

DISCIPLINARY PROCESS REVIEW COMMITTEE (DPRC) & DECISIONS**Texas Physician Health Program (Probationer/Licensee Violated PHP Agreement & Cases of Concern)**

April 11, 2013

New Cases for Discussion			
	REMAIN WITH PHP	TMB ACCEPTED	CONTINUE
1. 12-0213 License Type: M.D. (Pediatrics and Emergency Medicine) <u>Background:</u> <ul style="list-style-type: none">• Referral Type: Self• Agreement Term: 3/19/2012 – 3/28/2017• Referral Reason: Substance• Sobriety Date: 11/4/2011• Drug(s) of Choice: Alcohol <u>Issue(s):</u> 5/4/2012: Tested “positive” (expected) for Alprazolam metabolite (170 ng/mL). 5/10/2012: “Positive” test result for Alprazolam metabolite was reviewed and approved by the TXPHP Medical Director as the participant had a valid prescription on file. 5/25/2012: Test resulted in “low creatinine” (19.6 mg/dL; SG: 1.005). 5/29/2012: Tested “positive” (expected) for Alprazolam metabolite (153 ng/mL).	X With the understanding that there is zero tolerance for any further infractions, if so, the case will be returned to the jurisdiction of the TMB for further action.		

<p>5/30/2012: Tested “positive” (expected) for Alprazolam metabolite (135 ng/mL).</p> <p>7/5/2012: Tested “positive” (expected) for Alprazolam metabolite (115 ng/mL).</p> <p>7/18/2012: Missed call, however provided test specimen.</p> <p>7/18/2012: Test resulted in “low creatinine” (10.2 mg/dL; SG 1.003).</p> <p>7/23/2012: Missed call and did not provide test specimen.</p> <p>8/13/2012: Test resulted in “low creatinine” (18.9 mg/dL; SG: 1.007).</p> <p>8/24/2012: Test resulted in “low creatinine” (11.0 mg/dL; SG: 1.003).</p> <p>9/7/2012: Test resulted in “low creatinine” (18.8 mg/dL; SG: unknown).</p> <p>10/9/2012: Test resulted in “low creatinine” (7.9 mg/dL; SG: 1.003).</p> <p>10/12/2012: Test resulted in “low creatinine” (16.7 mg/dL; SG: 1.005).</p> <p>10/30/2012: Missed call, however did provide test specimen.</p> <p>10/30/2012: Test resulted in “low creatinine” (12.4 mg/dL; SG: unknown).</p> <p>12/18/2012: Test resulted in “low creatinine” (16.6 mg/dL; SG: 1.004).</p> <p>1/3/2013: Test resulted in “low creatinine” (19.7 mg/dL; SG: 1.004).</p> <p>1/10/2013: Tested “positive” (expected) for Alprazolam (104 ng/mL) and Alpha-Hydroxyalprazolam (209 ng/mL).</p> <p>1/25/2013: Missed call, however provided test specimen.</p> <p>1/25/2013: Test resulted in “low creatinine” (17.6 mg/dL; SG: 1.004).</p> <p>1/31/2013: Tested “positive” (expected) for Alpha-Hydroxyalprazolam (121 ng/mL).</p>			
--	--	--	--

<p>2/8/2013: Test resulted in “low creatinine” (9.1 mg/dL; SG: 1.003).</p> <p>2/20/2013: Tested “positive” for Amphetamine (426 ng/mL) and Methamphetamine (2135 ng/mL).</p> <p>2/27/2013: Explanation for the “positive” Amphetamine/Methamphetamine test result was requested and the following was provided:</p> <p><i>“Michael, I’m ashamed to say it but I did take some methamphetamine 2 different times over the last week. I took it orally and no other way. I have tried it before but it was 15-20 years ago. This was poor judgment on my part and I have no intention of trying anything like this again. There is no rational explanation for my indiscretion but my motive for doing it was to finally finish a project at home when I found myself somewhat down to the wire. I had flooring replaced in my studio and had to get everything disconnected and out of there by Monday the 18th. I saw a good friend I had not seen in a while who knew someone who knew someone and he got me \$100 worth. I took some that Monday early in the morning. I also took some this Wed morning after I got off work with intention of getting a lot more done on the studio. At that time I discarded any that was left. Again-poor judgment. I was off work both times I took it. My goal now is to talk to my AA sponsor and to see my psychiatrist and most of all, to continue my program of sobriety. Thanks”</i></p> <p>2/27/2013: Tested “positive” for Amphetamine (4371 ng/mL) and Methamphetamine (>10000 ng/mL).</p> <p>3/6/2013: TXPHP Medical Director reviewed the explanation and recommended that the participant undergo a 96 hour evaluation.</p> <p>3/11/2013: Participant was admitted for a 96-hour evaluation at Pavillon Treatment Center (Pavillon) located in Ashville, NC.</p> <p>3/14/2013: Pavillon’s complete evaluation report recommended that the participant enter residential treatment for a minimum of 8-12 weeks; be monitored by the TXPHP for a minimum of 5 years; wife should be educated about alcoholism and addiction recovery, such as by attending family program, medication use should be recovery-safe; and</p>			
---	--	--	--

temporarily stop practicing medicine until such time as he completes residential treatment and is re-evaluated by the TXPHP. 3/19/2013: Participant was admitted 8 weeks of residential treatment at Pavillon, with an expected discharge date of 5/10/2013.			
	REMAIN WITH PHP	TMB ACCEPTED	CONTINUE
<p>2. 12-0136</p> <p>License Type: S.A.</p> <p>(Surgical Assistant)</p> <p><u>Background:</u></p> <ul style="list-style-type: none"> Referral Type: TMB Staff Agreement Term: 11/28/2011 – 11/27/2013 Referral Reason: Substance Sobriety Date: 12/24/2009 Drug(s) of Choice: Alcohol <p><u>Issue(s):</u></p> <p>3/9/2012: Missed call, however provided test specimen.</p> <p>10/9/2012: Test resulted in “low creatinine” (15.7 mg/dL; SG: 1.003).</p> <p>10/25/2012: Test resulted in “low creatinine” (16.0 mg/dL; SG: 1.004).</p> <p>12/27/2012: Test resulted in “low creatinine” (15.8 mg/dL; SG: 1.003).</p> <p>1/8/2013: Test resulted in “low creatinine” (16.0 mg/dL; SG: 1.004).</p> <p>2/27/2013: Tested “positive” for EtG (637 ng/mL) and EtS (102 ng/mL).</p> <p>3/4/2012: An explanation for “positive” result was requested and the following was provided:</p> <p><i>“I am totally caught by surprise with this result. I know no reason why I would test positive for any type of restricted substance. I will be more</i></p>	<p>X</p> <p>With the understanding that there is zero tolerance for any further infractions, if so, the case will be returned to the jurisdiction of the TMB for further action.</p>		

<p><i>than happy to test at any time or do whatever it takes to resolve this issue. If there is anything I can do to help please notify me.”</i></p> <p>3/4/2012: TXPHP Medical Director reviewed the participant’s explanation and recommended an increase in drug testing frequency and ordered a PEth test.</p> <p>3/7/2013: Participant showed up for the scheduled PEth test but the collection site did not administer the correct test as a urine sample was taken.</p> <p>3/18/2013: Participant again showed up for the scheduled PEth test but the collection site did not administer the correct test as a urine sample was taken.</p> <p>3/22/2013: Participant underwent a PEth test as ordered by the TXPHP Medical Director. Result was reported as “positive” (44 ng/mL).</p> <p>3/25/2013: Test resulted in “low creatinine” (17.6 mg/dL; SG: 1.004).</p> <p>4/4/2013: Explanation was requested and participant submitted the following response:</p> <p><i>“I am still very surprised of a positive result. The only thing I can think of is the concerns we discussed before and perhaps over the counter medication I’ve taken since I’ve been sick with a cold. I’ve been taking Nyquil and Alka-Seltzer Plus. Other than that I can’t think of any reason why my results have come out positive. Please let me know if there is anything I can do to resolve this issue.”</i></p>			
	REMAIN WITH PHP	TMB ACCEPTED	CONTINUE
<p>3. 11-0204</p> <p>License Type: M.D.</p> <p>(Physician in Training – Psychiatry)</p> <p><u>Background:</u></p> <ul style="list-style-type: none"> Referral Type: TMB Staff 	<p>X</p> <p>To include the Respondent going through a 96-hour evaluation and following the recommendations outlined by the 96-hour evaluators as well as the recommendations of the PHP.</p>		

<ul style="list-style-type: none"> • 1st Agreement Term: 3/4/2011 – 3/4/2016 • 2nd Agreement Term: 3/18/2013 – 3/17/2018 • Referral Reason: Psychiatric (including 1 Public Intoxication charge) • Sobriety Date: N/A • Drug(s) of Choice: Unknown <p><u>Issue(s)</u></p> <p>4/2010: Participant suffered a major depressive episode while a first year resident in general/plastic surgery at Baylor Medical School. This occurred in the context of his increasing dissatisfaction with his chosen residency. After careful consideration, participant decided to quit the general/plastic surgery program and pursued a residency in psychiatry.</p> <p>6/16/2010 – 6/30/2010: Admitted to Oceans Behavioral Hospital in Louisiana for depression.</p> <p>3/15/2013: Received a letter from participant notifying that he was arrested for DUI in November 2012. In addition, participant felt he made a poor decision by withholding this information from his employers at Baylor College of Medicine, TXPHP, and TMB and is now grateful for being sober.</p> <p>3/18/2013: Participant spoke with the TXPHP Medical Director over the phone and discussed the issues surrounding the November 2012 DUI charge and his intemperate use of alcohol. Furthermore, the TXPHP Medical Director made significant modifications to his Monitoring and Assistance Agreement, specifically the requirement for 12-Step/Caduceus meeting attendance, Recovery Monitor reporting and drug testing, including quarterly PETH testing.</p> <p><i>Participant has been in full compliance with his monitor reporting requirements from both his Psychiatrist and Work Site Monitor.</i></p>			
	REMAIN WITH PHP	TMB ACCEPTED	CONTINUE
<p>4. 10-0296</p> <p>License Type: M.D.</p>	<p>X</p> <p>To include the Respondent going through a 96-hour evaluation and following</p>		

<p>(Family Practice)</p> <p><u>Background:</u></p> <ul style="list-style-type: none"> • Referral Type: Self • Agreement Term: 8/22/2010 – 8/22/2015 • Referral Reason: Substance • Sobriety Date: 3/20/2010 • Drug(s) of Choice: Hydrocodone, Xanax & Alcohol <p><u>Issue(s)</u></p> <p>5/18/2011: Test resulted in “low creatinine” (18.9 mg/dL; SG: 1.003).</p> <p>9/23/2011: Missed call and did not provide test specimen.</p> <p>5/2/2012: Missed call, however did provide test specimen.</p> <p>5/29/2012: Test resulted in “low creatinine” (19.9 mg/dL; SG: 1.004).</p> <p>8/27/2012: Test resulted in “low creatinine” (11.0 mg/dL; SG: 1.003).</p> <p>12/3/2012: Missed call and did not provide test specimen.</p> <p>1/25/2013: Test resulted in “low creatinine” (6.7 mg/dL; SG: 1.003).</p> <p>1/28/2013: Test resulted in “low creatinine” (10.3 mg/dL; SG: 1.003).</p> <p>2/15/2013: Test resulted in “low creatinine” (11.0 mg/dL; SG: 1.003).</p> <p>3/5/2013: Test resulted in “dilute” specimen (9.8 mg/dL; SG: 1.002)</p> <p>3/7/2013: TXPHP Medical Director requested an explanation and ordered that the participant undergo both a PEth and HairStat-14 test.</p> <p>3/14/2013: Participant underwent a PEth test, which was reported as “positive” (26 ng/mL).</p> <p>3/18/2013: Participant underwent a HairStat-14 test, which was reported as “negative.”</p>	<p>the recommendations outlined by the 96-hour evaluators as well as the recommendations of the PHP.</p>		
--	--	--	--

<p>4/3/2013: An explanation was requested and participant submitted the following:</p> <p><i>“Dear Rosalind, I drank 2 mixed alcohol drinks on a Saturday night 2 weeks prior to the test and 8 beers on the Friday night prior to the test. Sincerely”</i></p> <p><i>The TXPHP Medical Director recommended that the participant submit himself for a relapse evaluation, which is to be completed by 4/24/2013.</i></p>			
	REMAIN WITH PHP	TMB ACCEPTED	CONTINUE
<p>5. 12-0185</p> <p>License Type: M.D.</p> <p>(Radiology)</p> <p><u>Background:</u></p> <ul style="list-style-type: none"> • Referral Type: Self • Agreement Term: 5/21/2012 – 5/20/2017 • Referral Reason: Substance • Sobriety Date: 2/5/2012 • Drug(s) of Choice: Alcohol <p><u>Issue(s)</u></p> <p>2/5/2012: Entered into residential treatment for alcoholism at Hazelden Springbrook in Newberg, OR.</p> <p>5/3/2012: Discharged from Hazelden Springbrook.</p> <p>9/6/2012: Tested “positive” for EtG (1514 ng/mL) and EtS (847 ng/mL).</p> <p>9/17/2012: Tested “positive” for EtG (9382 ng/mL) and EtS (4391 ng/mL).</p> <p>9/19/2012: Tested “positive” for EtG (1092 ng/mL) and EtS (901 ng/mL).</p>		<p>X</p> <p>Possible temporary suspension.</p>	

<p>9/19/2012: Participant was notified of the “positive” test result for both EtG/EtS and an explanation was requested.</p> <p>9/20/2012: Tested “positive” for EtG (602 ng/mL) and EtS (338 ng/mL).</p> <p>9/21/2012: Participant admits to being naïve when it comes to drug testing, however does know there can be other triggering factors. Approximately 5 weeks after entering the program participant states that at a Caduceus meeting there was talk about bug spray for mosquitos, cologne, etc. Participant was a little anxious about that but had already had been using them. The participant stated he uses Deep Woods Off in the evenings prior to evening walks at approximately 9 PM and it has high alcohol content. Mosquitos are bad. Salado creek is just behind his backyard. The participant uses cologne prior to work, after he showers after work, always has, he likes it, and everything had been fine until this point. Participant occasionally works with absolute ethyl alcohol. They had not triggered a positive result, now he is breaking HIPAA rules.</p> <p>9/21/2012: TXPHP Medical Director was notified of the participant's “positive” EtG/EtS result and explanation and recommended a 96-hour evaluation.</p> <p>10/1/2012: Test resulted in “low creatinine” (18.7 mg/dL; SG: unknown).</p> <p>10/8/2012 – 10/11/2012: Underwent a 72-hour evaluation at Talbott Recovery Campus and was recommended to enter into residential treatment and temporarily cease practicing.</p> <p>10/16/2012: Entered into residential treatment at Talbott Recovery Campus.</p> <p>1/11/2013: Discharged from Talbott Recovery Campus and was recommended to follow the terms of his relapse prevention plan, recovery crisis plan and TXPHP Monitoring and Assistance Agreement</p> <p>1/15/2013: Test resulted in “low creatinine” (8.9 mg/dL; SG: 1.003).</p> <p>1/31/2013: Test resulted in “dilute” specimen (11.1 mg/dL; SG: 1.002).</p>			
--	--	--	--

<p>2/4/2013: Participant was notified that no further action would be taken at this time by the TXPHP Medical Director, however any future instances would result in disciplinary action.</p> <p>2/5/2013: Test specimen was reported as “rejected” due to fatal flaw (<i>chain of custody was not completed properly – collector did not sign or print name in chain of custody area or custody and control form</i>).</p> <p>3/8/2013: Test resulted in “low creatinine” (10.8 mg/dL; SG: 1.004).</p> <p>3/25/2013: Tested “positive” for EtG (630 ng/mL) and EtS (416 ng/mL).</p> <p><i>Participant recently admitted to drinking and will enter treatment again at Talbott Recovery Campus on Monday, 4/1/2013.</i></p>			
	REMAIN WITH PHP	TMB ACCEPTED	CONTINUE
<p>6. 11-0102</p> <p>License Type: M.D.</p> <p>(Pediatrics)</p> <p><u>Background:</u></p> <ul style="list-style-type: none"> Referral Type: Self Agreement Term: 10/11/2010 – 10/11/2015 Referral Reason: Substance Sobriety Date: 8/30/2010 Drug(s) of Choice: Ambien <p><u>Issue(s)</u></p> <p>Participant was previously monitored by the Washington Physicians Health Program due to forging a prescription for Ambien while working locum tenens.</p> <p>12/7/2010: Test resulted in “low creatinine” (17.0 mg/dL; SG: 1.003).</p> <p>12/16/2010: Test resulted in “low creatinine” (15.1 mg/dL; SG: 1.004).</p>		<p>X</p> <p>Possible temporary suspension.</p>	

<p>1/3/2011: Test resulted in “low creatinine” (14.9 mg/dL; SG: 1.003).</p> <p>2/14/2011: Test resulted in “low creatinine” (16.4 mg/dL; SG: 1.005).</p> <p>5/23/2011: Test resulted in “low creatinine” (19.6 mg/dL; SG: 1.004).</p> <p>5/31/2011: Test resulted in “low creatinine” (14.7 mg/dL; SG: 1.004).</p> <p>6/27/2011: Test resulted in “low creatinine” (17.0 mg/dL; SG: 1.003).</p> <p>7/5/2011: Test resulted in “low creatinine” (13.9 mg/dL; SG: 1.003).</p> <p>7/11/2011: Test resulted in “low creatinine” (15.3 mg/dL; SG: 1.003).</p> <p>8/8/2011: Test resulted in “low creatinine” (16.9 mg/dL; SG: 1.004).</p> <p>9/6/2011: Test resulted in “low creatinine” (14.0 mg/dL; SG: 1.003).</p> <p>9/19/2011: Test resulted in “dilute” specimen (16.9 mg/dL; SG: 1.002).</p> <p>9/30/2011: TXPHP Medical Director reviewed the participant’s response and recommended no further action due to the participant’s drug of choice (Ambien).</p> <p>10/14/2011: Test resulted in “low creatinine” (13.1 mg/dL; SG: 1.003).</p> <p>11/28/2011: Test resulted in “low creatinine.”</p> <p>12/5/2011: Test resulted in “low creatinine” (16.1 mg/dL; SG: 1.005).</p> <p>1/31/2012: Tested “positive” for EtG (192 ng/mL).</p> <p>2/8/2012: An explanation was requested and the participant indicated that perhaps the “positive” test result was due to the use of hand sanitizer at work. Furthermore, the TXPHP Medical Director recommended that the participant undergo quarterly PEth testing.</p> <p>2/13/2012: Participant underwent a PEth test, which was reported as “negative.”</p> <p>2/27/2012: Test resulted in “low creatinine” (14.9 mg/dL; SG: 1.003).</p>			
--	--	--	--

<p>3/26/2012: Test resulted in “low creatinine” (18.0 mg/dL; SG: unknown).</p> <p>5/25/2012: Participant underwent a PEth test, which was reported as “positive” (41.46 ng/mL).</p> <p>6/4/2012: Test resulted in “low creatinine” (14.0 mg/dL; SG: 1.003).</p> <p>6/29/2012: TXPHP Medical Director spoke with the participant who admitted to drinking with friends and was uncomfortable telling them he couldn’t. Furthermore, it was recommended that he enter a relapse track program.</p> <p>7/5/2012: Test resulted in “low creatinine” (15.9 mg/dL; SG: 1.004).</p> <p>7/20/2012: Participant underwent a HairStat-14 test, which was reported as “negative.”</p> <p>8/17/2012: Case was discussed at the TXPHP Governing Board meeting and was recommended that the participant undergo an 96-hour evaluation.</p> <p>8/30/2012: Case was subsequently discussed at the TMB’s Disciplinary Process Review Committee (DPRC) and was recommended to remain with the TXPHP and undergo a 96-hour evaluation.</p> <p>10/9/2012 – 10/11/2012: Participant underwent a 72-hour evaluation at Palmetto Recovery Center and was recommended the following:</p> <ul style="list-style-type: none"> • Sign another monitoring contract with the TXPHP for a minimum of three (3) years; • Complete a TXPHP-approved Intensive Outpatient Program (IOP) for education on the hazards of alcohol abuse; • Engage in regular individual therapy with a TXPHP-approved therapist for a minimum of two (2) years to deal with ACOA issues and self-defeating personality problems; • Return to the practice of medicine as soon as a new TXPHP contract has been signed and entered into. <p>10/23/2012: Test resulted in “low creatinine” (18.0 mg/dL; SG: 1.004).</p>			
--	--	--	--

<p>10/30/2012: Test resulted in “low creatinine” (17.4 mg/dL; SG: 1.004).</p> <p>12/3/2012: Test resulted in “low creatinine” (16.8 mg/dL; SG: 1.004).</p> <p>12/27/2012: Test resulted in “low creatinine” (19.6 mg/dL; SG: 1.004).</p> <p>12/31/2012: Participant completed an Intensive Outpatient Program (IOP) at Texas Star Recovery in Austin, Texas and was commended for his full participation in the program, in addition to developing a solid recovery plan for maintaining continuous long-term sobriety.</p> <p>1/2/2013: Test resulted in “low creatinine” (17.0 mg/dL; SG: 1.004).</p> <p>1/22/2013: Test resulted in “low creatinine” (14.0 mg/dL; SG: 1.004).</p> <p>3/19/2013: Participant underwent a post-waiver PEth test, which was reported at “positive” (74 ng/mL).</p> <p>3/28/2013: Test resulted in “low creatinine” (19.6 mg/dL; SG: 1.004).</p> <p>4/3/2013: An explanation was requested regarding the 3/19/2013 “positive” PEth test result and the following was provided:</p> <p><i>“Rosalind, I did drink alcohol on my trip the week prior. I have not been drinking at any other time. I deeply regret this. I would like to have a meeting with Dr. Nemeth if possible. I have continued to be working with my current counselor David Clemons and we are making great progress regarding my issues of codependency and being an adult child of an alcoholic. I appreciate all that the program is doing for me and I DO want to continue with the Texas PHP. Sincerely”</i></p> <p><i>The TXPHP Medical Director recommended that the participant submit himself for a relapse evaluation, which is to be completed by 4/24/2013.</i></p> <p>Participant is scheduled to visit with the TXPHP Medical Director on Friday, 4/12/2013.</p>			
--	--	--	--

Total = 6