BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of **PRITI R. PATEL, M.D.** Holder of License No. 58079 For the Practice of Allopathic Medicine In the State of Arizona.	**Case No. MD-21-1131A** **ORDER FOR LETTER OF REPRIMAND AND PROBATION; AND CONSENT TO THE SAME**

Priti R. Patel, M.D. ("Respondent") elects to permanently waive any right to a hearing and appeal with respect to this Order for Letter of Reprimand and Probation; 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 58079 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-21-1131A after receiving a complaint regarding Respondent's care and treatment of a 51 year-old male patient ("TB") alleging inappropriate controlled substance prescribing, failure to properly treat anxiety and depression resulting in hospitalization, and failure to appreciate signs of addiction and medication abuse. Based on the allegations in the complaint, Board staff requested Medical Consultant ("MC") review of Respondent's care and treatment of TB and three other patients ("JL, BV and CN"). The MC identified deviations from the standard of care with regard to all four patients reviewed.

Patient TB

4. TB initiated care with Respondent in August of 2020 for treatment of mood disorder, anxiety disorder, and alcohol dependence. On December 4, 2020, Respondent

prescribed TB Lyrica 200mg three times daily, Lexapro 20mg daily, and cyproheptadine 4mg daily. TB subsequently reported continued anxiety, and Respondent increased TB's Lexapro to 30mg daily.

5. On April 1, 2021, Respondent noted that TB was discharged from a Hospital after being detoxed from a relapse of alcohol use. Respondent added prescriptions for hydroxyzine 25mg every six hours as needed and trazadone 50mg at bedtime.

6. On April 22, 2021, TB presented with worsening anxiety, pacing, and back pain. Respondent added Ativan 1mg twice daily as needed. And increased TB's Lyrica to 225mg three times daily.

7. On May 6, 2021, Respondent noted that TB was overusing Lyrica and reduced the dose to 200mg with a plan to taper. Respondent increased TB's Lexapro to 40mg daily and continued the prescription for Ativan. Subsequently, Respondent increased TB's dosage of Ativan to 2mg twice daily and substituted Pristiq for TB's Lexapro. Additionally, Respondent titrated TB's Lyrica to 300mg three times daily.

8. On June 24, 2021, TB disclosed overusing his Ativan. Respondent bridged TB with Valium 10mg twice daily to avoid withdrawal. Respondent explained to the dispensing pharmacist that she was aware TB was overusing his Ativan. The following week, Respondent discontinued TB's Valium substituted Klonopin 2mg titrated to three times daily.

9. On July 21, 2021, Respondent titrated hydroxyzine 50mg to 1-2 tablets every 4 hours as needed, with a quantity of 360. On September 28, 2021, Respondent reduced TB's Klonopin to 1mg twice daily, as needed.

10. On October 21, 2021, Respondent noted that TB wanted to "condense off medication" and that he had stopped taking the Lyrica. Respondent also documented that she was stopping the Klonopin, based on an overdose of benzodiazepines reported by

TB's wife. Additionally in October of 2021, TB began seeing a second provider who prescribed TB both Lyrica and Klonopin

Patient JL

11. JL was a 32-year-old male who was seen by Respondent on August 21, 2020. JL's past medical history was significant for opioid dependence, ADHD, depression, and anxiety disorder. Respondent continued prescriptions of Xanax (up to 2mg three times daily), Subutex (16mg daily), and Adderall started by another provider. There were multiple times where JL's urine drug screens ("UDS") were negative for amphetamines and buprenorphine. Additionally, JL tested positive for opioids. The MC noted that Respondent did not document any discussion with JL regarding how marijuana use could impair concentration and the potential for side effect interaction with prescribed medications.

Patient BV

12. BV was a 26-year-old male who was seen by Respondent for opioid dependence, anxiety, ADHD, and marijuana ("THC") abuse. BV had been admitted to an Inpatient Treatment Facility in August, 2020 with a chief complaint of feeling down, hopeless, and worthless and being unable to stop using drugs. BV reported using heroin, fentanyl, meth, and benzodiazepines. BV was tapered off Xanax during inpatient stay and was noted to have responded well to Remeron. Respondent restarted the Xanax at 2mg twice daily and eventually increased the dosage to Xanax 2mg three times daily Respondent maintained BV on a dose of 16mg to 24mg of Suboxone throughout treatment. BV had multiple aberrant UDS results for which discussions were not documented properly. The MC also noted that Respondent did not document any discussions with BV regarding how the use of THC could impede his attention/concentration.

Patient CN

13. CN was a 28-year-old female patient who was seen by Respondent for opioid dependence, anxiety, ADHD, amphetamine abuse, other stimulant dependence, and insomnia. Respondent continued prescriptions for Xanax1mg twice daily started by another provider and eventually increased the dosage to 1mg three times daily. Respondent initiated treatment with Suboxone 24mg daily and then transitioned to depot Sublocade, then transitioned back to Suboxone for a few months, then back to Sublocade once again. Respondent prescribed CN Ambien 10mg at bedtime and temazepam 30mg.CN had multiple UDS results that were inconsistent with prescribed medications and discussions regarding this were not properly documented.

Deviations from the Standard of Care

14. The standard of care prohibits a physician from prescribing dosages of controlled substance medications that exceed recommended guidelines without documenting an adequate clinical rationale. Respondent deviated from the standard of care for Patient TB by prescribing Lyrica 300mg TID and Hydroxyzine 50-100mg Q4-6H PRN anxiety in dosages that exceeded dosing guidelines without an adequately documented clinical rationale. For Patient CN, Respondent deviated from the standard of care by prescribing high dose Ambien 10mg without an adequate clinical rationale.

15. The standard of care requires a physician to obtain urinary drug screens to monitor patients prior to prescribing controlled substances, and to properly address aberrant UDS results. Respondent deviated from the standard of care for Patient TB by failing to obtain urinary drug screens for a patient on multiple controlled substances. For Patients JL, BV and CN, Respondent deviated from the standard of care by failing to address aberrant UDS results.

16. The standard of care requires a physician to use caution when prescribing a combination of benzodiazepines and stimulants to patients for treatment of anxiety and ADHD, and to document why other non-addicting medications were not appropriate. For Patients JL and BV, Respondent deviated from the standard of care by prescribing a combination of benzodiazepines and stimulants to treat ADHD and anxiety without an adequately documented rationale, and for overlooking the cognitive impairment that could be caused by benzodiazepines and THC for a patient with ADHD.

17. The standard of care requires a physician to use caution when prescribing benzodiazepines for patients on medication assisted treatment of opioid use disorder and prohibits such practice without an adequately documented clinical rationale. Respondent deviated from the standard of care for Patients BV and CN by prescribing high dose Xanax in combination with buprenorphine without a documented clinical rationale.

18. The standard of care prohibits a physician from prescribing benzodiazepines to a patient recently detoxed from abusing the medication without a clinical rationale. Respondent deviated from the standard of care for Patient BV by prescribing Xanax shortly after he underwent detox from abusing the medication.

19. The standard of care prohibits a physician from prescribing a combination of Ambien and temazepam for insomnia in a patient actively abusing illicit substances. Respondent deviated from the standard of care for Patient CN by prescribing a combination of Ambien and temazepam for insomnia in a patient actively abusing illicit substances.

20. There was the potential for patient harm in that all patients were at risk of addiction, overdose and death.

21. On October 28, 2022, Respondent completed an intensive, virtual continuing medical education ("CME") course in medical recordkeeping from a Board approved provider for 10 CME credit hours.

22. On November 2-4, 2022, Respondent completed an intensive, virtual CME course in controlled substance prescribing from a Board approved provider for 24.5 CME credit hours.

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)("Failing 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)(r)("Committing any 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.

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

a. Chart Reviews

Within 30 days of completion of the CME, Respondent shall enter into a contract with a Board-approved monitoring company to perform periodic chart reviews at Respondent's expense. The chart reviews shall involve current patients' charts for care

rendered after the date Respondent returned to practice as stated herein. Based upon the chart review, the Board retains jurisdiction to take additional disciplinary or remedial action.

b. Obey All Laws

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

c. Tolling

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

d. Probation Termination

After three consecutive favorable chart reviews Respondent may petition the Board to terminate the Probation. Respondent may not request early termination without satisfaction of the chart review requirements as stated in this Order.

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

this Order. The Probation shall not terminate except upon affirmative request of Respondent and approval by the Board.

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

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

DATED AND EFFECTIVE this 2nd day of March, 2023.

ARIZONA MEDICAL BOARD

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

7. 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.

8. 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.

9. 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.

10. 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.

11. Any violation of this Order constitutes unprofessional conduct and may result in disciplinary action. 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.") and 32-1451.

12. ***Respondent has read and understands the conditions of probation.***

PRITI R. PATEL, M.D.

DATED: 2/10/23

EXECUTED COPY of the foregoing mailed
this 2nd day of March, 2023 to:

Priti R. Patel, M.D.
Address of Record

Joshua C. Irvine, Esq.
Irvine Legal
2650 Washington Boulevard, Suite 103
Ogden, Utah 84401
Attorney for Respondent

ORIGINAL of the foregoing filed
this 2nd day of March, 2023 with:

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

Board staff