

DISCIPLINARY PROCESS REVIEW COMMITTEE (DPRC) & DECISIONS

February 9, 2012

Texas Physician Health Program**(Probationer/Licensee Violated PHP Agreement & Cases of concern)**

REMAIN PHP

TMB ACCEPTED

CONTINUE

Refer back to TMB**1. 10-0253****Background**

- Referral Type: TMB staff
- Agrmt Term: 6/13/2010 - 6/13/2015

Issue

Participant moved to Kentucky and still requires monitoring. She states that she does not plan to maintain TX license, but the license is currently active. Participant refuses to pay outstanding TXPHP balance of \$1100 for the participation fee.

X**2. 11-0278****Background**

- Referral Type: Self-referral
- Referral Reason: Substance
- DOC: Hydrocodone, occassional dilaudid, demerol, oxycontin, fentanyl
- SD:4/22/2011
- Agrmt Term: 7/1/2011 - 6/30/2016

Issue

Positive test results for prohibited substances (Hydromorphone, Fentanyl, Norfentanyl) on 12/27/2011 & 01/03/2012. Participant explained that she must have accidentally taken the substances. Case referred back to TMB on 01/11/2012. Participant is currently in treatment at Sante Center for Healing with approx discharge date of 04/18/2012.

X**3. 11-0309****Background**

- Referral Type: Self-referral
- Referral Reason: Substance
- DOC: Dextromethorphan

X

<ul style="list-style-type: none"> SD: 5/6/2011 Agrmt Term: 7/18/2011 - 7/17/2016 <p>Issue</p> <p>Multiple positive test results for prohibited substance (Dextromethprphan) between 12/12/2011 & 01/11/2012. Participant admitted to relapse. Dr. Nemeth encouraged the participant to go to treatment, but he said he could not afford it. Case referred back to TMB on 01/11/2012.</p>			
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Cases for Follow-up

<p>4. 10-0363</p> <p>Background</p> <ul style="list-style-type: none"> Referral Type: TMB staff Agrmt Term: 6/6/2011 - 9/1/2011 Modified End Date: 4/9/2012 <p>Issue</p> <p>Previously discussed at DPRC</p> <p>Initial forensic evaluation was inconclusive. 2nd forensic evaluation and neuropsych testing showed evidence of dementia. Case discussed at the JUNE 2011 DPRC mtg. Decision was to have participant stay with TXPHP if new agreement was signed to withdraw from practice to undergo all necessary evaluations. Agreement signed on 06/06/2011 and expired on 09/2011.</p> <p>MRI showed evidence of vascular etiology for dementia. 08/03/2011 – During conference call with Dr. Nemeth, Dr. Axelrad and Dr. Schillerstrom recommended the leave of absence/agreement be extended to 01/01/2012 to allow time for the participant to continue his psychiatric treatment. Case discussed at the AUGUST 2011 DPRC mtg. TMB agreed with the extension of leave of absence.</p> <p>Agreement signed on 09/26/2011 extending the leave of absence to 01/01/2012. Case discussed at the NOVEMBER 2011 DPRC mtg.</p> <p>UPDATE - Letter received from Treating Psychiatrist, Dr. Tierney, requesting a 3-month extension on the agreement. Cognitive functioning has improved since</p>		X	
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they identified a severe undiagnosed problem of diabetes and mild hypercholesterolemia. Recent neuropsychological testing still reveals significant problems of executive functioning, but Dr. Tierney believes continued aggressive treatment of the participant's metabolic problems will improve the Chronic Encephalopathy since there has been some improvement thus far. If cognition continues to improve, the participant may be able to return to practice in a supervised setting. Letter of support also received from Dr. Axelrad. Agreement signed on 01/11/2012 extending the leave of absence to 04/09/2012.

Dr. Nemeth received a report that the participant may be working. 02/01/2012 - Dr. Nemeth talked with the participant and he admitted he was seeing some patients-only those who could not find other care (crisis patients). Dr. Nemeth told him he was to follow his amended agreement to refrain from all practice until or if he is released by his psychiatrist (Tierney) to do so. He will call and confirm with us by first of next week that this has been done.

New Cases for Discussion

5. 11-0152

Background

- Referral Type: Self-referral
- Referral Reason: Substance
- DOC: Alcohol
- SD:10/26/2010
- Agrmt Term: 4/5/2011 - 4/4/2016
- Participant went to treatment at Bradford from 02/27/2011 – 03/03/2011 & Lahacienda from 03/07/2011 – 04/05/2011.

Issue

1 Missed call, 1 high level positive drug screen result for EtG & EtS, 1 low level positive drug screen result for EtG & EtS with positive PEth test result confirming ingestion of alcohol.

Initial explanation for positive results was rum cake ingestion & ingestion of Z-pack, cough suppressant, and

X
Any violation of any kind of the PHP contract, the file will be given to TMB for disciplinary action

<p>use of hand sanitizer at work, respectively. However, on 02/01/2012 the participant admitted to drinking a couple of times.</p> <p>Plan Initially, increased testing frequency from 48x/yr to 60x/yr for a period of 6 months.</p> <p>Then, decreased from 60x/yr to 48x/yr and added quarterly Peth testing. 96-hour evaluation required and evaluation report must be in TXPHP office on or about 03/03/2012.</p>			
<p>6. 11-0250</p> <p>Background</p> <ul style="list-style-type: none"> Referral Type: Self-referral Referral Reason: Substance DOC: Alcohol SD:2/26/2011 Agrmt Term: 5/31/2011 - 5/31/2016 <p>Issue</p> <p>2 missed tests, 1 low level positive drug screen result for EtG & EtS, 1 high level positive drug screen result for EtG.</p> <p>For the 1st positive result, the participant explained that he had not drank alcohol and thought the positive screen was from prescribed mouth rinse. However, he finally admitted to relapsing.</p> <p>Plan</p> <p>Initially, increased testing frequency to 60x/yr, increased AA attendance to daily and required return to Sante for a substance abuse evaluation.</p> <p>Treatment dates 12/6/2011 - 01/06/2012. 2nd interview (post-treatment) with Dr. Nemeth resulted in amended agreement requiring 5 12-Step meetings per week, 2 Caduceus meetings per month and 48 urine drug screens per year with quarterly Peth tests.</p>	<p>X</p> <p><u>Any</u> violation of any kind of the PHP contract, the file will be given to TMB for disciplinary action</p>		

<p>7. 11-0310</p> <p>Background</p> <ul style="list-style-type: none"> • Referral Type: TMB staff • DOC: hydrocodone • Sobriety Date: 06/09 • Agrmt Term: 7/1/2011 - 6/30/2013 <p>Issue</p> <p>1 missed test which was required after a 5-day waiver, PEth & Hair test were ordered as a result of the missed test. PEth test was positive confirming ingestion of alcohol. Hair test was negative.</p> <p>Participant explained that he missed the test because he was working in the ER and could not leave. 01/09/2012 – participant admitted to having a glass of wine.</p> <p>Plan</p> <p>Increased testing frequency to 36x/yr. 96-hour evaluation required and evaluation report must be in the TXPHP office by 03/05/2012.</p>	<p>X</p> <p>After 96 hour evaluation of licensee, a report and any recommendation for treatment will be given to TMB. Also included with the report will be if licensee followed and complied with the recommendation.</p>		
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Total = 7