



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
Olympia, Washington 98504

RE: Ronald M. Sterling, MD  
Master Case No.: M2013-1114  
Document: Amended Informal Disposition

Regarding your request for information about the above-named practitioner; attached is a true and correct copy of the document on file with the State of Washington, Department of Health, Adjudicative Clerk Office. These records are considered Certified by the Department of Health.

Certain information may have been withheld pursuant to Washington state laws. While those laws require that most records be disclosed on request, they also state that certain information should not be disclosed.

The following information has been withheld: **NONE**

If you have any questions or need additional information regarding the information that was withheld, please contact:

Customer Service Center  
P.O. Box 47865  
Olympia, WA 98504-7865  
Phone: (360) 236-4700  
Fax: (360) 586-2171

You may appeal the decision to withhold any information by writing to the Privacy Officer, Department of Health, P.O. Box 47890, Olympia, WA 98504-7890.

STATE OF WASHINGTON  
MEDICAL QUALITY ASSURANCE COMMISSION

In the Matter of the License to Practice  
as a Physician and Surgeon of:

No. M2013-1114

**RONALD M. STERLING, MD**  
License No. MD00038889

**AMENDED STIPULATION TO  
INFORMAL DISPOSITION**

Respondent.

Pursuant to the Uniform Disciplinary Act, Chapter 18.130 RCW, the Medical Quality Assurance Commission (Commission) issued a Statement of Allegations and Summary of Evidence (Statement of Allegations) alleging the conduct described below. Respondent does not admit any of the allegations. This Amended Stipulation to Informal Disposition (Amended Stipulation) is not formal disciplinary action and shall not be construed as a finding of unprofessional conduct or inability to practice.

**1. ALLEGATIONS**

1.1 On July 1, 2000, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is currently active. Respondent is a non-board certified psychiatrist, who also manages the chronic pain of some of his psychiatric patients.

**Patients A through J**

1.2 Respondent has displayed a pattern of failing to sufficiently and appropriately document his management of patients that he treats for chronic pain using opioids, and for Attention Deficit Hyperactivity Disorder (ADHD) using controlled stimulant medications. This pattern is found in Patients A through J.

**Patients A and B**

1.3 Respondent's care for Patients A and B was particularly concerning. Patients A and B are husband and wife. Respondent's management of the chronic pain and ADHD of these patients with controlled medications was substandard and in violation of the pain rules found at WAC 246-919-850 et seq. Respondent also violated the appropriate physician-patient boundary concerning Patients A and B by engaging in

a business relationship with these patients simultaneous with the physician-patient relationship.

Substandard Medical Treatment

1.4 Respondent managed the psychiatric care, as well as the chronic pain of Patients A and B. Patient A reported pain related to severe sciatica, migraines, a mild to moderate inguinal hernia in remission, and rheumatoid arthritis. Patient A's wife, Patient B, complained of pain related to childbirth and multiple injuries from bicycling, motor vehicle, and other accidents. Patient A is an accomplished musician, a fact that is frequently referenced in Respondent's writings and medical record.

1.5 Respondent's management of the chronic pain of Patients A and B was below the standard of care. Several aspects of Respondent's care, rendered after January 2, 2012, violated provisions of the pain management rules. The elements of Respondent's violations are described more particularly in the following paragraphs.

1.6 Respondent's documentation of his care for Patients A and B is often summary in nature, and lacks the specificity necessary to be useful to Respondent and other potential providers.

1.7 Respondent failed to perform and document a sufficient initial patient evaluation that included a physical examination and a health history including a history of treatments for pain.

1.8 Without a sufficient initial evaluation and without sufficiently documenting his rationale, Respondent prescribed potent, high dose opioid pain medication for Patients A and B, as well as benzodiazepines for anxiety, and controlled stimulant medications for Attention Deficit Hyperactivity Disorder (ADHD). Respondent changed Patient B's dose on several occasions without documenting his rationale for the change. Respondent failed to employ or attempt alternative or adjuvant therapies.

1.9 Respondent failed to screen Patients A and B for risk factors associated with opioid therapy. Psychiatric comorbidities are a risk factor for opioid therapy, as are respiratory difficulties such as sleep apnea. Respondent treated both patients for psychiatric diagnoses, and documented that Patient A used a CPAP machine. However, Respondent failed to identify these risk factors in his documentation. Respondent failed to employ sufficient monitoring mechanisms to ensure that Patients A and B were safely using their medications. For example, Respondent's documentation

does not reflect urine testing or any inquiries of the Washington State Prescription Monitoring Program (PMP) after it became available in 2011, to learn whether these high risk patients were obtaining medications from other providers. Despite the fact that Patients A and B were high risk patients with psychiatric comorbidities, Respondent did not maintain a pain management agreement until after several years of treatment.

1.10 Respondent failed to document a treatment plan for Patients A and B, with specific treatment goals.

1.11 Respondent failed to appropriately respond to "red flags" indicating possible misuse or abuse. Respondent consistently accommodated requests for early refills for Patients A and B, who were each obtaining their prescriptions from multiple pharmacies. Rather than responding appropriately to the aberrant medication-related behaviors of Patients A and B, Respondent precipitously increased the opioid medications of both patients to dangerous levels. For example, in January of 2012, Respondent prescribed 200 tablets of oxycodone 30 mg. immediate release tablets for Patient A, every few days. Respondent decreased these doses somewhat in subsequent years because Patient A and his wife were experiencing difficulty finding pharmacies that would dispense the medications. Respondent did conduct a trial regarding Patient A of Fentanyl patches and MS Contin in 2009, following consultation with a pain specialist, but ultimately returned to high dose oxycodone.

1.12 Both Patients A and B had complaints of pain from a variety of sources, including multiple driving and sporting related injury accidents. Significant adverse events including accidents and injuries are risk factors related to opioid use. Respondent did not document or respond to the possibility that that the opioids, particularly when combined with benzodiazepines, may have been contributing to the accidents and injuries reported by Patients A and B.

1.13 Respondent described Patient A as having a low pain threshold, without discussing and potentially addressing the possibility that Patient A was experiencing medication-induced hyperalgesia. Despite the large doses of opioids Patient A was ostensibly consuming, Respondent failed to obtain endocrine testing to determine whether chronic opioid use was resulting in hypogonadism.

1.14 Respondent was complicit with Patient A's request that Respondent not provide information to Patient A's primary care provider (PCP), resulting in a failure to

coordinate care. Respondent failed to ensure that other physicians were not prescribing additional controlled medications, or medications that might adversely react with the medications prescribed by Respondent.

1.15 Respondent was complicit with Patient A's refusal to obtain a clearly needed evaluation at a multidisciplinary pain clinic.

1.16 Respondent's failure to provide sufficient documentation regarding his management of the ADHD and other psychiatric issues of Patients A and B was also below the standard of care.

Boundary Violations

1.17 While managing the chronic pain and ADHD of Patients A and B with controlled medications, Respondent violated the appropriate physician-patient boundary by also developing relationships with Patients A and B that were outside of, and potentially conflicting with, the physician-patient relationship. In 2006, Respondent provided website design, development, and maintenance services for Patient A's website, at a rate of \$70 per hour. Between late May of 2006 and late April of 2007, Respondent billed Patient A for more than \$2,000 for website creation services.

1.18 Respondent entered into an agreement with Patient A for Respondent's business to be the sole source of sales for Patient A's art. Beginning in September 2009, Respondent displayed Patient A's art at Respondent's art gallery. In approximately January of 2011, Respondent sold two pieces of Patient A's art via Respondent's website, "Sterling Images." Respondent billed Patient A for a 35% commission regarding the sale, totaling \$440.

1.19 Respondent has demonstrated an apparent inability to recognize that these actions constituted a business relationship with Patient A. The multiple roles that Respondent maintained with Patients A and B had the potential to affect Respondent's objectivity as their physician, and created the potential for role confusion and conflict.

1.20 Respondent entered into a Stipulation to Informal Disposition (Original Stipulation), effective November 10, 2015.

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## 2. STIPULATION

2.1 The Commission alleges that the conduct described above, if proven, would constitute a violation of RCW 18.130.180(4) and (7); and WAC 246-919-853, -854, and -857.

2.2 The parties wish to resolve this matter by means of an Amended Stipulation to Informal Disposition (Amended Stipulation) pursuant to RCW 18.130.172(1).

2.3 Respondent agrees to be bound by the terms and conditions of this Amended Stipulation.

2.4 This Amended Stipulation is of no force and effect and is not binding on the parties unless and until it is accepted by the Commission.

2.5 If the Commission accepts the Amended Stipulation it will be reported to the National Practitioner Data Bank (45 CFR Part 60), the Federation of State Medical Boards' Physician Data Center and elsewhere as required by law.

2.6 The Statement of Allegations and this Amended Stipulation are public documents. They will be placed on the Department of Health web site, disseminated via the Commission's electronic mailing list, and disseminated according to the Uniform Disciplinary Act (Chapter 18.130 RCW). They are subject to disclosure under the Public Records Act, Chapter 42.56 RCW, and shall remain part of Respondent's file according to the state's records retention law and cannot be expunged.

2.7 The Commission agrees to forego further disciplinary proceedings concerning the allegations.

2.8 Respondent agrees to successfully complete the terms and conditions of this informal disposition.

2.9 A violation of the provisions of Section 3 of this Amended Stipulation, if proved, would constitute grounds for discipline under RCW 18.130.180 and the imposition of sanctions under RCW 18.130.160.

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### 3. INFORMAL DISPOSITION

The Commission and Respondent stipulate to the following terms.

3.1 **Probation.** Respondent's license is NO LONGER on probation.

3.2 **Documentation Coursework.** Respondent has satisfied the conditions of Paragraph 3.2 of the Original Stipulation.

3.3 **Boundaries/Ethics Course.** Respondent has satisfied the conditions of Paragraph 3.3 of the Original Stipulation.

3.4 **Opioid Prescribing CME.** Respondent has satisfied the conditions of Paragraph 3.4 of the Original Stipulation.

3.5 **Pain Management Rules.** Respondent will fully comply with the pain management rules for physicians, found at WAC 246-918-850 through 863.

3.6 **Prescription Monitoring Program.** Respondent will register with the Washington PMP, if he has not already done so. Respondent will query the PMP regularly, including for new pain patients, periodically for existing pain patients, and when a pain patient exhibits signs of possible misuse, abuse, or diversion. Respondent will print out the results of his queries and include them in the patient's chart.

3.7 **Practice Reviews.** Respondent will permit a representative of the Commission to conduct an annual audit of Respondent's records and review Respondent's practice. The practice review may include, among other things, a review of Respondent's management of patients treated for chronic pain and ADHD, selected by the commission representative. The Commission may take additional action, in a separate case, if the practice reviews reveal ongoing concerns regarding Respondent's practice.

3.8 **Personal Appearances.** Respondent will appear in person before the Commission on an annual basis, or at a frequency otherwise determined by the Commission after the first practice review, on a date and at a location designated by the Commission. Respondent shall provide evidence that he is in full compliance with this Amended Stipulation and answer any questions from the Commission regarding the Amended Stipulation and his medical practice. The Commission or its designee will have the discretion to waive a personal appearance.

3.9 **Cost Recovery.** Respondent has satisfied the conditions of Paragraph 3.9 of the Original Stipulation.

3.10 **Obey Laws.** Respondent must obey all federal, state and local laws and all administrative rules governing the practice of the profession in Washington.

3.11 **Costs.** Respondent must assume all costs that he incurs in complying with this Stipulation.

3.12 **Violations.** If Respondent violates any provision of this Stipulation in any respect, the Commission may initiate further action against Respondent's license.

3.13 **Change of Address.** Respondent must inform the Commission and the Adjudicative Clerk Office in writing, of changes in his residential and/or business address within thirty (30) days of such change.

3.14 **Termination.** After five (5) years from the effective date of the Original Stipulation, and following Respondent's final practice review and compliance appearance, the Commission or its designee will review Respondent's compliance with this Amended Stipulation. Upon a determination by the Commission or its designee that Respondent has fully satisfied the terms of this Amended Stipulation, the Commission will terminate this Amended Stipulation without a petition and without an additional appearance by Respondent.

3.15 **Effective Date.** The effective date of this Amended Stipulation to Informal Disposition is the date the Adjudicative Clerk Office places the signed Amended Stipulation into the U.S. mail. If required, Respondent shall not submit any fees or compliance documents until after the effective date of this Stipulation.

#### 4. COMPLIANCE WITH SANCTION RULES

Paragraphs 3.5 through 3.8, and 3.10 through 3.14 of the Original Stipulation remain unchanged and are in full force and effect, except as explicitly stated by this Amended Stipulation. The sanctions analysis set forth in the Original Stipulation continues to apply. This modification does not reduce the terms of meaningful oversight required by the Original Stipulation.

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**5. RESPONDENT'S ACCEPTANCE**

I, RONALD M. STERLING, MD, Respondent, certify that I have read this Amended Stipulation to Informal Disposition in its entirety; that my counsel of record, if any, has fully explained the legal significance and consequence of it; that I fully understand and agree to all of it; and that it may be presented to the Commission without my appearance. If the Commission accepts the Amended Stipulation to Informal Disposition, I understand that I will receive a signed copy.

  
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RONALD M. STERLING, MD  
RESPONDENT  
*pro se*

*10/31/2018*  
\_\_\_\_\_  
DATE

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, WSBA #  
ATTORNEY FOR RESPONDENT

\_\_\_\_\_  
DATE

**6. COMMISSION'S ACCEPTANCE**

The Commission accepts this Amended Stipulation to Informal Disposition. All parties shall be bound by its terms and conditions.

DATED: 11/15/18, 2018.

STATE OF WASHINGTON  
MEDICAL QUALITY ASSURANCE COMMISSION

  
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PANEL CHAIR

PRESENTED BY:

  
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ARIELE PAGE LANDSTROM, WSBA #38357  
COMMISSION STAFF ATTORNEY

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