# BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of

MARTIN H. NEWMAN, M.D.

Holder of License No. 36546 For the Practice of Allopathic Medicine In the State of Arizona. Case No. MD-23-0562A, MD-23-0862A

ORDER FOR LETTER OF REPRIMAND AND PROBATION; AND CONSENT TO THE SAME

Martin H. Newman, 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 36546 for the practice of allopathic medicine in the State of Arizona.

# MD-23-0562A

- 3. The Board initiated case number MD-23-0562A after receiving a complaint regarding Respondent's care and treatment of a 55 year-old female patient ("JM") alleging failure to provide prescription in a timely manner resulting in withdrawal symptoms, inadequate follow-up, and inappropriately visited patient's residence.
- 4. On April 13, 2023, JM initiated psychiatric care with Respondent. JM had a medical history of bipolar I disorder and attention deficit disorder. JM's psychiatric medications included Adderall 20mg twice daily, lithium carbonate 600mg daily, lithium carbonate 150mg daily, Cymbalta 40mg daily, Rexulti (brexpiprazole) 2mg daily, and clonazepam 0.5mg at bedtime as needed.

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- 5. On May 25, 2023, JM reported doing well and being compliant with her prescribed medications. Respondent concluded that JM was doing well and added the diagnosis of anxiety. Respondent contacted a pharmaceutical representative and received samples of Rexulti delivered to his home. Respondent reported that he attempted to deliver the samples to JM's residence on May 27, 2023.
- 6. On June 8, 2023, JM contacted Respondent stating that she had decided to end treatment with him due to dissatisfaction with communication, and not getting refills of subsidized medication (Rexulti). Respondent discharged her from his care, and noted that he sent prescriptions for Adderall and Klonopin the previous day.
- 7. The standard of care requires a physician to perform an adequate examination in a patient reporting a serious mood disorder. Respondent deviated from the standard of care by failing to perform and document an adequate mental status examination in a patient reporting a serious mood disorder.
- 8. The standard of care requires a physician to monitor for adverse reactions from psychotropic medications. Respondent deviated from the standard of care by failing to monitor for adverse reactions from psychotropic medications
- 9. The standard of care requires a physician to query the CSPMP prior to prescribing controlled substances. Respondent deviated from the standard of care by failing to query the CSPMP prior to prescribing controlled substances.
- 10. There was the potential for patient harm in that JM was at risk of progressive renal damage, hypothyroidism, onset of diabetes, elevated serum lipids, tardive dyskinesia, and leukopenia.

#### MD-23-0862A

11. The Board initiated case number MD23-0862A after receiving a report from the Arizona Board of Pharmacy ("Pharmacy Board") indicating that Respondent was non-

compliant with the mandatory use requirements for the Arizona Controlled Substance Prescription Monitoring Program ("CSPMP"). The Pharmacy Board reported that from May-July 2023, Respondent issued opioid and/or benzodiazepine medications to patients without querying the CSPMP.

- 12. In his written response to the Board, Respondent stated that he was unaware of the mandatory use requirements prior to receiving notice of the Board's investigation. Respondent subsequently incorporated CSPMP review into his practice after receiving notice from the Board.
- 13. Board staff selected 3 of Respondent's patients treated during the relevant time frame for Medical Consultant ("MC") review. The MC identified deviations from the standard of care and documentation deficiencies with regard to all three patients (BD, AK and IA).
- 14. BD was a 39-year-old male seen by Respondent in his private practice from March 2023 to June 2023. BD's medical history included opioid dependence and anxiety disorder and BD had been started on Suboxone and lorazepam by another provider. Respondent prescribed BD medications including Suboxone 8mg three times daily and diazepam 10mg daily. Respondent attempted to reduce BD's diazepam dose to 2mg daily. Respondent provided 15-day prescriptions every 12-14 days due to reported pharmacy issues.
- 15. AK was a 36-year-old female seen by Respondent in his private practice from April 2023 to June 2024. AK's medical history included bipolar disorder, anxiety, ADHD, other stimulant abuse, and opioid dependence. AK had been started on clonazepam, Adderall and Suboxone by another provider. Respondent prescribed AK medications including Lamictal 100mg daily, clonidine 0.2mg twice daily, Vyvanse 60mg daily, Soma 250mg at bedtime, armodafinil150mg daily, Abilify 10mg daily, Suboxone 4mg

daily, gabapentin 800mg three times daily, and clonazepam 1mg daily. Respondent reduced AK's controlled substance medications from previous dosages.

- 16. IA was a 36-year-old male seen by Respondent in his private practice from February 2023, through June 2024. IA's medical history included depression, ADHD, anxiety, opioid dependence, and low back pain and IA had been started on clonazepam and Adderall by another provider. Respondent prescribed IA medications including Klonopin 0.5mg daily as needed, Lyrica 50mg twice daily, Lexapro 10mg daily, Lunesta 3mg at bedtime, Adderall XR 30mg daily, and Suboxone 4mg daily. Respondent attempted to taper IA's controlled substance medications.
- 17. The standard of care prohibits a physician from prescribing high dose opioids and benzodiazepines concurrently without a clinical rationale. Respondent deviated from the standard of care for Patients BD, AK and IA by prescribing high dose opioids and benzodiazepines concurrently without an adequate clinical rationale.
- 18. The standard of care requires a physician to obtain urinary drug screens prior to prescribing controlled substances. Respondent deviated from the standard of care for Patients BD, AK and IA by failing to obtain urinary drug screens prior to prescribing controlled substances.
- 19. The standard of care requires a physician to obtain vital signs to monitor for adverse effects of medication. Respondent deviated from the standard of care for Patients BD, AK and IA by failing to obtain vital signs to monitor for adverse effects of medications
- 20. The standard of care requires a physician to prescribe Narcan to a patient receiving high dose opioids. Respondent deviated from the standard of care for Patients BD, AK and IA by failing to prescribe Narcan to a patient receiving high dose opioids.

21. There was the potential for patient harm in that these patients were at risk of respiratory depression, overdose, dependence, misuse and negative cardiovascular events.

#### **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)(a) ("Violating any federal or state laws or rules and regulations applicable to the practice of medicine."). Specifically, Respondent's conduct violated A.R.S. § 36-2606(F) (". . . a medical practitioner, before prescribing an opioid analgesic or benzodiazepine controlled substance listed in schedule II, III or IV for a patient, shall obtain a patient utilization report regarding the patient for the preceding twelve months from the controlled substances prescription monitoring program's central database tracking system at the beginning of each new course of treatment and at least quarterly while that prescription remains a part of the treatment.").
- c. 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.").
- d. 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 2 years with the following terms and conditions:

#### a. Continuing Medical Education

Respondent shall within 6 months of the effective date of this Order obtain no less than 15 hours of Board Staff pre-approved Category I Continuing Medical Education ("CME") in an intensive, in-person/virtual course regarding controlled substance prescribing and no less than 10 hours of a Board staff pre-approved Category I CME in an intensive, in-person/virtual course in medical recordkeeping. Respondent shall within thirty days of the effective date of this Order submit his request for CME to the Board for pre-approval. Upon completion of the CME, Respondent shall provide Board staff with satisfactory proof of attendance. The CME hours shall be in addition to the hours required for the biennial renewal of medical licensure.

#### b. 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 completed the CME as stated herein. Based upon the chart review, the Board retains jurisdiction to take additional disciplinary or remedial action.

#### c. 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.

#### d. 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.

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

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 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.

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	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 <u>5th</u> day of <u>June</u> , 2025.										5.	
	ARIZONA MEDICAL BOARD										
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By <u>Raguel Rivera</u>
Raquel Rivera
Interim 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 he 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.