his physical examinations meet the standard of care.

5 **c. Continuing Medical Education**

6 Respondent shall within 6 months of the effective date of this Order obtain no less
7 than 15 hours of Board Staff pre-approved Category I Continuing Medical Education
8 ("CME") in an intensive, in-person course regarding physician/patient boundaries.
9 Respondent shall within **thirty days** of the effective date of this Order submit his request
10 for CME to the Board for pre-approval. Upon completion of the CME, Respondent shall
11 provide Board staff with satisfactory proof of attendance.

12 Within 6 months of the effective date of this Order, Respondent shall complete the
13 intensive in-person CME course in Medical Recordkeeping offered by Center for
14 Personalized Education for Physicians ("CPEP"). Respondent shall within 30 days of the
15 effective date of this Order submit satisfactory proof of enrollment with Board staff. Upon
16 completion of the CME, Respondent shall provide Board staff with satisfactory proof of
17 attendance.

18 Within 30 days of successful completion of the CPEP CME, Respondent shall enroll
19 in the Personalized Implementation Program ("PIP") with successful completion.
20 Respondent shall comply with any and all requirements and practice recommendations
21 made by his PIP reviewer as well as follow any and all recommendations made for further
22 education and/or remediation by the PIP, subject to the approval of the Board or its staff.
23 Respondent shall provide Board staff with proof that he successfully completed the PIP.
24 Respondent shall sign any and all consents or releases necessary to allow for CPEP to
25 communicate to the Board directly. Respondent shall be responsible for the expenses of

1 participation in the PIP, and shall notify the Board staff of enrollment in the PIP.
2 Respondent shall not revoke any release prior to successful completion of the CME and
3 PIP.

4 The CME hours shall be in addition to the hours required for the biennial renewal of
5 medical licensure.

6 Additionally, Respondent shall complete no less than 50 hours of Category I CME
7 for the first two years of the effective period of this Order in topics recommended by the
8 Facility in its Report. Respondent shall submit quarterly reports to Board staff regarding
9 the CME completed towards this requirement, including course descriptions and
10 certificates of completion. Respondent shall maintain course related materials and
11 promptly provide them on request of Board staff. Board staff retains sole discretion to
12 approve Respondent's completed courses.

13 **d. Chart Reviews**

14 Board staff or its agents shall conduct periodic chart reviews to monitor
15 Respondent's compliance with this Board Order. Board staff's reviews shall also include

16 **e. Health Treatment**

17 Respondent shall enter promptly treatment with a Board staff pre-approved mental
18 health professional as recommended by the Facility and shall comply with any and all
19 treatment recommendations. Respondent shall instruct the treating professional to submit
20 written reports to Board staff regarding diagnosis, prognosis, current medications,
21 recommendation for continuing care and treatment, and ability to safely practice medicine.
22 The reports shall be submitted quarterly to Board staff for the duration of probation.
23 Respondent shall pay the expenses of treatment and is responsible for paying for the
24 preparation of the quarterly reports. Respondent shall authorize the professional to

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1 communicate with Board staff regarding Respondent's compliance with treatment, and if at
2 any time the psychologist finds evidence that Respondent is a safety threat to patients.

3 After 12 months of treatment with the professional, Respondent may submit a
4 written request to Board staff requesting that the Board terminate the requirement that
5 Respondent remain in treatment with the professional. The request must be accompanied
6 by a final report from the professional affirming that Respondent has completed treatment
7 and is safe to practice. The Board shall have the sole discretion to determine whether to
8 grant Respondent's request for termination of this requirement.

9 **f. Re-Evaluation**

10 Within 1 year of the effective date of this Order, Respondent shall complete a
11 neuropsychological/fitness for duty re-evaluation with the Facility. Respondent is
12 responsible for all expenses relating to the re-evaluation, and/or treatment. The Facility is
13 conducting the evaluation and report solely for the benefit of the Board. Respondent shall
14 comply with any recommendations made by the Facility and approved by Board staff,
15 including any requirements for continued practice monitoring or continuing medical
16 education. Respondent shall provide a copy of this Order to the Facility and shall sign a
17 consent form to release all confidential evaluation results to the Board. Because
18 Respondent is undergoing this evaluation under Board Order he shall instruct any attorney
19 retained on his behalf not to contact the Facility. Any questions or concerns must be
20 addressed to Board staff.

21 **g. Obey All Laws**

22 Respondent shall obey all state, federal and local laws, all rules governing the
23 practice of medicine in Arizona, and remain in full compliance with any court ordered
24 criminal probation, payments and other orders.

1 **h. Tolling**

2 In the event Respondent should leave Arizona to reside or practice outside the
3 State or for any reason should Respondent stop practicing medicine in Arizona,
4 Respondent shall notify the Executive Director in writing within ten days of departure and
5 return or the dates of non-practice within Arizona. Non-practice is defined as any period of
6 time exceeding thirty days during which Respondent is not engaging in the practice of
7 medicine. Periods of temporary or permanent residence or practice outside Arizona or of
8 non-practice within Arizona, will not apply to the reduction of the probationary period.

9 **i. Probation Termination**

10 Prior to any Board consideration for termination of Probation, Respondent must
11 submit a written request to the Board for release from the terms of this Order.
12 Respondent's request for release will be placed on the next pending Board agenda,
13 provided a complete submission is received by Board staff no less than 30 days prior to
14 the Board meeting. Respondent's request for release must provide the Board with
15 evidence establishing that he has successfully satisfied all of the terms and conditions of
16 this Order.

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18 The Probation shall not terminate except upon affirmative request of Respondent
19 and approval by the Board. The Board may require any combination of examinations
20 and/or evaluations (including a re-evaluation by the Facility) in order to determine whether
21 or not Respondent is safe to return to the unrestricted practice of medicine and the Board
22 may continue the Probation or take any other action consistent with its authority.

23 The Board has the sole discretion to determine whether all of the terms and
24 conditions of this Order have been met or whether to take any other action that is
25 consistent with its statutory and regulatory authority.

1 4. The Board retains jurisdiction and may initiate new action against
2 Respondent based upon any violation of this Order. A.R.S. § 32-1401(27)(s)

3 DATED AND EFFECTIVE this 6th day of April, 2023.

4 ARIZONA MEDICAL BOARD

5
6 By Patricia E. McSorley
7 Patricia E. McSorley
8 Executive Director

9 **CONSENT TO ENTRY OF ORDER**

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

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

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

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

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

3 6. Notwithstanding any language in this Order, this Order does not preclude in
4 any way any other State agency or officer or political subdivision of this state from
5 instituting proceedings, investigating claims, or taking legal action as may be appropriate
6 now or in the future relating to this matter or other matters concerning Respondent,
7 including but not limited to, violations of Arizona's Consumer Fraud Act. Respondent
8 acknowledges that, other than with respect to the Board, this Order makes no
9 representations, implied or otherwise, about the views or intended actions of any other
10 state agency or officer or political subdivisions of the State relating to this matter or other
11 matters concerning Respondent.

12 7. Upon signing this agreement, and returning this document (or a copy thereof)
13 to the Board's Executive Director, Respondent may not revoke the consent to the entry of
14 the Order. Respondent may not make any modifications to the document. Any
15 modifications to this original document are ineffective and void unless mutually approved
16 by the parties.

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

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

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

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

5 12. Respondent acknowledges that, pursuant to A.R.S. § 32-2501(16), he
6 cannot act as a supervising physician for a physician assistant while his license is on
7 probation.

8 13. ***Respondent has read and understands the conditions of probation.***

9
10 John Liebert MD
11 John Liebert MD (Mar 31, 2023 15:27 PDT)
12 JOHN A. LIEBERT, M.D.

DATED: Mar 31, 2023


1 EXECUTED COPY of the foregoing mailed
this 10th day of April, 2023 to:

2
3 John A. Liebert, M.D.
Address of Record

4 Sara Stark, Esq.
5 Chelle Law, PLC
6 5425 East Bell Road, Suite 107
7 Scottsdale, Arizona 85254
Attorney for Respondent

8 ORIGINAL of the foregoing filed
9 this 10th day of April, 2023 with:

10 Arizona Medical Board
11 1740 West Adams, Suite 4000
Phoenix, Arizona 85007

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13 Board staff

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