

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF PROFESSIONAL LICENSING  
BOARD OF MEDICINE  
DISCIPLINARY SUBCOMMITTEE

In the Matter of

MARK VERNON BUZZARD, M.D.  
License No. 43-01-059398

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Complaint No. 43-14-133534

ADMINISTRATIVE COMPLAINT

Attorney General Bill Schuette, through Assistant Attorney General Andrew J. Hudson, on behalf of the Department of Licensing & Regulatory Affairs, Bureau of Professional Licensing, Complainant, files this Complaint against Mark Vernon Buzzard, M.D., Respondent, alleging upon information and belief as follows:

1. The Board of Medicine, an administrative agency established by the Public Health Code, 1978 PA 368, as amended, MCL 333.1101 *et seq*, is empowered to discipline licensees under the Code through its Disciplinary Subcommittee.

2. Respondent is currently licensed to practice medicine pursuant to the Public Health Code and at all times relevant to this complaint, practiced as a psychiatrist in West Bloomfield, MI. His license to practice medicine is currently on probationary status due to a May 21, 2014 Board Order, which was imposed after Respondent pled no contest to inappropriate prescribing of controlled substances and inadequate documentation.

3. Methylphenidate hydrochloride (Ritalin) is a schedule II controlled substance used in the treatment of attention deficit hyperactivity disorder.

4. Oxycodone products, such as Percocet, are schedule 2 controlled substances used for the treatment of pain.

5. MS Contin (morphine sulfate) is a schedule 2 controlled substance used in the management of severe pain for which alternative treatment options are inadequate. It is classified as an opioid.

6. Methadone (Dolophine) is a schedule 2 controlled substance used as a pain reliever and as a part of drug addiction detoxification and maintenance program.

7. Alprazolam (Xanax) is a schedule 4 controlled substance used in the treatment of anxiety. It is classified as a benzodiazepine.

8. Carisoprodol (Soma) is a schedule 4 controlled substance and muscle relaxant used for short term relief of skeletal muscle pain.

9. Lyrica is a schedule 5 controlled substance used for treatment of neuropathic pain and generalized anxiety disorder.

10. Section 16221(a) of the Code provides the disciplinary subcommittee with authority to take disciplinary action against Respondent for a violation of general duty, consisting of negligence or failure to exercise due care, including negligent delegation to, or supervision of employees or other individuals, whether or not injury results, or any conduct, practice, or condition which impairs, or may impair, the ability to safely and skillfully practice medicine.

11. Section 16621(b)(i) of the Code provides the disciplinary subcommittee with authority to take disciplinary action against Respondent for incompetence, defined at section 16106(1) to mean a "departure from, or failure to conform to, minimal standards of acceptable and prevailing practice for a health profession whether or not actual injury to an individual occurs."

12. Section 16221(c)(iv) of the Code provides the disciplinary subcommittee with authority to take disciplinary action against Respondent for selling, prescribing, giving away, or administering drugs for other than lawful, diagnostic, or therapeutic purposes.

13. Mich Admin Code, R 338.1632 indicates that a violation of a final order issued by a disciplinary subcommittee, board, or task force constitutes a violation of this rule.

14. Section 16221(h) of the Code provides the disciplinary subcommittee with authority to take disciplinary action against Respondent for a violation, or aiding or abetting in a violation, of article 15 or of a rule promulgated under article 15.

15. Section 16233(5) of the Public Health Code provides for the summary suspension of a license, reading, in pertinent part, as follows:

After consultation with the chair of the appropriate board or task force or his or her designee, the department may summarily suspend a license or registration if the public health, safety, or welfare requires emergency action in accordance with section 92 of the Administrative Procedures Act of 1969, being section 24.292 of the Michigan Compiled Laws. If a licensee or registrant is convicted of a felony; a

misdemeanor punishable by imprisonment for a maximum term of 2 years; or a misdemeanor involving the illegal delivery, possession, or use of a controlled substance, the department shall find that the public health, safety, or welfare requires emergency action and, in accordance with section 92 of the Administrative Procedures Act of 1969, shall summarily suspend the licensee's license or the registrant's registration.

16. Section 16226 of the Code authorizes the disciplinary subcommittee to impose sanctions against persons licensed by the Board, if after opportunity for a hearing, the DSC determines that a licensee violated one or more of the subdivisions contained in section 16221 of the Code.

#### Factual Allegations

##### Patient A.D.

17. On or about October 25, 2012, Respondent saw patient A.D. (initials used to protect patient confidentiality) for an initial examination. He diagnosed A.D. with generalized anxiety disorder; panic disorder; lumbar disc displacement; lumbar/lumbosacral disc degeneration; lumbosacral neuritis or radiculopathy; myalgia and myositis.

18. At this initial visit, A.D. divulged a history of obtaining controlled substances illicitly, yet Respondent prescribed for A.D. Oxycodone HCl 30 mg, 300 tablets; Xanax 1mg, 135 tablets; and Lyrica 200 mg, 30 tablets. He also failed to obtain vital signs, a MAPS report, or a urine drug screen. In fact, Respondent did not order a urine drug screen of A.D. until 8 months after A.D.'s initial visit.



19. In an interview with a Bureau investigator, Respondent indicated that he did not review A.D.'s medical records from her prior physician because A.D. did not have those records. She reported that her prior physician had closed his practice. Respondent failed to contact the prior physician and request A.D.'s records.

20. On August 29, 2013, A.D. reported difficulty with focus and concentration. Respondent documented a rule-out diagnosis of attention deficit hyperactivity disorder.

21. On September 25, 2013, Respondent issued a prescription for Ritalin 10 mg three times daily, 120 tablets to A.D. without documenting any other history of ADHD, considering medications that are not controlled substances, or referring A.D. for neuropsychological testing. On this date, Respondent also wrote prescriptions to A.D. for alprazolam 1 mg, 126 tablets; methadone hydrochloride 10mg, 120 tablets; and oxycodone 30 mg, 210 tablets.

22. On October 22, 2013, A.D. reported decreased procrastination and improvement in staying on task.

23. On November 20, 2013, A.D. reported decreased concentration and focus. Respondent doubled her Ritalin prescriptions to 20 mg, three times daily. Follow-up urine screens failed to test if A.D. was actually taking the Ritalin.

24. On June 4, 2014, Respondent began prescribing MS Contin to A.D. in addition to her regular prescriptions for Ritalin, methadone, oxycodone, and alprazolam.

25. On July 2, 2014, Respondent issued prescriptions to A.D. for MS Contin, methadone, oxycodone, and Percocet at dosages that combined for a morphine equivalent of 667.5 mg / day.

Patient T.P.

26. A.D. referred her husband T.P. to Respondent for treatment.

27. On January 23, 2013, Respondent performed a history, mental status, and physical examination of T.P., who reported taking methadone 10 mg, 3 times per day and oxycodone 30 mg, 2 tablets, four times per day. T.P. indicated that these were "street meds only." T.P. also told Respondent he had a prescription for Dilaudid 40 mg per day.

28. In this initial visit, Respondent obtained and reviewed a MAPS report on T.P., which revealed that between December 2011-December 2012, T.P. filled 37 prescriptions for 5 different controlled substances from 9 different providers at 4 different pharmacies. The MAPS report did not confirm T.P.'s report of a current prescription for Dilaudid. In spite of this information and T.P.'s self-report of "street meds", Respondent failed to obtain a urine drug screen from T.P. or begin any drug testing of T.P. until 7 months after his initial visit.

29. Additionally, in a medical questionnaire, T.P. did not answer whether he experienced "blackouts, medical problems from drinking, DTs, and whether he had a DUI/DWI." Respondent failed to document any follow up to T.P.'s lack of a response. Four months later, T.P. revealed that he had three DUI convictions dating back to the early 1990s, leading to a suspended driver's license.

30. In this initial visit, Respondent issued prescriptions to T.P. for oxycodone 30 mg, 2 tablets 4 times daily and 1 tablet at bedtime; and methadone 10 mg, 1 tablet in the morning and 2 at bedtime. This potentially lethal combination of opioids was not justified in light of T.P.'s past diagnostic testing, reported history of illicit drug use, and MAPS report.

31. On April 24, 2013, T.P. reported to Respondent that his medications had been stolen.

32. On July 22, 2013, T.P. called Respondent's office and requested a prescription for Xanax by name.

33. On August 29, 2013, Respondent issued a prescription for Xanax 2 mg, 84 tablets, to T.P. and continued to authorize such prescriptions at that dose on a monthly basis thereafter.

34. On February 10, 2014, T.P. reported to Respondent that he had been taking more oxycodone daily than prescribed. Respondent documented this incident as a "misunderstanding" and wrote T.P. a prescription that included 14 extra pills. Respondent also increased T.P.'s dosage of oxycodone by 15 mg.

35. On February 12, 2014, a pharmacist called Respondent's office to report that T.P. was requesting specific brands and colors of medication.

36. On March 12, 2014, T.P. asked Respondent to write a letter for T.P.'s attorney in light of a recent traffic stop of T.P. for impaired driving.

37. On April 22 and 30, 2014, Respondent ordered urine drug screens of T.P., which came back positive for opioids other than T.P.'s prescribed medications. T.P. admitted that he had taken his mother's medications.

38. On July 31, 2014, Respondent continued the pattern of issuing prescriptions to T.P. for oxycodone, methadone, MS Contin at dosages which combined for a morphine equivalent of 525 mg / day.

#### Child Protective Services Investigation

39. On April 9, 2014, T.P. told A.D. and their children that someone was outside of their home attempting to break in. The other family members did not see anyone near the home. T.P. and A.D. gathered their belongings and medication and drove to a nearby hotel to stay the night. T.P. and A.D. later called law enforcement because they could not find their youngest daughter, H.P. When law enforcement questioned T.P. and A.D., they could not remember where they were before arriving at the hotel or the last time they saw H.P. Law enforcement observed that both presented as under the influence of narcotics. H.P. was later discovered alone at the family home.

40. Family members reported to child protective services that both T.P. and A.D. abuse their prescription drug medications. Specifically, family members noted that T.P. behaves erratically after taking his medication.

41. During an interview with a Bureau investigator, Respondent indicated that he was aware of the CPS investigation of A.D. and T.P. Despite this and the other warning signs detailed above, Respondent maintained that A.D. and T.P. are not abusing their medications.

#### Violation of previous consent order

42. Respondent's May 21, 2014 Board Order required him to, among other things, comply with the Public Health Code and submit to quarterly reviews of his practice by a physician designated by Affiliated Monitors.

43. The designated physician reviewed random samplings of Respondent's patient charts, met with Respondent, and submitted reports of her findings in February, May, and October 2015.

44. The designated physician noted the following deficits in Respondent's practice:

- a. Prescribing large quantities and high dosages of opioid medications without justification
- b. Lacking clear treatment goals
- c. No evidence of consideration for alternative treatments instead of or in addition to pharmaceutical management
- d. Illegible charting

- e. Failure to consistently monitor patients for substance abuse

45. The designated physician attempted to complete her fourth scheduled review of Respondent's practice but was unable to do so. Respondent's office manager indicated that Respondent had stopped practicing and could not access his records after federal agents raided his clinic and seized patient charts.

#### Pending criminal charges

46. On December 16, 2015, federal authorities issued criminal charges against Respondent and other defendants alleging a scheme and pattern of illegal conduct involving the unlawful distribution of Schedule 2 and 4 controlled substances.

#### Count I

47. Respondent's conduct as described above constitutes negligence or failure to exercise due care in violation of section 16221(a) of the Code.

#### Count II

48. Respondent's conduct as described above constitutes incompetence in violation of section 16221(b)(i) of the Code.

### Count III

49. Respondent's conduct as described above constitutes selling, prescribing, giving away, or administering drugs for other than lawful diagnostic or therapeutic purposes in violation of section 16221(c)(iv) of the Code.

### Count IV

50. Respondent's conduct as described above constitutes a violation of a final order issued by a disciplinary subcommittee, board, or task force, contrary to Mich Admin Code, R 338.1632, in violation of section 16221(h) of the Code.

THEREFORE, Complainant requests that this Complaint be served upon Respondent and that Respondent be offered an opportunity to show compliance with all lawful requirements for retention of the aforesaid license. If compliance is not shown, Complainant further requests that formal proceedings be commenced pursuant to the Public Health Code, rules promulgated pursuant to it, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 *et seq.*


FURTHER, Complainant requests that pending the hearing and final determination Respondent's license to practice as a medical doctor in the State of Michigan continue to be summarily suspended pursuant to section 92 of the Administrative Procedures Act and section 16233(5) of the Public Health Code for the reason that, based upon the allegations set forth herein, to permit Respondent

to continue to practice the profession constitutes a danger to the public health, safety, and welfare requiring emergency action.

RESPONDENT IS HEREBY NOTIFIED that, pursuant to section 16231(8) of the Public Health Code, Respondent has 30 days from the receipt of this Complaint to submit a written response to the allegations contained in it. The written response shall be submitted to the Bureau of Professional Licensing, Department of Licensing and Regulatory Affairs, P.O. Box 30670, Lansing, Michigan, 48909, with a copy to the undersigned assistant attorney general. Further, pursuant to section 16231(9), failure to submit a written response within 30 days shall be treated as an admission of the allegations contained in the Complaint and shall result in the transmittal of the complaint directly to the Board's Disciplinary Subcommittee for imposition of an appropriate sanction.

Respectfully submitted,

BILL SCHUETTE  
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