

1 BEFORE THE ARIZONA MEDICAL BOARD

2 In the Matter of

3 **RAUL J. SORA, M.D.**

4 Applicant for Licensure # 21047
5 For the Practice of Allopathic Medicine
6 In the State of Arizona.

Case No. MD-15-0202A
MD-15-0627A
MD-16-0901A
MD-17-0820A

**ORDER GRANTING PROBATIONARY
LICENSE, AND LETTER OF
REPRIMAND; AND CONSENT TO THE
SAME**

7
8 Raul J. Sora, M.D. ("Respondent") elects to permanently waive any right to a
9 hearing and appeal with respect to this Order granting his application for licensure subject
10 to terms and conditions for probation and Letter of Reprimand; admits the jurisdiction of
11 the Arizona Medical Board ("Board"); and consents to the entry of this Order by the Board.

12 **FINDINGS OF FACT**

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

15 2. Respondent is an applicant for licensure for the practice of allopathic
16 medicine in the State of Arizona and previously held license #21047 for the practice of
17 medicine in the State of Arizona from September 18, 1992 until November 10, 2014 when
18 he inadvertently allowed his license to expire while under probation in MD-10-0627A.

19 3. Due to the expiration of his license while a matter was pending,
20 Respondent's license was suspended pursuant to A.R.S. § 32-3202.

21 4. Respondent successfully completed the terms of his probation in MD-10-
22 0627A on August 21, 2015.

23 **MD-15-0202A**

24 5. The Board initiated case number MD-15-0202A after receiving a complaint
25 regarding Respondent's care and treatment of an 80 year-old male patient ("CF") alleging
that Respondent performed an inadequate and inaccurate psychological evaluation of CF.

1 6. CF had been a resident at a residential care facility in Tucson since February
2 of 2011. On March 19, 2014, CF was deemed to no longer have the ability to make her
3 own financial or medical decisions due to the diagnosis of dementia.

4 7. Respondent saw CF on September 9, 2014 at the request of her primary
5 care physician. Respondent administered a Folstein Mini-Mental test, to which he
6 assigned the score of 26/30 points. Respondent did not describe details of CF's
7 performance on the individual items of the test. Respondent asserts that he adequately
8 described CF's appearance, affect and mood. Respondent concluded that CF seemed to
9 be lacking in capacity with regards to short term memory and also with regards to attention
10 and concentration. Respondent diagnosed CF as having a neurocognitive disorder related
11 to multiple etiologies, and documented that his plan was to make recommendations about
12 her current capacity. Respondent suggested a trial of medication to prevent progress of
13 dementia/neurocognitive degenerative state, and that treatment recommendations were
14 made to her in the form of trying to get help with a more structured program and getting an
15 assistant.

16 8. CF's nephew subsequently attempted unsuccessfully to contact Respondent
17 and inform him that there were several factual errors in Respondent's report regarding
18 CF's current condition and abilities. The nephew noted that there were errors with regard
19 to Respondent's documentation of CF's marital status, employment status and the level of
20 assistance needed for activities of daily living. Respondent states that the nephew could
21 not provide adequate documentation to demonstrate his status as CF's family member or
22 legal guardian so that he could communicate with the nephew regarding CF's medical
23 information. For this reason, Respondent declined to accept the information the nephew
24 supplied.

25 9. The standard of care required Respondent to obtain corroborating historical
information from the referring facility or referring practitioner, and to accept information

1 offered by a family member. Respondent deviated from this standard of care by failing to
2 obtain corroborating historical information from the facility or the referring nurse
3 practitioner, and by failing to accept information offered by a family member.

4 10. The standard of care required Respondent to perform an adequate mental
5 status examination. Respondent deviated from this standard of care by performing an
6 inadequate mental status examination of CF.

7 11. The standard of care required Respondent to provide details regarding the
8 patient's performance on cognitive testing to justify the physician's conclusions.
9 Respondent deviated from this standard of care by failing to provide details of CF's
10 performance on cognitive testing to justify his conclusions.

11 12. There was potential for patient harm in that CF was at risk for an inaccurate
12 psychiatric diagnosis.

13 **MD-15-0627A**

14 13. The Board initiated case number MD-15-0627A after receiving a complaint
15 from patient BP, alleging that Respondent prescribed her medication while he was on a
16 suspended license.

17 14. The Board's Medical Consultant ("MC") who reviewed Respondent's records
18 for BP found that his treatment largely met the standard of care for bipolar disorder with no
19 psychosis. The MC came to a similar conclusion with regard to additional patient charts
20 reviewed for patients SB, EK, GA, PM, SE and SM, in that Respondent met the standard
21 of care with regard to his treatment of these patients for each of their documented
22 diagnoses. However, the MC found that the records for these patients did not show
23 baseline or annual labs during his prescribing of medications for BP or five of the other
24 patients.

25 15. With regard to all patients, Respondent wrote serial prescriptions for them
shortly before his license expired. The MC found that Respondent did not follow the

1 federal regulations that all prescriptions for controlled substance be dated as of, and
2 signed on, the day when issued. 21 C.F.R. § 1306.05(a). The MC further noted that the
3 prescriptions did not contain instructions from the licensee indicating that the prescription
4 shall not be filled until a certain date.

5 16. The standard of care required Respondent to obtain baseline and annual
6 labs when prescribing ongoing medications to patients. Respondent deviated from this
7 standard of care by failing to obtain baseline and annual labs when prescribing ongoing
8 medications to patients, SB, SE, EK, SM, and PM.

9 17. There was potential for patient harm in that as BP was elderly, she was at
10 risk for Geodon dose-related prolongation of the QT interval and the known association of
11 fatal arrhythmias with QT prolongation by some other drugs. Trazodone can prolong the
12 QT/QTc interval at therapeutic doses. The use of these two medications together for BP
13 required additional monitoring to include vital signs, coordinating with her primary care
14 physician and obtaining annual labs and EKG.

15 18. Respondent's decision to provide postdated prescriptions for controlled
16 substances placed his patients at risk for abuse or diversion.

17 **MD-16-0901A**

18 19. The Board initiated MD-16-0901A after receiving Respondent's application
19 for an Arizona medical license, wherein he disclosed his adverse license history, pending
20 board investigations, and reciprocal actions taken by other medical boards in response to
21 MD-10-0627A.

22 20. Respondent disclosed that the DEA opened an investigation based on the
23 findings in MD-10-0627A, and Respondent entered into a Memorandum of Agreement on
24 August 1, 2011 to resolve it wherein he voluntarily agreed to cease prescribing schedule II,
25 III, IV and V for two years, and agreed to abstain from the use of all controlled substances
unless prescribed to him. Respondent agreed to maintain a log of all controlled substances

1 that he prescribes and to voluntarily surrender his DATA-waived authorization and cease
2 prescribing narcotics to treat narcotic-dependent patients. Respondent successfully
3 completed the terms of the Memorandum of Agreement.

4 21. Respondent disclosed that based on the findings of MD-10-0627A, the
5 Pennsylvania Medical Board issued Respondent an Order for Probation. Respondent's
6 Pennsylvania medical license expired on December 31, 2010.

7 22. On August 9, 2011, Respondent entered into a Consent Agreement with
8 Suspension and a Letter of Concern in response to MD-10-0627A and in consideration of
9 the fact that Respondent failed to report the action to the Florida Board. The Agreement
10 levied a fine in the amount of \$3,000 in addition to other costs totaling \$2,505.57 and
11 suspended Respondent's license to practice until he can demonstrate to the Florida Board
12 his ability to do so safely.

13 23. On January 27, 2012, Respondent entered into a monitoring contract with
14 the Florida Medical Board Physician Health Program ("PHP"), which was amended on
15 January 25, 2017 to extend the agreement until Respondent obtains a fitness for duty
16 evaluation from a Florida Board-approved evaluator. Respondent is currently in
17 compliance with his Florida monitoring contract, including random drug screenings.

18 24. On October 23, 2015, Respondent successfully completed the Special
19 Purpose ("SPEX") examination.

20 25. On October 24-26, 2016, Respondent attended and completed a prescribing
21 course offered by the UC San Diego Physician Assessment and Clinical Education
22 ("PACE") Program, receiving 27 Continuing Medical Education ("CME") credits.
23 Respondent also completed a customized one-on-one PACE course on prescribing for
24 psychiatric patients, granting him an additional 2.5 CME credits.

25

1 26. Respondent was board certified in Child and Adolescent Psychiatry by the
2 American Board of Psychiatry and Neurology, effective May 1, 2016 through December
3 31, 2016.

4 27. In support of his application for re-licensure, Respondent submitted letters of
5 support and a letter from his current treating physician stating that Respondent is safe to
6 practice medicine.

7 **MD-17-0820A**

8 28. The Board initiated case MD-17-0820A upon receipt of Respondent's
9 reapplication for licensure. Respondent presented the above-referenced supportive
10 information, and additionally presented a fitness for duty evaluation from a Board-
11 approved provider stating that Respondent is safe to practice medicine. Additionally,
12 Respondent continues to voluntarily participate in the Florida Board's monitoring program.

13 29. Respondent presented for a licensing interview with the Board at its
14 December 6, 2017 regular meeting.

15 **CONCLUSIONS OF LAW**

16 a. The Board possesses jurisdiction over the subject matter hereof and over
17 Respondent and may issue probationary licenses pursuant to A.R.S. § 32-1427(H).

18 b. The conduct and circumstances described in MD-15-0627A constitute
19 unprofessional conduct pursuant to A.R.S. § 32-1401(27)(a)("Violating any federal or state
20 laws or rules and regulations applicable to the practice of medicine."). Specifically,
21 Respondent's conduct violated 21 C.F.R. § 1306.05(a)("All prescriptions for controlled
22 substances shall be dated as of, and signed on, the day when issued and shall bear the
23 full name and address of the patient, the drug name, strength, dosage form, quantity
24 prescribed, directions for use, and the name, address and registration number of the
25 practitioner.").

1 c. The conduct and circumstances described in MD-15-0202A and MD-15-
2 0627A constitutes unprofessional conduct pursuant to A.R.S. § 32-1401(27)(e) (“Failing or
3 refusing to maintain adequate records on a patient.”).

4 d. The conduct and circumstances described in MD-15-0202A and MD-15-
5 0627A constitutes unprofessional conduct pursuant to A.R.S. § 32-1401(27)(q) (“Any
6 conduct or practice that is or might be harmful or dangerous to the health of the patient or
7 the public.”).

8 e. Pursuant to A.R.S. § 32-1422(A), “An applicant for a license to practice
9 medicine in this state pursuant to this article shall meet each of the following basic
10 requirements . . . 4. Have a professional record that indicates that the applicant has not
11 committed any act or engaged in any conduct that would constitute grounds for disciplinary
12 action against a licensee under this chapter.”

13 f. Pursuant to A.R.S. § 32-1422(C), “In determining if the requirements of
14 subsection A, paragraph 4 of this section have been met, if the board finds that the
15 applicant committed an act or engaged in conduct that would constitute grounds for
16 disciplinary action, the board shall determine to its satisfaction that the conduct has been
17 corrected, monitored and resolved. If the matter has not been resolved, the board shall
18 determine to its satisfaction that mitigating circumstances exist that prevent its resolution.”

19 **ORDER**

20 IT IS HEREBY ORDERED THAT:

- 21 1. Respondent is issued a Letter of Reprimand.
22 2. Respondent’s application for licensure is granted and is placed under Probation for
23 one year with the following terms and conditions:

24 a. **Chart Reviews**

25 Respondent shall be subject to periodic chart reviews, to be performed by a Board-
approved monitoring company. Respondent shall bear all costs associated with the chart

1 reviews. Based upon the chart review, the Board retains jurisdiction to take additional
2 disciplinary or remedial action against Respondent.

3 **b. Board Approved Psychiatrist**

4 Respondent shall continue treatment with a Board-approved psychiatrist for treatment at a
5 duration and frequency recommended by the treating psychiatrist. Respondent shall
6 authorize the psychiatrist to confirm in writing to Board staff that they have read this Order,
7 and that they agree to summarize results of their therapy and to report back to the Board.
8 Respondent shall instruct the treating psychiatrist to submit quarterly written reports to
9 Board staff regarding Respondent's care and treatment. Respondent shall pay the
10 expenses of treatment and is responsible for paying for the preparation of the quarterly
11 reports. Respondent shall authorize the psychiatrist to communicate with Board staff
12 regarding Respondent's compliance with treatment, and if at any time the psychiatrist finds
13 evidence that Respondent is a safety threat to patients.

14 **c. Obey All Laws**

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

18 **d. Tolling**

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

1 e. Probation Termination

2 Prior to the termination of Probation, Respondent must submit a written request to
3 the Board for release from the terms of this Order. Respondent's request for release will
4 be placed on the next pending Board agenda to determine whether Respondent is eligible
5 for a full, unrestricted Arizona medical license, provided a complete submission is received
6 by Board staff no less than 14 days prior to the Board meeting. Respondent's request for
7 release must provide the Board with evidence establishing that he has successfully
8 obtained a favorable result from the chart reviews and provide a report supporting the
9 termination of monitoring from his treating psychiatrist. The Board has the sole discretion
10 to determine whether all of the terms and conditions of this Order have been met or
11 whether to take any other action that is consistent with its statutory and regulatory
12 authority, including requiring Respondent to complete any additional testing or evaluations
13 in order to demonstrate that he is safe to practice medicine.

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

16 DATED AND EFFECTIVE this 11th day of December, 2017.

17
18 ARIZONA MEDICAL BOARD

19
20 By Patricia E. McSorley
21 Patricia E. McSorley
22 Executive Director
23
24
25

1 **CONSENT TO ENTRY OF ORDER**

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

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

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

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

13 5. All admissions made by Respondent are solely for final disposition of this
14 matter and any subsequent related administrative proceedings or civil litigation involving
15 the Board and Respondent. Therefore, said admissions by Respondent are not intended
16 or made for any other use, such as in the context of another state or federal government
17 regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or
18 any other state or federal court.

19 6. Upon signing this agreement, and returning this document (or a copy thereof)
20 to the Board's Executive Director, Respondent may not revoke the consent to the entry of
21 the Order. Respondent may not make any modifications to the document. Any
22 modifications to this original document are ineffective and void unless mutually approved
23 by the parties.

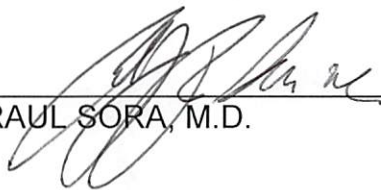
24 7. This Order is a public record that will be publicly disseminated as a formal
25 disciplinary action of the Board and will be reported to the National Practitioner's Data
Bank and on the Board's web site as a disciplinary action.

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

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

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

10 11. ***Respondent has read and understands the conditions of probation.***

11
12 
13 _____
14 RAUL SORA, M.D.

DATED: 12/6/17

14 EXECUTED COPY of the foregoing mailed
15 this 11th day of December, 2017 to:

16 Calvin L. Raup, Esq.
17 Calvin L. Raup, PLLC
18 Biltmore Pavilion, Suite A-114
19 2525 E. Arizona Biltmore Circle
20 Phoenix, AZ 85016
21 Attorney for Respondent

19 ORIGINAL of the foregoing filed
20 this 11th day of December, 2017 with:

21 Arizona Medical Board
22 9545 E. Doubletree Ranch Road
23 Scottsdale, AZ 85258

23 
24 _____
25 Board Staff