

DISCIPLINARY PROCESS REVIEW COMMITTEE (DPRC) & DECISIONS August 30, 2012
Texas Physician Health Program (Probationer/Licensee Violated PHP Agreement & Cases of concern)

	REMAIN PHP	TMB ACCEPTED	CONTINUE
Refer back to TMB			
1. 11-0250 Background <ul style="list-style-type: none"> • Referral Type: Self-referral • Agrmt Term: 5/31/2011 - 5/31/2016; • Referral Reason: Substance; • Sobriety Date: 2/26/2011; • Drug(s) of Choice: Alcohol Issue Participant was discussed at 2/9/12, DPRC meeting following a relapse on alcohol and a second 90-day in-patient treatment. DPRC decision was to allow participant to stay in the TXPHP program as long as there were no further violations, which would then result in the participant being returned to TMB. 1) On 2/10/2012, the participant failed to call into the 800# but did submit a late specimen. The participant's explanation for the missed call was - Regarding my missed call on Feb 10th. I am in Chicago for my sister's graduation from Navy bootcamp. On the 10th, the day of the ceremony, I was up early and on the base early to meet with my family. I simply got distracted by the events going on and forgot to call in. My phone was off during the ceremony so missed your calls. Fortunately I remembered about four and was able to submit a test by five. I will fax the requisition to the PHP office. 2)The participant's drug screen collected on 6/20/12, tested positive for EtG 125 ng/mL. Participant's explanation for the positive drug screen was - I have no explanation for a positive etg. I have not ingested alcoholic beverages and have taken steps to minimize the possibility of incidental exposure. A Peth test was scheduled ASAP but due to difficulties with the participant's work schedule the test was not able to be done until 7/10/2012. The Peth result was negative.	X		
2. 12-0139 Background <p>Agrmt Term: 12/5/2011 -12/4/2012; Referral Reason: psychiatric; Referral Type: TMB staff</p> Issue To date, participant has been non-compliant due to failure to pay annual enrollment fee and failure to provide the required initial psychiatric evaluation and required monitoring reporting from both his Work Site and Mental Health Provider monitors. Participant has been contacted several times by TXPHP but has been non-responsive.		X Schedule ISC	

	REMAIN PHP	TMB ACCEPTED	CONTINUE
Cases for Follow-up			
<p>3. 11-0215</p> <p>Background</p> <ul style="list-style-type: none"> • Referral Type: TMB Staff • Agrmt Term: 3/21/2011 3/21/2014 • Sobriety Date: 2/27/2012; • Drug(s) of Choice: alcohol,cocaine, hypnotics, amphetamines plus sexual addiction <p>Previously discussed at DPRC</p> <p>1) On 6/13/11 Participant self-reported a relapse on 6/11/11, using Benzodiazapene and methamphetamine. Participant stated the relapse started 3-4 weeks before the actual event. Participant had been complacent and was not doing the necessary spiritual work. The obsession began primarily with thinking about sexual activity and participant contacted and met with men found online which led to the drug usage.</p> <p>2) Agreement addendum was done requiring participant to 1) See treating psych for a new assessment and treatment recommendations to TXPHP within one week 2) Increase frequency of urine drug screens to 48 times per year and 3) increase AA meeting attendance to 90 in 90 days.</p> <p>3) Case was discussed at DPRC on August 5, 2011. It was decided that participant would continue monitoring with TXPHP.</p> <p>4) On 2/22/12 participant self-reported a relapse on 2/19/12, using crystal meth and cocaine. Participant stated relapse began 4-6 weeks ago with sponsor's relapse. Participant began having obsessions regarding sexual behavior and using drugs. Met up with someone who provided meth and cocaine.</p> <p>5) Agreement addendum done requiring participant to 1) enter into treatment facility by March 15, 2012.</p> <p><i>Per DPRC Upon release he is prohibited from practicing for 6 months.</i></p> <p>UPDATE Participant was released from treatment facility on May 25, 2012, and met with TXPHP Medical Director on June 4, 2012. Discharge recommendations were: 1) Individual therapy; 2) Attend Recovery Couples Anonymous; 3) Attend 90 meetings in 90 days; 4) Obtain a 12-Step sponsor and work steps; and 5) Install filtering software to all work and home computers and smart phone. Participant has requested a reconsideration of the six month requirement to cease practice. Dr. Nemeth will present the participant's request at the next scheduled DPRC meeting.</p>	X		

	REMAIN PHP	TMB ACCEPTED	CONTINUE
New Cases for Discussion			
4. 10-0278 Background <ul style="list-style-type: none"> • Agrmt Term: 9/9/2010 - 9/9/2015; • Referral Reason: psychiatric and substance; • Referral Type: TMB staff; • Sobriety Date: 9/24/2010; • Drug(s) of Choice: Alcohol Issue <p>7/19/2012 - tested positive for EtG (181 ng/mL) and EtS (177 ng/mL).</p> <p>7/27/2012 - participant was notified of the positive test result for both EtG/EtS and an explanation was requested.</p> <p>7/27/2012 - participant responded and stated that she had consumed 2 glasses of alcohol-free wine ("Fre") at a housewarming party, which did not affect her at all, but will not drink it again. In addition, participant also stated that she sometimes uses alcohol hand sanitizer at the clinic/hospital and perhaps that could be another reason for the positive EtG/EtS result.</p> <p>8/2/2012 - TXPHP Medical Director was notified of the participant's positive EtG/EtS result and explanation and recommended no further action; however any future violations will lead to a "re-evaluation."</p>	X		
5. 10-0302 Background <ul style="list-style-type: none"> • Agrmt Term: 7/15/2010 - 7/15/2015; • Referral Reason: substance and psychiatric; • Referral Type: TMB staff; • Sobriety Date: 2/25/2010; • Drug(s) of Choice: Alcohol Issue <p>The participant entered a 5-year agreement for alcohol abuse and depression. The participant tested positive for Ethyl (U) 0.03 g/dL on 8/1/2012. Participant's explanation for positive result expressed surprise about positive result and identified with detail how she spent week leading up to the test including what she ate and drank and her clinic activities and preparation for surgery. Participant states that the sobriety date of 2/25/10 [stands] and I have not consumed alcohol in any form since that date. Participant explained that the only thing outside the normal routine was for a certain dish and latte at Whole Foods Market but was told there was no alcohol and couldnt tell whether there was. No prior positive results. A Peth test is pending.</p>	X		

	REMAIN PHP	TMB ACCEPTED	CONTINUE
<p>6. 10-0321</p> <p>Background Agrmt Term: 8/6/2010 - 8/6/2015; Referral Reason: Substance; Referral Type: TMB staff; Sobriety Date: 9/19/2010; Drug(s) of Choice: Alcohol, Cocaine, Marijuana</p> <p>Issue Participant was referred from TMB for a pending DWI. Participant signed a preliminary TXPHP agreement to attend a 96-hour evaluation. Participant was diagnosed with 1)Alcohol Dependence; 2)Cocaine Dependence & 3)Major Depressive Disorder. Discharge recommendations were for participant to sign a 5 year TXPHP Agreement and enter into long-term residential treatment. On 6/5/2012, participant tested positive for EtG 104 ng/m. The participants explanation for the positive EtG drug screen is while at work, spouse smoked a turkey and my mother-in-law made the sides including potatoes and made a turkey gravy which had red wine. Participant ate the turkey and potatoes with the gravy that night as well as leftovers the next day. I have not been knowingly drinking. I knew I would get tested on the 5th. I would have never taken the chance. I am so stressed about this all, I don't know what happens next but I am very upset and worried. I was truly in shock when I got the email. Participant was required to take a Peth test on 8/1/2012, results were negative.</p>	X		
<p>7. 11-0102</p> <p>Background <ul style="list-style-type: none"> • Agrmt Term: 10/11/2010 - 10/11/2015; • Referral Reason: Substance; • Referral Type: Self-referral; • Sobriety Date: 8/30/2010; • Drug(s) of Choice: ambien </p> <p>Issue Participant's quarterly Peth test was positive for Phosphatidyl Ethanol 41.46 ng/mL. Participant admitted to consuming alcohol while on vacation in California the prior week. Participant stated he drank wine because he was embarrassed to let his old medical colleagues know he wasn't able to drink. Participant has had a total of 70 drug screens with 17 low creatinine, 1 dilute on 9/19/11, 1 EtG positive (192 ng/mL) on 1/31/12 and 1 positive Peth on 5/25/12. Quarterly Peth testing was added to the participant's drug testing program, effective 3/8/12, as a result of the positive EtG screen on 1/31/12.</p>	X		
	REMAIN PHP	TMB ACCEPTED	CONTINUE

8. 11-0242

Background

- **Agrmt Term:** 6/8/2011 - 6/7/2014;
- **Referral Reason:** Other;
- **Referral Type:** TMB staff;
- **Sobriety Date:** 6/30/2011;
- **Drug(s) of Choice:** Alcohol

Issue

The participant was referred to TMB by the CMS, following an arrest for a domestic dispute that included violence and excessive alcohol use. The CMS referred the participant to TMB due the participant's unwillingness to cooperate. The participant was then referred to the TXPHP on 3/26/2010. On 4/19/2010, the participant telephoned the Medical Director and stated there had not been an arrest and if any altercation had taken place, it was at his personal residence and TMB did not have any jurisdiction over him away from the workplace. The case was turned over to TMB for refusal. On 6/8/2011, the participant entered into a preliminary agreement with TXPHP and agreed to undergo a psychiatric evaluation. The 7/6/2011, psychiatric evaluation revealed anger issues and alcohol abuse, in relation to divorce and custody issues. On 8/12/2011, the participant met with the Medical Director and signed a three-year TXPHP agreement for drug testing and anger management. During the interview, the Medical Director addressed incidences when the participant displayed anger and impatience during interactions with TXPHP and collection site staff. On 7/20/2012, the participant's post-waiver Peth test result was positive for Phosphatidyl Ethanol (LCMSMS) POSITIVE 32.49 ng/mL. The participant's explanation was that while on vacation cruise and lying near the pool area participant consumed several tropical drinks during the heat time of the day and thought they were non-alcoholic drinks. However due to the sweet taste could not tell if they did or not. This was a wrong decision from my part and in hindsight, a cruise vacation was not the right choice due to the excessive presence of drinking and will not be a vacation choice again.

X
Possible
Temp. Susp.

9. 11-0341

Background

- **Agrmt Term:** 8/10/2012 - 8/9/2017;
- **Referral Reason:** substance;
- **Referral Type:** TMB staff;

Issue

Participant signed an agreement following two DUI's, one while in college and the other one more recent and resulting in his being on probation and having a breathalyzer installed in his vehicle. An evaluation was inconclusive due to participant's defensiveness. Recommendations were for continued monitoring and complete abstinence. The TXPHP agreement required the participant to undergo a second SUD evaluation which was due by October 2011. The evaluation was not received until 8/8/2012, and further evaluation was recommended due to participant's unwillingness to

X
Refer to PA
Board

be honest and forth coming regarding his drinking the evening before the evaluation. A drug screen taken immediately following the evaluation was positive for EtG 912 ng/mL. At this time the TXPHP Medical Director has required the participant to attend a 96-hour evaluation within six weeks.

REMAIN PHP

TMB ACCEPTED

CONTINUE

10.12-0137

Background

- **Agrmt Term:** 12/9/2011 - 12/8/2012;
- **Referral Reason:** substance;
- **Referral Type:** TMB staff;
- **Sobriety Date:** unknown;
- **Drug(s) of Choice:** alcohol

Issue

2/10/2012 - 6/11/2012: low creatine (3); dilutes (3); positive EtG/EtS (3); positive Peth (1) - participant admitted to drinking and the TXPHP Medical Director recommended a 96-hour evaluation if there is any evidence of a relapse.

6/11/2012: missed test during a RV road trip and First Advantage did not provide adequate alternate collection sites

7/5/2012: missed test during a RV road trip and First Advantage did not provide adequate alternate collection sites

7/11/2012: TXPHP Medical Director spoke with participant and ordered a 96-hour evaluation.

7/16/2012: missed called; however did provide an explanation and test specimen

7/17/2012: participant notified the TXPHP Medical Director of his initial research into prospective evaluation centers and has asked for an agreement modification (i.e. increased drug testing, extension of agreement term, ect) in lieu of the required 96-hour evaluation; however, participant was informed that there were no exceptions.

7/23/2012: notified TXPHP that he had sustained a bicycle accident on 7/22/12 and was admitted to the hospital; was prescribed medication for pain control and monitoring for bleeding or pneumothorax. In response, TXPHP Medical Director informed participant that he would allow an additional 3-4 week healing time in order to get the required 96-hour evaluation completed.

X

11.12-0153

Background

- **Agrmt Term:** 1/16/2012 - 1/15/2017;
- **Referral Reason:** Substance;
- **Referral Type:** Self-referral;
- **Sobriety Date:** 12/9/2011;
- **Drug(s) of Choice:** ETOH

Issue

X

<p>6/11/2012 - tested positive for marijuana (64 ng/mL).</p> <p>6/20/2012 - participant was notified of the positive test result for marijuana and an explanation was requested.</p> <p>6/21/2012 - participant responded and questioned whether TXPHP has legal permission to test for anything other than alcohol and that testing for other metabolites should require an informed release.</p> <p>6/21/2012 - TXPHP staff responded by referring the participant to the Substance Use Disorder Section of the Monitoring and Assistance Agreement, where it specifically states that the participant is to abstain from "all mood-altering substance, unless prescribed," which includes marijuana.</p> <p>6/26/2012 - TXPHP Medical Director was notified of the participant's positive marijuana result and explanation.</p> <p>6/27/2012 - TXPHP Medical Director conducted phone conversation with participant who indicated that she did not know that she was not to use THC. Furthermore, it was ordered by the TXPHP Medical Director that participant undergo a 96-hour evaluation and report back to TXPHP by 7/31/2012.</p> <p>7/23/2012 - participant entered treatment center to undergo a 96-hour evaluation.</p> <p>7/26/2012 - Preliminary Findings report recommended that participant immediately enter residential or inpatient level treatment at a TXPHP approved treatment center with capacity to treat addiction and substance abuse for no less than ninety (90) days.</p> <p>8/2/2012 - participant entered 90-day residential treatment.</p>			
<p>12. 12-0237</p> <p>Background</p> <ul style="list-style-type: none"> • Agrmt Term: 4/30/2012 - 4/29/2014; • Referral Reason: substance and psychiatric; • Referral Type: TMB staff; <p>Issue</p> <p>6/15/2012 - tested positive for EtG (1680 ng/mL) and EtS (462 ng/mL).</p> <p>6/22/2012 - participant was notified of the positive test result for both EtG/EtS and an explanation was requested.</p> <p>6/22/2012 - participant responded and did indicate that does "drink socially after hours during management business and social gathering" and apparently was not aware that he had to abstain from the consumption of alcohol, per TXPHP agreement.</p> <p>6/25/2012 - participant's attorney contacted TXPHP to discuss the terms and conditions of the TXPHP agreement.</p> <p>6/26/2012 - TXPHP Medical Director was notified of the participant's positive EtG/EtS result and explanation.</p> <p>7/11/2012 - TXPHP Medical Director spoke with the participant's attorney and informed that the participant is to abstain from alcohol while under the agreement.</p>	<p>X Schedule ISC</p>		

Total = 12