

MA A-08

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,
PETITIONER,**

v.

CASE NO. 2006-32754

**HECTOR ROLANDO CORZO, M.D.,
RESPONDENT,**

_____ /

10.16.08

ADMINISTRATIVE COMPLAINT

COMES NOW, Petitioner, Department of Health, by and through its undersigned counsel, and files this Administrative Complaint before the Board of Medicine against the Respondent, Hector Rolando Corzo, M.D., and in support thereof alleges:

1. Petitioner is the state department charged with regulating the practice of medicine pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 458, Florida Statutes.

2. At all times material to this Complaint, Respondent was a licensed physician within the State of Florida, having been issued license number ME 35773.

3. The Respondent's address of record is 7955 66th Street North, Suite C, Pinellas Park, Florida 33781.

4. The Respondent is board certified in Psychiatry by the American Board of Psychiatry and Neurology.

5. On or about September 14, 2006, Patient V.R., a thirty-six (36) year old female voluntarily admitted herself into the general psychiatric unit at Windmoor Healthcare of Clearwater ("Windmoor") due to complaints of being depressed and confused and for cocaine dependence. Patient V.R. indicated upon admission she had been using approximately one hundred dollars (\$100) worth of cocaine per day, and had not slept for three (3) weeks due to overuse and dependence of cocaine. Patient V.R. also advised she had been non-compliant with her medications, and she suffered from chronic back pain.

6. On or about September 14, 2006, the Respondent prescribed the following medications for Patient V.R. upon her admission to Windmoor: Geodon, eighty (80) mg, one (1) to be taken in the morning and two (2) to be taken at bedtime; Abilify, thirty (30) mg daily; Navane, ten (10) mg three (3) times a day; Xanax, two (2) mg four (4) times a day; Ambien, ten (10) mg at bedtime; Artane, two (2) mg daily; Flexeril, ten (10) mg two (2) times a day; Lexapro, ten (10) mg three (3) times a

day; Seroquel, two hundred (200) mg twice daily and two (2) at bedtime; Relafen, five hundred (500) mg two (2) times a day; Skelaxin, eight hundred (800) mg three (3) times a day; Trileptal, three hundred (300) mg twice a day; Strattera, forty (40) mg daily; and Morphine Sulfate ER, thirty (30) mg two (2) times a day.

7. Geodon (Ziprasidone), Abilify (Aripiprazole), Seroquel (Quetiapine), and Navane (Thiothixene) are medications used to treat certain mental/mood disorders such as schizophrenia or manic/mixed episodes associated with bipolar disorder. These drugs are anti-psychotics that work by helping to restore the balance of certain natural substances (neurotransmitters) in the brain.

8. Xanax (Alprazolam) is used to treat anxiety and panic disorders. Xanax is a benzodiazepine which acts on the brain and nerves to produce a calming effect. Ambien (Zolpidem) is used to treat sleep problems (insomnia). Ambien also acts on the brain to produce a calming effect.

9. Artane (Trihexyphenidyl) is used to treat symptoms of Parkinson's disease or involuntary movements due to the side effects of certain psychiatric drugs. Flexeril (Cyclobenzaprine) and Skelaxin (Metaxalone) are medications used to relax muscles. These drugs are

used to decrease muscle pain and spasms associated with strains, sprains, or other muscle injuries.

10. Lexapro (Escitalopram) is an anti-depressant used to treat depression and anxiety. It works by restoring the balance of certain natural substances (neurotransmitters) in the brain. Relafen (Nabumetone) is used to reduce pain, swelling, and joint stiffness from arthritis. Relafen is a non-steroidal anti-inflammatory drug (NSAID).

11. Trileptal (Oxcarbazepine) is a medication used to treat seizure disorders such as epilepsy. Strattera (Atomoxetine) is used to treat attention-deficit hyperactivity disorder (ADHD). Strattera works by helping to restore the balance of neurotransmitters in the brain. Morphine Sulfate ER is a narcotic analgesic (opioid) used to treat moderate to severe pain. It acts upon specific receptors in the brain and spinal cord to decrease the feeling of pain and to reduce the emotional response to pain.

12. On or about September 14, 2006, at approximately 5:30 p.m., the Respondent also ordered the following prescriptions for Patient V.R.: Morphine Sulfate, fifteen (15) mg three (3) times a day and Vicodin 10/750, two (2) times a day. Vicodin is a combination of a narcotic (Hydrocodone) and a non-narcotic (Acetaminophen) used to relieve moderate to severe pain.

13. The Respondent failed to note in Patient V.R.'s medical records an explanation for why he prescribed the patient two (2) short acting opiate medications ("plain" Morphine Sulfate and Vicodin) in addition to a long acting agent (Morphine Sulfate ER).

14. The Respondent inappropriately prescribed scheduled Morphine Sulfate ER, Morphine Sulfate, and Vicodin to Patient V.R. at the same time on or about September 14, 2006. The standard of care typically would be to prescribe a long acting agent (such as Morphine Sulfate ER) with an as needed dose of a short acting agent (such as "plain" Morphine Sulfate or Vicodin).

15. The Respondent failed to note in Patient V.R.'s medical records an explanation for why he prescribed the patient such a large number of medications, particularly four (4) anti-psychotic drugs at once.

16. The Respondent inappropriately prescribed Geodon, Abilify, Seroquel, and Navane to Patient V.R. at the same time on or about September 14, 2006.

17. The Respondent failed to note in Patient V.R.'s medical records an explanation for why he prescribed the patient two (2) muscle relaxant medications (Flexeril and Skelaxin) at the same time.

18. The Respondent inappropriately prescribed Flexeril and Skelaxin to Patient V.R. at the same time on or about September 14, 2006.

19. The Respondent fell below the standard of care by placing Patient V.R. back on the large number of medications described in Paragraphs Six (6) and/or Twelve (12) rather than re-assessing the situation for the patient and starting her gradually on medications.

20. The Respondent failed to address several potential drug-drug interactions when prescribing to Patient V.R. on or about September 14, 2006, and the combination of medications prescribed by the Respondent may have had an overly sedating effect on the patient due to a lack of tolerance for the medications since Patient V.R. admitted being non-compliant in taking her medications upon admission to Windmoor.

21. On or about September 15, 2006, orders were written to discontinue Patient V.R.'s morning dose of Seroquel and Xanax, and the pharmacist at Windmoor requested the Respondent determine whether the patient needed Flexeril and Skelaxin since both were muscle relaxants.

22. The Respondent failed to note a response to the pharmacist's query in Patient V.R.'s medical records.

23. On or about September 16, 2006, at approximately 9:30 a.m., a group progress note regarding Patient V.R. noted she slept during most of the group "due to her medication."

24. On or about September 16, 2006, at approximately 6:30 p.m., a nurse noted in a clinical progress note for Patient V.R. she was "very lethargic" and falling asleep while walking and eating.

25. On or about September 17, 2006, a nurse noted in another clinical progress note for Patient V.R. she was lethargic and "unsteady on feet when she returned from smoke break this a.m." The nurse also indicated Patient V.R. refused to go to breakfast or lunch and she responded with "slurred speech" when asked about going to lunch.

26. On or about September 17, 2006, at approximately 1:15 p.m., a nurse performing a fifteen (15) minute check on Patient V.R. was unable to wake her. Patient V.R.'s pulse was weak and thready and her respiration was shallow. A code and 911 were called, and cardiopulmonary resuscitation (CPR) was begun.

27. On or about September 17, 2006, at approximately 2 p.m., Patient V.R. was transported to Northside Hospital in Tampa, Florida, where she was pronounced dead on arrival.

28. On or about September 17, 2006, at approximately 1:45 p.m., a nurse noted on the interfacility transfer form for Patient V.R. “? over medicated” as the transfer diagnosis (per physician).

29. On or about September 18, 2006, at approximately 9:40 a.m., an autopsy was performed on Patient V.R. The medical examiner noted the patient’s cause of death as Hydrocodone toxicity and the manner of death as an accident. The examiner found Patient V.R. had an extremely high blood opiate level.

COUNT ONE

30. Petitioner realleges and incorporates paragraphs one (1) through twenty-nine (29) as if fully set forth herein.

31. Section 458.331(1)(t), Florida Statutes (2006), subjects a doctor to discipline for committing medical malpractice as defined in Section 456.50. Section 456.50, Florida Statutes (2006), defines medical malpractice as the failure to practice medicine in accordance with the level of care, skill, and treatment recognized in general law related to health care licensure.

32. Level of care, skill, and treatment recognized in general law related to health care licensure means the standard of care specified in Section 766.102. Section 766.102(1), Florida Statutes (2006), defines the

standard of care to mean “. . . The prevailing professional standard of care for a given health care provider shall be that level of care, skill, and treatment which, in light of all relevant surrounding circumstances, is recognized as acceptable and appropriate by reasonably prudent similar health care providers. . . .”

33. Respondent failed to meet the prevailing standard of care in regard to Patient V.R. in one or more of the following ways: by placing Patient V.R. back on the large number of medications described in Paragraphs Six (6) and/or Twelve (12) rather than re-assessing the situation for the patient and starting her gradually on medications; by prescribing scheduled Morphine Sulfate ER, Morphine Sulfate, and Vicodin to Patient V.R. at the same time on or about September 14, 2006, when the standard of care typically would be to prescribe a long acting agent (such as Morphine Sulfate ER) with an as needed dose of a short acting agent (such as “plain” Morphine Sulfate or Vicodin); by prescribing Geodon, Abilify, Seroquel, and Navane to Patient V.R. at the same time on or about September 14, 2006; by prescribing Flexeril and Skelaxin to Patient V.R. at the same time on or about September 14, 2006; and/or by failing to address several potential drug-drug interactions when prescribing to Patient V.R. on or about September 14, 2006.

34. Based on the foregoing, the Respondent has violated Section 458.331(1)(t), Florida Statutes (2006), by committing medical malpractice.

COUNT TWO

35. Petitioner realleges and incorporates paragraphs one (1) through twenty-nine (29) as if fully set forth herein.

36. Section 458.331(1)(q), Florida Statutes (2006), provides prescribing, dispensing, administering, mixing, or otherwise preparing a legend drug, including any controlled substance, other than in the course of the physician's professional practice constitutes grounds for disciplinary action by the Board of Medicine. For the purposes of this paragraph, it shall be legally presumed that prescribing, dispensing, administering, mixing, or otherwise preparing legend drugs, including all controlled substances, inappropriately or in excessive or inappropriate quantities is not in the best interest of the patient and is not in the course of the physician's professional practice, without regard to his or her intent.

37. The Respondent prescribed, dispensed, administered, mixed, or otherwise prepared a legend drug, including any controlled substance, other than in the course of the physician's professional practice in one or more of the following ways: by prescribing scheduled Morphine Sulfate ER, Morphine Sulfate, and Vicodin to Patient V.R. at the same time on or

about September 14, 2006, when the standard of care typically would be to prescribe a long acting agent (such as Morphine Sulfate ER) with an as needed dose of a short acting agent (such as "plain" Morphine Sulfate or Vicodin); by prescribing Geodon, Abilify, Seroquel, and Navane to Patient V.R. at the same time on or about September 14, 2006; by prescribing Flexeril and Skelaxin to Patient V.R. at the same time on or about September 14, 2006; and/or by failing to address several potential drug-drug interactions when prescribing to Patient V.R. on or about September 14, 2006.

38. Based on the foregoing, the Respondent has violated Section 458.331(1)(q), Florida Statutes (2006), by prescribing, dispensing, administering, mixing, or otherwise preparing a legend drug, including any controlled substance, for Patient V.R. other than in the course of the physician's professional practice.

COUNT THREE

39. Petitioner realleges and incorporates paragraphs one (1) through twenty-nine (29) as if fully set forth herein.

40. Section 458.331(1)(m), Florida Statutes (2006), provides failing to keep legible, as defined by department rule in consultation with the board, medical records that identify the licensed physician or the physician

extender and supervising physician by name and professional title who is or are responsible for rendering, ordering, supervising, or billing for each diagnostic or treatment procedure and that justify the course of treatment of the patient, including, but not limited to, patient histories; examination results; test results; records of drugs prescribed, dispensed, or administered; and reports of consultations and hospitalizations constitutes grounds for disciplinary action by the Board of Medicine.

41. The Respondent failed to keep legible medical records that identify the licensed physician or the physician extender and supervising physician by name and professional title who is or are responsible for rendering, ordering, supervising, or billing for each diagnostic or treatment procedure and that justify the course of treatment of the patient in one or more of the following ways: by failing to note in Patient V.R.'s medical records an explanation for why he prescribed the patient two (2) short acting opiate medications ("plain" Morphine Sulfate and Vicodin) in addition to a long acting agent (Morphine Sulfate ER); by failing to note in Patient V.R.'s medical records an explanation for why he prescribed the patient such a large number of medications, particularly four (4) anti-psychotic drugs at once; and/or by failing to note in Patient V.R.'s medical

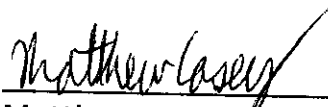
records an explanation for why he prescribed the patient two (2) muscle relaxant medications (Flexeril and Skelaxin) at the same time.

42. Based on the foregoing, the Respondent has violated Section 458.331(1)(m), Florida Statutes (2006), by failing to keep legible medical records that identify the licensed physician or the physician extender and supervising physician by name and professional title who is or are responsible for rendering, ordering, supervising, or billing for each diagnostic or treatment procedure and that justify the course of treatment of Patient V.R.

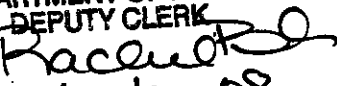
WHEREFORE, the Petitioner respectfully requests that the Board of Medicine enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 13th day of June, 2008.

Ana M. Viamonte Ros, M.D., M.P.H
State Surgeon General



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DATE 6.16.08

PCP Date: June 13, 2008

PCP Members: Ashkar, Chizner & Beebe

NOTICE OF RIGHTS

Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.

NOTICE REGARDING ASSESSMENT OF COSTS

Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.