BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF IOWA

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IN THE MATTER OF A STATEMENT OF CHARGES AGAINST

RONALD P. MCPIKE, D.O., RESPONDENT

FILE Nos. 03-00-1063, 03-00-1090, 03-02-122, 03-02-614, 03-03-327, 03-03-481, 03-04-413

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STATEMENT OF CHARGES,

SETTLEMENT AGREEMENT and FINAL ORDER (combined)

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COMES NOW the Iowa Board of Medical Examiners (the Board), and Ronald P. McPike, D.O., (Respondent), on June 2, 2005, and pursuant to Iowa Code sections 17A.10(2) and 272C.3(4)(2005), file this combined Statement of Charges, Settlement Agreement and Final Order.

STATEMENT OF CHARGES

1. Respondent was issued license number 02980 to practice medicine and surgery in Iowa on October 10, 1995.

2. Respondent's Iowa medical license will next expire on October 1, 2005.

3. The Board has jurisdiction in this matter pursuant to Iowa Code Chapters 147, 148 and 272C.

COUNT I

4. Respondent is charged under Iowa Code sections 147.55(3) and 272C.10(3) (2005) and 653 IAC sections 12.4(3) and (36) with engaging in unethical and /or unprofessional conduct.

COUNT II

5. Respondent is charged with professional incompetency pursuant to Iowa Code section 147.55(2), 148.6(2)(g) and (i) and 272C.10(2) (2005), and 653 IAC sections 12.4(2)(a), (b), (c), and (d), by demonstrating one or more of the following:

A. A substantial lack of knowledge or ability to discharge professional obligations within the scope of the physician's or surgeon's practice;

B. A substantial deviation from the standards of learning or skill ordinarily possessed and applied by other physicians or surgeons in the state of Iowa acting in the same or similar circumstances;

C. A failure by a physician or surgeon to exercise in a substantial respect that degree of care which is ordinarily exercised by the average physician or surgeon in the state of Iowa acting in the same or similar circumstances; and

D. A willful or repeated departure from, or the failure to conform to, the minimal standard of acceptable and prevailing practice of medicine and surgery in the state of Iowa.

COUNT III

6. Respondent is charged under Iowa Code section 147.55(3) (2005) and 653 IAC section 12.4(3) with engaging in practice harmful or detrimental to the public.

CIRCUMSTANCES

7. Respondent is an Iowa licensed physician practicing psychiatry in Burlington, Iowa.

8. The Board received information which indicates that Respondent has engaged in unethical and/or unprofessional conduct.

9. Respondent was cited for a parking violation and required to pay a $5.00 fine by the Burlington Iowa Police Department. Respondent paid the $5.00 parking ticket with five $1.00 bills which had been smeared with human fecal matter. Criminal charges were filed against Respondent and he pleaded guilty of harassment of a public official.

10. The Board has received additional information which raises serious concerns that Respondent has engaged in a pattern of inappropriate behavior.

11. On February 10, 2005, based on the information above, and pursuant to Iowa Code section 148.6(2)(h)(2005), the Board ordered Respondent to successfully complete a comprehensive physical, neuropsychological and substance abuse evaluation at a Board-approved professional assessment program and cause a copy of the report of said evaluation to be forwarded to the Board upon completion of the evaluation.

12. The assessment program concluded that Respondent demonstrates serious character deficits which negatively impact his medical practice. The assessment program

recommended that Respondent discontinue the practice of medicine until he has successfully completed residential treatment. The assessment program also recommended that Respondent be monitored by the Board and obtain appropriate treatment for Attention-Deficit Disorder and other health concerns.

13. The Board received information which raised serious concerns that Respondent engaged in a pattern of professional incompetency and practice harmful and/or detrimental to the public in his treatment of several patients.

14. The Board appointed a peer review committee to review Respondent's care and treatment of numerous patients. Recently, the Board reviewed the peer review report and determined that Respondent engaged in a pattern of professional incompetency and practice harmful and/or detrimental to the public in his care and treatment of several patients, including but not limited to the following:

A. inappropriate prescribing practices;

B. inappropriate diagnostic practices; and/or

C. inappropriate substance abuse treatment awareness;

Patient #1: Patient #1 was diagnosed with bipolar I disorder, generalized anxiety disorder, and panic disorder with agoraphobia. Respondent prescribed Trileptal (1500 mg/daily), alprazolam, a benzodiazepine and abusable drug (4 mg/daily), and Gabatril (8 mg/daily). The Board received information alleging that Respondent prescribed alprazolam, a benzodiazepine and abusable drug, "like candy."

Respondent inappropriately failed prescribe a serotonin re-uptake inhibitor antidepressant, the treatment of choice for Patient #1's panic disorder.

Patient #2: Respondent initially diagnosed Patient #2 with generalized anxiety disorder, depressive disorder not otherwise specified, and a history of antisocial traits. Respondent treated Patient #2 with amitriptyline (100 mg twice daily) and alprazolam, a benzodiazepine, an abusable drug, (0.5 mg twice daily). When Patient #2 complained of high anxiety, Reposnent increased the alprazolam up to (1 mg in the morning) and (2.5 mg in the evening). Patient #2 repeatedly requested early refills of his medications, frequently using very poor excuses. Patient #2 was subsequently admitted to the hospital after consuming 153 1 mg alprazolam tablets and 41 oxazepam 15 mg tablets over two-days. Patient #2 admitted to methamphetamine abuse and past polysubstance abuse. He was diagnosed with benzodiazepine dependence and antisocial personality disorder. Doctors recommended that Patient #2 taper and discontinue all abusable medications. Patient #2 returned to Respondent for treatment three years later. Respondent prescribed an even higher dose of alprazolam, the drug Patient #2 had abused in the past and Ritalin, a psychostimulant, despite Patient #2's lengthy drug abuse history, other physicians discontinuing his use of abusable medications and the presence of anti-social personality disorder. Respondent later terminated Patient #2 from his care due to medication abuse.

Respondent failed to diagnose and/or address Patient #2's substance abuse. Respondent inappropriately continued to prescribe abusable drugs to Patient #2 despite clear signs of abuse. Respondent inappropriately increased the dosage of alprazolam despite the

fact that Patient #2 had been hospitalized following a serious overdose of the drug, was diagnosed with benzodiazepine dependence and other physicians had discontinued the use of the drug.

Patient #3: Respondent diagnosed Patient #3 with attention deficit hyperactivity disorder (ADHD), dysthymic disorder, post-traumatic stress disorder, generalized anxiety disorder and conduct disorder. The records suggest that Patient #3 had a history of marijuana abuse and diazepam overdose. Patient #3 also had a history of childhood conduct disorder with ongoing behavioral problems suggesting a likely diagnosis of antisocial personality disorder. Respondent treated Patient #3 with two benzodiazepines (alprazolam 4 mg/daily, diazepam 20 mg/bedtime) and Tylenol #3 and Darvon concurrently. Respondent presumably prescribed the Tylenol #3 and Darvon for headaches.

Respondent inappropriately failed to recognize and/or address Patient #3's prior drug abuse history. Respondent inappropriately treated Patient #3 with multiple abusable drugs even though abusable drugs were contraindicated due to Patient #3's substance abuse history. Respondent inappropriately treated Patient #3 with multiple abusable medications without documenting the indications for the medications and appropriate monitoring of Patient #3's use of the drugs. Respondent failed to appropriately diagnose and treat Patient #3 for antisocial personality disorder. Respondent inappropriately treated Patient #3 with multiple abusable medications even though such drugs were contraindicated due to Patient #3's likely diagnosis of antisocial personality disorder. Respondent inappropriately prescribed Tylenol #3 and Darvon without documenting the indications for the medications.

Patient #4: Respondent diagnosed Patient #4 with intermittent explosive disorder and general anxiety disorder. Respondent prescribed diazepam (30 mg/daily) and Risperdal (0.5 mg/daily) and Patient #4 was considered to be doing well. Respondent briefly prescribed the benzodiazepines clonazepam and diazepam simultaneously.

Respondent's records fail to support the diagnoses of intermittent explosive disorder and general anxiety disorder. Respondent inappropriately failed to explore possible substance abuse by Patient #4, particularly, given Respondent's patient population and Patient #4's diagnoses.

Patient #5: Respondent diagnosed diagnosed Patient #5 with bipolar I disorder with psychotic features, general anxiety disorder, and post-traumatic stress disorder. Respondent prescribed Abilify (7.5 mg/daily), lithium carbonate (900 mg/daily), Trileptal (900 mg/daily), Effexor (150 mg/daily), diazepam (15 mg/morning), afternoon, and evening, and (20 mg/bedtime) (total 65 mg). Patient #5's clinical history suggests an Axis II diagnosis of borderline personality disorder.

Respondent inappropriately failed to recognize, considered or address a possible borderline personality disorder diagnosis despite significant clinical evidence. Respondent inappropriately utilized multiple medications, including two mood stabilizers, an antipsychotic, an antidepressant, and an anxiolytic, without documenting appropriate indications for use of the drugs and/or Patient #5's treatment response to the medications. Respondent inappropriately failed to explore possible substance abuse by Patient #5, particularly, given the nature of the abusable drugs he prescribed.

Patient #6: Respondent diagnosed Patient #6 with post-traumatic stress disorder, panic disorder with agoraphobia, and recurrent major depressive disorder. Respondent prescribed Gabatril (8 mg/daily), alprazolam (8 mg/daily), and citalopram (40 mg/daily). Respondent's notes indicate that he tried to decrease her alprazolam dosage, but she developed increased "problems with daily living". It is not clear what this means.

Respondent inappropriately treated Patient #6 with high doses of alprazolam, a benzodiazepine and abusable drug, without documenting appropriate indications for the drug. Respondent inappropriately failed to take and/or document appropriate efforts to reduce the high dosages of drugs Patient #6 was taking and/or Respondent inappropriately failed to document the reason efforts to reduce the drugs might have failed. Respondent inappropriately failed to consider and/or documenting consideration of alternative treatments.

Patient #7: Respondent diagnosed Patient #7 with major depressive disorder, post-traumatic stress disorder, generalized anxiety disorder and panic disorder with agoraphobia. The records indicate that Patient #7 had a history of barbiturate dependence. Respondent treated Patient #7 with lorazepam (12 mg/daily), paroxetine (50 mg/daily), trazodone (400 mg/nightly), and quetiapine (150 mg/daily). Patient #7 received other medications from another physician including Dilantin, Lipitor, Atenolol, Vicodin, Robaxin, and Lasix. The records indicate that Respondent prescribed Donnatal to Patient #7 as well, a compound used to treat irritable bowel syndrome, and which contains Phenobarbital, an abusable drug.

Respondent inappropriately prescribed numerous abusable drugs to Patient #7, a known susbsance abuser, without appropriately addressing and/or documenting the

complexities of utilizing such drugs with a patient with a documented substance abuse history. Further, Respondent inappropriately failed to consider and/or document consideration alternative treatments (e.g., cognitive behavioral therapy). Respondent inappropriately failed to maintain adequate clinical notes explaining his treatment of Patient #7.

Patient #8: Respondent treated Patient #8 with increasingly high doses of diazepam (eventually 80/mg daily) for over three years. Patient #8 had a long history of alcohol abuse and Patient #8's primary care physician contacted Respondent to express concerns that Patient #8 appeared overmedicated. There is no documentation that Respondent responded to these concerns. Patient #8 was admitted to the hospital with a blood alcohol level of .166 after having attempted suicide with an overdose of diazepam. Patient #8 was seen by Respondent ten (10) days later and there was no indication that Respondent discussed Patient #8's substance abuse problem, referred her for substance abuse treatment and/or made any effort to decrease the high dose of diazepam Respondent had prescribed.

Respondent inappropriately failed to recognize and/or address Patient #8's obvious substance abuse problems. Respondent inappropriately prescribed increasingly high doses of diazepam (eventually 80/mg daily) for Patient #8 despite a history substance abuse, concerns expressed by other healthcare providers that Patient #8 appeared overmedicated, and a suicide attempt.

SETTLEMENT AGREEMENT

15. **CITATION AND WARNING**: Respondent is hereby **CITED** for engaging in professional incompetency, unprofessional conduct and practice harmful and/or detrimental to the public. Respondent is hereby **WARNED** that evidence of such conduct in the future may result in further formal disciplinary action, including suspension or revocation of your Iowa medical license.

16. **INDEFINITE SUSPENSION**: Immediately upon the Board's approval of this combined Statement of Charges, Settlement Agreement and Final Order, Respondent's Iowa medical license shall be **indefinitely suspended**. Respondent shall not engage in any aspect of the practice of medicine during the period of suspension.

17. **RESIDENTIAL TREATMENT:** Prior to seeking reinstatement of his Iowa medical license, Respondent shall successfully complete residential treatment at a Board-approved treatment program as recommended by the assessment program and demonstrate that he is safe of return to the practice of medicine. Respondent shall fully comply with all recommendations made by assessment and treatment programs.

18. **COMPREHENSIVE COMPETENCY EVALUATION**: Prior to seeking reinstatement of his Iowa medical license, Respondent shall successfully complete a comprehensive competency evaluation at the Center for Personalized Educational for Physicians (CPEP) in Denver, Colorado. Upon completion of the evaluation a written report shall be provided to the Board by CPEP which identifies any areas of deficiency. If areas of deficiency are identified, and it is recommended, Respondent shall submit, for Board

approval, a formal educational plan which addresses all identified areas of deficiency. Respondent shall fully comply with all recommendations made by CPEP and the Board following the evaluation, including any program of remediation, treatment or counseling. All costs associated with the evaluation shall be respondent's responsibility.

19. **REINSTATEMENT:** Upon successful completion of the residential treatment and the competency evaluation, Respondent may seek reinstatement of his Iowa medical license pursuant to the provisions of Iowa Code section 148.9 (2003) and 653 IAC 12.40.

20. **FIVE YEARS PROBATION**: Upon reinstatement of Respondent's license, Respondent's Iowa medical license shall be placed on **probation for a period of five (5) years** subject to the following terms and conditions:

A. **Monitoring Program**: Respondent shall contact the Coordinator of Monitoring Programs, Iowa Board of Medical Examiners, 400 SW 8th Street, Suite C, Des Moines, IA 50309-4686, Ph.#515-281-6491 to establish a monitoring program. Respondent shall fully comply with all requirements of the monitoring program.

B. **Recommendations of CPEP and the Board**: Respondent shall fully comply with all recommendations made by CPEP and the Board following the evaluation, including any program of remediation, treatment or counseling. Respondent shall fully comply with any other healthcare professionals who participate in any remediation, treatment or counseling.

C. **CIVIL PENALTY:** Prior to reinstatement of his license, Respondent shall be assessed a civil penalty in the amount of **$10,000**. The civil penalty shall be paid by delivery of a check or money order, payable to the Treasurer of Iowa, to the executive director of the Board. The civil penalty shall be deposited into the State General Fund.

D. **Worksite Monitor**: Respondent shall submit for Board approval the name of a physician or other Board-approved healthcare professional who regularly observes and/or supervises Respondent in a practice setting to serve as worksite monitor. Respondent hereby gives the Board a release to provide the worksite monitor a copy of all Board orders relating to this matter. The worksite monitor shall provide a written statement indicating that the monitor has read and understands the Board orders relating to this disciplinary action and agrees to act as the worksite monitor under the terms of this agreement. The worksite monitor shall agree to inform the Board immediately if there is evidence of inappropriate behavior, professional misconduct, a violation of the terms of this Settlement Agreement or any violation of the laws and rules governing the practice of medicine. The monitor shall agree to submit written quarterly reports to the Board concerning Respondent's progress. The reports shall be filed with the Board not later than 1/20, 4/20, 7/20 and 10/20 of each year of Respondent's probation.

E. **Quarterly Reports**: Respondent shall file sworn quarterly reports attesting to his compliance with all the terms and conditions of this Settlement Agreement. The reports shall be filed not later than 1/10, 4/10, 7/10 and 10/10 of each year for the duration of the period of probation.

F. **Board Appearances**: Respondent shall appear before the Board annually or upon request of the Board for the duration of the period of probation. Respondent shall be given reasonable notice of the date, time and location for the appearances. Said appearances shall be subject to the waiver provisions of 653 IAC 12.6(6)(d).

G. **Monitoring Fee:** Respondent shall make a payment of $100 to the Board each quarter for the duration of this Order to cover the Board's monitoring expenses in this matter. The Monitoring Fee shall be received by the Board no later than the 15th of the month three months after the date of this order and every quarter thereafter. The Monitoring Fee shall be sent to: Coordinator of Monitoring Programs, Iowa Board of Medical Examiners, 400 SW 8th Street, Suite C, Des Moines, IA 50309-4686. The check shall be made payable to the Iowa Board of Medical Examiners. The Monitoring Fee shall be considered repayment receipts as defined in Iowa Code section 8.2.

21. Respondent shall obey all federal, state and local laws, and all rules governing the practice of medicine in Iowa.

22. In the event Respondent leaves Iowa to reside or practice outside the state, Respondent shall notify the Board in writing of the dates of departure and return. Periods of residence or practice outside the state of Iowa will not apply to the duration of the Settlement Agreement and Final Order.

23. In the event Respondent violates or fails to comply with any of the terms or conditions of this Settlement Agreement and Final Order, the Board may initiate action to suspend or revoke the Respondent's Iowa medical license or to impose other license discipline as authorized in Iowa Code Chapters 148 and 272 and 653 IAC 12.2.

24. Upon full compliance with the terms of this combined Statement of Charges, Settlement Agreement and Final Order, and upon expiration of the period of probation, Respondent's Iowa medical license shall be restored to its full privileges free and clear of the terms of probation.

25. This combined Statement of Charges, Settlement Agreement and Final Order constitutes the resolution of a contested case proceeding.

26. By entering into this combined Statement of Charges, Settlement Agreement and Final Order, Respondent voluntarily waives any rights to a contested case hearing on the allegations contained in the Statement of Charges, and waives any objections to the terms of this Settlement Agreement.

27. This combined Statement of Charges, Settlement Agreement and Final Order, is voluntarily submitted by Respondent to the Board for consideration.

28. This combined Statement of Charges, Settlement Agreement and Final Order, is subject to approval of the Board. If the Board fails to approve this Settlement Agreement and Final Order, it shall be of no force or effect to either party.

29. The Board's approval of this combined Statement of Charges, Settlement Agreement and Final Order shall constitute a Final Order of the Board.

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Ronald P. McPike, M.D., Respondent

Subscribed and sworn to before me on _____, 2005.

Notary Public, State of _____.

This combined Statement of Charges, Settlement Agreement and Final Order is approved by the Board on _____, 2005.

_____
Bruce L. Hughes, M.D., Chairperson
Iowa Board of Medical Examiners
400 S.W. 8th Street, Suite C
Des Moines, IA 50309-4686

Ronald P. McPike, M.D., Respondent

Subscribed and sworn to before me on May 31, 2005.

Notary Public, State of Iowa

AMBER TROUTMAN
Commission Number 709750
My Commission Expires
May 8 2007

This combined Statement of Charges, Settlement Agreement and Final Order is approved by the Board on June 2, 2005.

Bruce L. Hughes, M.D., Chairperson
Iowa Board of Medical Examiners
400 S.W. 8th Street, Suite C
Des Moines, IA 50309-4686