## **BEFORE THE ARIZONA MEDICAL BOARD**

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In the Matter of Case No. MD-19-1185A

JOHN A. LIEBERT, M.D.

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

INTERIM CONSENT AGREEMENT FOR PRACTICE RESTRICTION

# INTERIM CONSENT AGREEMENT

John A. Liebert, M.D. ("Respondent") elects to permanently waive any right to a hearing and appeal with respect to this Interim Consent Agreement for Practice Restriction and consents to the entry of this Order by the Arizona Medical Board ("Board").

## **INTERIM 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 No. 24378 for the practice of allopathic medicine in the State of Arizona.
- 3. The Board initiated case number MD-19-1185A after receiving a complaint regarding Respondent's care and treatment of a 16 year-old male patient ("CC") alleging inappropriate prescribing and medication management resulting in stroke like symptoms due to serotonin syndrome. Based on the complaint, Board staff requested Medical Consultant ("MC") review of Respondent's care and treatment of CC and three other patients ("LS" "RB" and "LV").
- 4. CC initiated care with Respondent in January 2015. CC's medical history included bipolar affective disorder ("BAD"), attention deficit hyperactivity disorder ("ADHD"), panic attacks, obsessive compulsive disorder ("OCD"), and autism spectrum. At CC's initial evaluation, Respondent prescribed Risperidone and Zyprexa. Respondent saw

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CC frequently, making multiple adjustments and additions to CC's medications. During the course of his treatment, Respondent prescribed CC medications including Xanax 1mg twice daily, Vyvanse 50mg daily, Nuvigil 250mg daily, Prozac 40mg daily, Risperidone 0.5 three times daily, Lithium 600mg twice daily, Zyprexa 30mg daily, and Seroquel 50mg at bedtime.

- 5. In May 2019, CC complained of nausea and Respondent prescribed Compazine, an anti-emetic/antipsychotic, in addition to two other concurrent antipsychotic medications. In January 2020, CC was seen in the ED due to a possible medication reaction.
- 6. LS was a 49 year-old female who established care with Respondent in June 2015 for anxiety. LS had a medical history of mal de debarquement syndrome ("MDDS"), fibromyalgia, OCD, PTSD, ADHD, and anxiety disorder. During the course of her treatment, Respondent prescribed LS medications including Prozac 15mg daily, Abilify 2mg twice daily, Lyrica 150mg daily, Xanax XR 2mg three times daily, Luvox 50mg at bedtime, and dextroamphetamine10mg daily. Multiple additional medications were tried, including SSRIs, immediate release and extended release benzodiazepines, and other medications, including Provigil and Lyrica.
- RB was a 26 year-old male who established care with Respondent in June, 7. 2016. RB had a medical history of opioid dependency, scoliosis, bipolar disorder, OCD, and anxiety disorder. During the course of his treatment, Respondent prescribed RB medications including Xanax XR 1mg, Xanax 1mg, Methadone 10mg daily, Seroquel 50mg three times daily, clonidine 0.1mg every six hours as needed, and guanfacine 1mg.
- 8. LV was a 40 year-old female who established care with Respondent in September, 2016. LV had a medical history of bipolar disorder, PTSD, ADHD, and binge eating. LV was seen frequently by Respondent, who treated her with multiple psychotropic

medications, including two stimulants. During her course of treatment, Respondent prescribed LV medications including Tegretol ER 200mg twice daily, Pristiq 100mg daily, Adderall 30mg twice daily, Klonopin 0.5mg in am, Klonopin 2mg at bedtime, Ativan 1mg at bedtime, Lamictal 200mg daily, Phentermine 37.5 mg daily, and Evekeo 10mg three times daily. Additionally, during the course of her treatment, Respondent initiated trials of three different antidepressants- venlafaxine, duloxetine, and Trintillex.

- 9. The MC identified deviations from the standard of care for all four patients reviewed, including failure to query the Controlled Substance Prescription Monitoring Profile ("CSPMP") reports for patients prior to prescribing controlled substances, prescribing early prescription refills of controlled substances without adequate basis for patients LS, RB and LV, and for all four patients, prescribing controlled substances or combinations of controlled substances without adequate clinical rationale.
- 10. Actual patient harm was identified in that patients CC and LV did not receive appropriate treatment for their bipolar disorder. There was potential for patient harm in that LS, RB and LV were all at unreasonable risk of drug to drug interactions.
- 11. The aforementioned information was presented to the investigative staff, the medical consultant and the lead Board member. All reviewed the information and concur that the interim consent agreement to restrict Respondent's practice is appropriate.
- 12. The investigation into this matter is pending and will be forwarded to the Board promptly upon completion for review and action.

## INTERIM CONCLUSIONS OF LAW

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

- 2. Pursuant to A.R.S. § 32-1405(C)(25) the Executive Director has authority to enter into a consent agreement when there is evidence of danger to the public health and safety.
- 3. Pursuant to A.A.C. R4-16-504, the Executive Director may enter into an interim consent agreement when there is evidence that a restriction is needed to mitigate imminent danger to the public's health and safety. Investigative staff, the Board's medical consultant and the lead Board member have reviewed the case and concur that an interim consent agreement is appropriate.

## **INTERIM ORDER**

#### IT IS HEREBY ORDERED THAT:

- 1. Respondent is prohibited from engaging in the practice of medicine in the State of Arizona as set forth in A.R.S. § 32-1401(22) until Respondent applies to the Executive Director and receives permission to do so.
- 2. Respondent may request, in writing, release and/or modification of this Interim Consent Agreement. Respondent's request must be accompanied by information demonstrating that Respondent is safe to practice medicine. The Executive Director, in consultation with and agreement of the lead Board member and the Chief Medical Consultant, has the discretion to determine whether it is appropriate to release Respondent from this Interim Consent Agreement.
- The Board retains jurisdiction and may initiate new action based upon any violation of this Interim Consent Agreement, including, but not limited to, summarily suspending Respondent's license.
- 4. Because this is an Interim Consent Agreement and not a final decision by the Board regarding the pending investigation, it is subject to further consideration by the Board. Once the investigation is complete, it will be promptly provided to the Board for its

review and appropriate action.

5. This Interim Consent Agreement shall be effective on the date signed by the Board's Executive Director.

DATED this 26 day of October, 2021.

ARIZONA MEDICAL BOARD

By Kahres & Mr. Sale
Patricia E. McSorley
Executive Director

## **RECITALS**

Respondent understands and agrees that:

- 1. The Board, through its Executive Director, may adopt this Interim Consent Agreement, or any part thereof, pursuant to A.R.S. § 32-1405(C)(25) and A.A.C. R4-16-504.
- 2. Respondent has read and understands this Interim Consent Agreement as set forth herein, and has had the opportunity to discuss this Interim Consent Agreement with an attorney or has waived the opportunity to discuss this Interim Consent Agreement with an attorney. Respondent voluntarily enters into this Interim Consent Agreement and by doing so agrees to abide by all of its terms and conditions.
- 3. By entering into this Interim Consent Agreement, Respondent freely and voluntarily relinquishes all rights to an administrative hearing on the matters set forth herein, as well as all rights of rehearing, review, reconsideration, appeal, judicial review or any other administrative and/or judicial action, concerning the matters related to the Interim Consent Agreement.

- 4. Respondent understands that this Interim Consent Agreement does not constitute a dismissal or resolution of this matter or any matters that may be currently pending before the Board and does not constitute any waiver, express or implied, of the Board's statutory authority or jurisdiction regarding this or any other pending or future investigations, actions, or proceedings. Respondent also understands that acceptance of this Interim Consent Agreement does not preclude any other agency, subdivision, or officer of this State from instituting civil or criminal proceedings with respect to the conduct that is the subject of this Interim Consent Agreement. Respondent further does not relinquish Respondent's rights to an administrative hearing, rehearing, review, reconsideration, judicial review or any other administrative and/or judicial action, concerning the matters related to a final disposition of this matter, unless Respondent affirmatively does so as part of the final resolution of this matter.
- 5. Respondent acknowledges and agrees that upon signing this Interim Consent Agreement and returning it to the Board's Executive Director, Respondent may not revoke Respondent's acceptance of this Interim Consent Agreement or make any modifications to it. Any modification of this original document is ineffective and void unless mutually approved by the parties in writing.
- 6. Respondent understands that this Interim Consent Agreement shall not become effective unless and until it is signed by the Board's Executive Director.
- 7. Respondent understands and agrees that if the Board's Executive Director does not adopt this Interim Consent Agreement, Respondent will not assert in any future proceedings that the Board's consideration of this Interim Consent Agreement constitutes bias, prejudice, prejudgment, or other similar defense.

- 8. Respondent understands that this Interim Consent Agreement is a public record that may be publicly disseminated as a formal action of the Board, and that it shall be reported as required by law to the National Practitioner Data Bank.
- 9. Respondent understands that this Interim Consent Agreement does not alleviate Respondent's responsibility to comply with the applicable license-renewal statutes and rules. If this Interim Consent Agreement remains in effect at the time Respondent's allopathic medical license comes up for renewal, Respondent must renew the license if Respondent wishes to retain the license. If Respondent elects not to renew the license as prescribed by statute and rule, Respondent's license will not expire but rather, by operation of law (A.R.S. § 32-3202), become suspended until the Board takes final action in this matter. Once the Board takes final action, in order for Respondent to be licensed in the future, Respondent must submit a new application for licensure and meet all of the requirements set forth in the statutes and rules at that time.
- 10. Respondent understands that any violation of this Interim Consent Agreement constitutes unprofessional conduct under A.R.S. § 32-1401(27)(s) ("[v]iolating a formal order, probation, consent agreement or stipulation issued or entered into by the board or its executive director under this chapter.").

JOHN A. LIEBERT, M.D.

DATED: 10/26/21.

1	EXECUTED COPY of the foregoing e-mailed this 26 day of 0 ctores, 2021 to:
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3	Charles C. Hover, III, Esq. Renaud Cook Drury Mesaros, PA
4	1 North Central Avenue, Suite 900 Phoenix, Arizona 85004
5	Attorney for Respondent Attorney for Respondent
6	
7	ORIGINAL of the foregoing filed this 201 with:
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9	Arizona Medical Board 1740 West Adams, Suite 4000
10	Phoenix, Arizona 85007
11	MidulliRobles
12	Board staff
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