

DISCIPLINARY PROCESS REVIEW COMMITTEE (DPRC) & DECISIONS

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

June 26, 2014

New Cases for Discussion			
	REMAIN WITH PHP	TMB ACCEPTED	CONTINUE
<p>Case No. 1</p> <p>Participant Details: PHP#: 10-0307 Specialty: Internal Medicine Referral Type: TMB Referral Date: 6/29/2010 Referral Reason: Substance Drug(s) of Choice: Marijuana Sobriety Date: 5/13/2010 Agreement Term: 7/25/2010 – 7/25/2014 Drug Program Start Date: 9/7/2010 Drug Testing Frequency: 12 times/year</p> <p>Reason for DPRC Review: Recent “positive” test result for EtG/EtS with subsequent “positive” PEth test result.</p> <p>Drug Testing: 115 total urine drug screens scheduled</p> <ul style="list-style-type: none">• 104 negative results• 1 positive result<ul style="list-style-type: none">○ 4/25/2014 – EtG (524 ng/mL) / EtS (148 ng/mL)○ <i>“I have not consumed any alcohol. I have been abstinent from all mood altering substances including marijuana and alcohol and have been following the guidelines of the TXPHP since I started in 2010.....the only thing I can think of is that I made a mistake and have used a lot of new aftershave that I recently received as a gift.....I would not ever jeopardize my recovery or success again.”</i>	X		

- 2 expected positive results
 - 2/8/2012 – Oxazepam – 184 ng/mL; Per MD, result likely due to Valium/Ativan used peri-operatively)
 - 2/9/2012 – Oxazepam – 112 ng/mL

- 4 abnormal results due to low creatinine
 - 10/5/2012 – 9.4 mg/dL; SG: 1.003
 - 10/24/2012 – 9.0 mg/dL; SG: 1.003
 - 1/2/2013 – 9.0 mg/dL; SG: 1.003
 - 10/8/2013 – 15.5 mg/dL; SG: 1.003

- 2 dilute results
 - 12/27/2012 – 11.6 mg/dL; SG: 1.002 – Ok per MD, “continue to monitor.”
 - 1/2/2014 – 13.0 mg/dL; SG: 1.002 – Per MD, recommend Nail Stat 14 test.
 -

- 2 abnormal results due to CCF error
 - 9/22/2011 (specimen temperature box not checked)
 - 7/5/2012 (specimen temperature box not checked)

2 total special tests scheduled

- Nail Stat 14
 - 1/23/2014 – “negative” result
 - Recommended test by MD due to “dilute” test result of 1/2/2014

- Phosphatidylethanol (PEth)
 - 5/9/2014 – “positive” result (24 ng/mL)
 - Recommended test by MD due to “positive” EtG/EtS test result of 4/25/2014
 - 5/29/2014 - *“This is an explanation in response to a positive PEth test. I would like to reiterate that I have at no time ingested alcohol to result in this positive test result. I have been making every attempt at being compliant with the TXPHP since I began in 2010 including maintaining abstinence from drugs, alcohol, and avoiding alcohol contains products. I did use aftershave on a daily basis in April and this would be the only cause of the positive test result for both the EtG/EtS and now the PEth test. I have no other explanation than this as I have been completely abstinent from marijuana, drugs, and alcohol since May 14, 2010 which is my sobriety date. I did not*

consume any alcohol to result in this positive test. The slip up I had was using the aftershave and not realizing it had alcohol and would result in a positive test for alcohol metabolites. I am doing very well in my new job and recently had a mediation that was successful concerning my 14 month old son. This has been a very busy last 4 months for me, and I was not paying attention to things like aftershave which I normally would avoid. I received it as a gift, and it was second nature to use it because it was a nice brand and helped my skin. Normally, I would have been more aware of this potential pitfall, but I was distracted going through a parentity suit which is something I never thought I would have to do in my life. I would like to reemphasize that I have not intentionally ingested any alcohol at any point, whether in the past or recently, since I started my testing program with the TXPHP in 2010. I am still anticipating a successful life of sobriety, and I appreciate all of the assistance of the TXPHP. I am also looking forward to hopefully completing my term with the TXPHP on July, 25 2014. I would like to be able to go forward with raising my son and working as a happy, sober, and competent physician without the added stress of random drug testing if possible. Sincerely.”

5 total missed calls

- 2/2/2011 (provided test specimen – negative result)
- 1/9/2012 (provided test specimen – negative result)
- 10/1/2012 (provided test specimen – negative result)
- 4/18/2013 (provided test specimen – negative result)
- 8/16/2013 (provided test specimen – negative result)

Meeting & Reporting Requirement(s):

Monitor Type	Reporting Frequency	Last Report Rcvd	Next Report Due Date	Notes
Recovery Monitor (Individual)	Quarterly	6/16/2014	9/15/2014	
Worksite Monitor	Quarterly	5/4/2014	9/15/2014	
12-Step and log	Monthly	6/4/2014	7/5/2014	3x/week 12-Step/Caduceus

Narrative:

5/21/2014

"I need to provide my employer proof of compliance from the TXPHP. If I ask the TXPHP to release a report through a signed release of information form, what will be expressed on that report? Thank you."

REMAIN WITH
PHP

TMB
ACCEPTED

CONTINUE

Case No. 2

Participant Details:

PHP #: 12-0278
Specialty: Radiology
Referral Type: Self
Referral Date: 6/13/2012
Referral Reason: Substance
Drug(s) of Choice: Alcohol
Sobriety Date: Unknown
Agreement Term: 6/27/2012 - 6/26/2017
Drug Program Start Date: 12/12/2013
Drug Testing Frequency: 12 times/year
Soberlink Testing Frequency: 2 times/day

Reason for DPRC Review:

Recent "positive" PEth test result.

Drug Testing:

7 total urine drug screens scheduled

- 5 negative results
- 1 abnormal result due to low creatinine
 - 3/24/2014 – 15.6 mg/dL; SG: 1.003
- 1 dilute result
 - 12/27/2013 – 15.4 mg/dL; SG: 1.002
 - "Weird. I'll try to make sure I'm getting them done earlier without coffee or water."

2 total special tests scheduled

- Phosphatidylethanol (PEth)
 - 5/13/2014 – "negative" result (post-waiver)
 - 5/20/2014 – "positive" result

X

- 66 ng/mL
- Recommended test by MD due to “positive” Soberlink test results

561 total Soberlink tests received (*168 days monitored*)

- 7 positive BrAC results
 - w/ 4 compliant secondary tests results
 - Recommended PEth test by MD
- 7 late tests

Meeting & Reporting Requirement(s):

Monitor Type	Reporting Frequency	1 st Report Rcvd Date	Last Report Rcvd	Next Report Due Date	Notes
Worksite Monitor	Quarterly	12/17/2012	9/14/2013	12/15/2013	Currently working on a part-time basis and has the ability to retire at this point.

Narrative:

Participant was enrolled in an Intensive Outpatient Program (IOP) at The Right Step from July 2012 – September 2012.

In addition, drug testing was not a monitoring requirement for the participant until December 2013.

“12/6/2013

There are only 2 partners in my group at this time.....We bought out the remainder of our partners over the summer and then subsequently were purchased by a management organization. Technically, he and I are the only 2 partners remaining..... After the purchase, I have the ability to semi-retire and will likely do part-time work that is less stressful with my current company or in a local teaching institution.”

“5/28/2014

The last 2 months have been really tough. I was sued for business reasons in March and stopped going to meetings and talking to my sponsor, since I was scared they would be deposed and whatever I said would be used against me.

I went into a cocoon and isolated. I was able to survive until mid May sober and then started drinking odouls and eating foods with alcohol on it. When I went to see my mom, she relapsed and the dysfunctional family I grew up with returned. The stress was unbearable. I wasn't receiving soberlink prompts when I was with them and I drank real beer on May 16 and 17.

I was actually relieved when you tested me on may 20, because I knew it would be positive and I would be held accountable.

<p><i>Coincidentally, the case was just settled and my mom is back at it. So, drinking to relieve the anxiety was useless. I'm ready to face the consequences and I'm open to going into treatment after I get back from panama. In the meantime, I've been going to meetings daily and I'm reworking the steps. Just so you can understand what is important to me, I would like to explain what is important to me.</i></p> <p><i>I sold my practice and gave up my privileges at all the hospitals and clinics I used to work at. I don't intend on practicing again and I'm happy to surrender my license if need be. On the other hand, txphp has saved my life and I view it as my higher power. Since reporting myself 2 years ago, I have had a wonderful life. I got remarried, bought a new house, got custody of my sons, reconnected with family and friends, and sold my business. Reporting myself was the best thing I could have ever done.</i></p> <p><i>I'd really like to continue with you guys if possible and I'm open to whatever I need to do to stay in the program. Regardless of the outcome, I can't thank you enough for all you have done for me."</i></p> <p>**Participant underwent a 96-hour evaluation from 6/17/2014 thru 6/19/2014.</p>			
	REMAIN WITH PHP	TMB ACCEPTED	CONTINUE
<p>Case No. 3</p> <p><u>Participant Details:</u> PHP #: 14-0202 Specialty: Internal Medicine Referral Type: TMB Referral Date: 2/5/2014 Referral Reason: Substance Drug(s) of Choice: Alcohol Sobriety Date: 6/18/2005 1st Agreement Term: 2/27/2014 – 3/20/2014 2nd Agreement Term: 3/21/2014 – 3/21/2019 (not signed into by the participant)</p> <p><u>Reason for DRPC Review:</u> Refusal to enter into a full Agreement with TXPHP.</p> <p><u>Narrative:</u></p> <ol style="list-style-type: none"> 1. Participant was referred to TXPHP due to a recent DWI charge. 2. Participant entered into a preliminary Agreement and agreed to undergo a 96-hour evaluation. 3. On 3/4/2014, participant underwent a 96-hour evaluation at La Hacienda Treatment Centers and was most notably diagnosed with Alcohol Abuse Disorder, Depressive Disorder NOS and Anxiety Disorder NOS. 4. A full Monitoring and Assistance Agreement was issued to the participant, which included reporting requirements from 		X	

<p>a Work Site Monitor, CMS Recovery Monitor and an Addictionologist, in addition to 12-Step/Caduceus meeting attendance, urine drug screens, and IOP treatment.</p> <p>5. Participant hired an attorney in an attempt to negotiate the terms of the Agreement.</p> <p>6. On 5/12/2014, participant submitted a response and stated “...If I am unable to negotiate any of the contract, then I will pursue my case through the TMB.”</p>			
	REMAIN WITH PHP	TMB ACCEPTED	CONTINUE
<p>Case No. 4</p> <p>Participant Details: PHP #: 11-0220 Specialty: Anesthesiology Referral Type: Self Referral Date: 3/15/2011 Referral Reason: Substance Drug(s) of Choice: Alcohol Sobriety Date: 12/14/2010 Agreement Term: 3/31/2011 – 3/31/2016 Drug Program Start Date: 5/9/2011 Drug Testing Frequency: 48 times/year</p> <p>Reason for TXPHP Governing Board Review:</p> <ol style="list-style-type: none"> 1. Substantive number of urine drug tests resulting in “low creatinine” levels. 2. Multiple late submission of monitoring reports. <p>Drug Testing: 159 total schedule urine drug screens</p> <ul style="list-style-type: none"> • 134 negative results • 1 positive result <ul style="list-style-type: none"> ○ 7/29/2011 - Codeine (1180 ng/mL) ○ “I am writing in regards to the positive urine screen. I took one dose of some old cough medicine that I was sure was non-narcotic. Obviously, that was an error on my part. After receiving notice of the positive screen, I rechecked and codeine was indeed in the formulation. I hope this will clear up any problems now and going forward. I will again increase my vigilance as to what I ingest. Please let me know if you need any additional information.” 	X		

- **1** expected positive result
 - 4/19/2012 – Tramadol 553 ng/mL
 - *“I saw my family physician last night for severe flu-like symptoms. I was given a Depo-medrol steroid injection, and started on Tamiflu, Levofloxacin, and Tramadol. I'm feeling much better today. I did take one dose (100mg) of the Tramadol. I don't know if we are screened for this drug or not. I will not need anymore since the symptoms have greatly improved.”*

- **21** abnormal results due to “low creatinine”
 - 6/9/2011 - 19.8 mg/dL; SG 1.004
 - 10/24/2011 - 16.9 mg/dL; SG 1.003
 - 11/28/2011 - 13.6 mg/dL; SG 1.003
 - 4/24/2012 - 14.2 mg/dL; SG 1.004
 - 9/17/2012 - 13.6 mg/dL; SG 1.003
 - 10/31/2012 - 15.6 mg/dL; SG 1.005
 - 11/19/2012 - 16.5 mg/dL; SG 1.004
 - 12/17/2012 - 18.1 mg/dL; SG 1.004
 - 12/19/2012 - 15.3 mg/dL; SG 1.003
 - 1/23/2013 - 19 mg/dL; SG 1.005
 - 3/15/2013 - 17.4 mg/dL; SG 1.004
 - 4/23/2013 - 18.3 mg/dL; SG 1.004
 - 6/18/2013 - 18.6 mg/dL; SG 1.004
 - 7/8/2013 - 19.9 mg/dL; SG 1.004
 - 9/4/2013 - 15.3 mg/dL; SG 1.004
 - 10/21/2013 - 19.1 mg/dL; SG 1.005
 - 1/24/2014 - 18.3 mg/dL; SG 1.004
 - 3/14/2014 - 14.8 mg/dL; SG 1.003
 - 4/17/2014 - 18.3 mg/dL; SG 1.004
 - 4/28/2014 - 18.8 mg/dL; SG 1.004
 - 4/29/2014 - 16.5 mg/dL; SG 1.004

- **2** total missed tests
 - 10/18/2012 – vacation without waiver; Recommended PEth test by MD
 - 9/13/2013 – surgery schedule; no follow-up testing per MD

- 5** total special tests scheduled
 - Nail Stat 14
 - 11/20/2012 – “negative” result
 - Recommended by MD due to missed test on 10/18/2012

- Phosphatidylethanol (PEth)
 - 1/11/2012 – “negative” result
 - Recommended by MD due to missed call
 - 10/23/2012 – “negative” result
 - Recommended by MD due to missed test on 10/18/2012
 - 3/5/2013 – “negative” result
 - Post-waiver test
 - 7/1/2013 – “negative” result
 - Post-waiver test

10 total missed calls

- 5/9/2011 (provided test specimen - negative result)
- 7/21/2011 (provided test specimen – negative result)
- 8/19/2011 (provided test specimen – negative result)
- 8/23/2011 (provided test specimen – negative result)
- 12/23/2011 (provided test specimen - negative result)
- 3/14/2012 (provided test specimen - negative result)
- 10/9/2012 (provided test specimen - negative result)
- 3/19/2013 (provided test specimen - negative result)
- 5/23/2013 (provided test specimen - negative result)
- 5/8/2014 (provided test specimen - negative result)

Meeting & Reporting Requirement(s):

Monitor Type	Reporting Frequency	Last Report Rcvd	Next Report Due Date	Notes
CMS Recovery Monitor	Quarterly	6/16/2014	9/15/2014	
Worksite Monitor	Quarterly	10/24/2013	12/15/2013; 3/15/2014; 6/15/2014	
12-Step and log	Monthly	10/19/2013	11/5/2013 thru present	4x/week 12-Step/Caduceus
Mental Health Provider	Quarterly	6/16/2014	9/15/2014	

Psychologist	Quarterly	10/22/2013	12/15/2013; 3/15/2014; 6/15/2014				
<p><u>Narrative:</u></p> <p>Emails were sent to participant requesting outstanding monitoring reports on 11/20/12, 11/28/12, 4/30/13 & 5/29/13.</p> <p>7/1/13 – Email sent to participant regarding late 12-Step reports. Participant responded with:</p> <p><i>“I have no good explanation for the delay in submitting the forms. I am lousy at clerical activities. I will rededicate myself to getting the documents to you in a timely fashion. Thanks for your patience and reminder.”</i></p> <p>11/6/13 – Email sent to participant regarding late 12-Step reports. Participant responded with:</p> <p><i>“Thanks for the reminder. We sold our house and are moving. Things are a little out of sorts right now. They are on the way.”</i></p> <p>5/1/14 – Email sent to participant requesting an explanation for the 4 “low creatinine” results within the last quarter. Participant responded with:</p> <p><i>“I have no idea what low urine creatinine means or is caused by. If the question deals with intentional urine diluting, I unequivocally deny ever diluting samples for testing. It is a witnessed collection without access to any means to dilute a sample. I do drink a lot of fluids throughout the day and due to my work schedule test in the early afternoon. Please help me understand what I need to clear up this issue.”</i></p> <p>Participant was provided with a deadline to come into full compliance for his outstanding reports, however to date, full compliance has not yet been met.</p>							
					REMAIN WITH PHP	TMB ACCEPTED	CONTINUE
<p>Case No. 5</p> <p><u>Participant Details:</u> PHP #: 13-0275 Specialty: Emergency Medicine Referral Type: TMB Referral Date: 5/17/2013 Referral Reason: Substance (complaint from TMB) Drug(s) of Choice: Fentanyl patch & Norco Preliminary Agreement Term: 6/5/2013 – no expiration date</p>					X		

Reason for DPRC Review:

1. Non-compliance due to an incomplete neuro-cognitive evaluation.
2. Continued to practice after being directed by TXPHP to temporarily cease practicing.

Meeting & Reporting Requirement(s):

Monitor Type	Reporting Frequency	First Report Due	Notes
Initial Evaluation	One-time Only	7/14/2013	Evaluation should be done by one of the evaluator's on the attached list.
Worksite Monitor	Quarterly	9/15/2013	

Narrative:

Participant was reported to the TXPHP from a former Physician Assistant who indicated the participant was found falling asleep at work.

Per the participant's Monitoring and Assistance Agreement, he was required to undergo a neuro-cognitive evaluation, and to include "fitness for duty" recommendation from a neuropsychologist.

The participant was seen for the evaluation on 10/21/2013. The evaluator requested additional records and documentation from the participant and the participant would not comply

12/15/2013: Received a letter from the evaluating addiction psychiatrist, who was referred to the participant by the TXPHP. The evaluator stated he was unable to complete the evaluation without the additional records which the participant had not provided and payment issues. The letter included a copy of a refund check that was returned to the participant.

1/31/2014: Case reviewed during the 1/31/2014 TXPHP Governing Board meeting. The Board's recommendations were to require the participant cease practicing medicine pending receipt and review of the neuro-cognitive evaluation.

1/31/2014: Addendum sent to the participant directing him to temporarily cease practice until such time as authorized by TXPHP.

4/30/2014: Email sent requesting employment status and neuro-cognitive evaluation update. No reply was received.

5/7/2014: Attempted to reach participant by telephone and left a voicemail message. Participant's wife returned the call. She

stated the participant does not read his email very often and she hadn't heard anything about the addendum sent on 1/21/14.

5/8/2014: A letter and second addendum were sent via email to the participant. The letter instructed the participant to sign the addendum and fax to TXPHP within 5 days of receipt of the letter. Hardcopies were mailed via USPS First Class and Certified Return Receipt.

5/13/2014: Attempt made to reach participant by telephone and a voicemail message was left for him to return the call.

5/14/2014: A telephone call was placed to the participant. Initially the participant's speech was slurred and slow. The participant was asked if he was awoken by the call and he said no but stated he would be getting off his shift in 10 minutes and had been called to the hospital several times during the night. Participant denied receiving the addendums sent on 1/21/14 and 5/8/14. He said he was in touch with the evaluator to rectify the situation so the evaluation could be released to TXPHP. It was requested that the participant find the addendum in his email, print and return to TXPHP as soon as possible. The context of the addendum was read to him over the phone and he asked how he was supposed to abandon his patients. He was told that his concerns would be forwarded to the Medical Director and would be called back in the near future for further discussion.

To date, the signed addendum and the neuro-cognitive evaluation have not been received.

5/21/2014: Return Receipt green card received with participant's signature.

5/22/2014: Received a call from the evaluating psychiatrist who indicated that he would be submitting his report to us by Monday, 5/26/2014. Furthermore, he stated that after obtaining additional information from the participant's pain doctor, he felt the he does not have anything to support that the participant is impaired and is therefore the participant is safe to practice.

5/27/2014: Forensic evaluation was received from the psychiatrist, and the following was concluded:

"Participant's mental status examination is entirely within normal limits and he functions at an above average intellectual function.

In all medical probability, participant's neuro-cognition does not warrant further investigation and his sleep episodes appear to be have resolved due to less time on call.

It is the medical opinion of this forensic psychiatrist that there is not enough data to support the allegation that the participant fell asleep while caring for patients and in all medical probability, he is fit to practice medicine.

In all medical probability:

1. *Participant does not appear to be an impaired physician and is fit to practice medicine.*
2. *Participant might do well to consider a Spinal Cord Stimulator which would decrease his need for narcotics.*
3. *Participant's BUN is elevated to 33.0 (normal is 9.0 – 20.0) in labs dated 10/2/13; this should be follow up. In particular at it might be due to his acetaminophen.*
4. *Participant should consider limiting his call schedule.*

5. Participant should have a sleep lab study.
6. Participant should not prescribe any medications for himself-Narcotics or otherwise.
7. Participant's urine should be monitored quarterly for two years as well as quarterly reports should be submitted regarding any clinical complaints."

Furthermore, the participant was recommended by the TXPHP Governing Board to undergo an evaluation by an Addictionologist.

**REMAIN WITH
PHP**

**TMB
ACCEPTED**

CONTINUE

Case No. 6

Participant Details

PHP #: 13-0252

Specialty: Dermatology

Referral Type: TMB

Referral Date: 4/29/2013

Referral Reason: Psychiatric (depression and memory/cognition problems)

Agreement Term: 5/24/2013 – 5/23/2016

Reason for DPRC Review:

1. Failure to maintain and provide means of contact for communication.
2. Non-compliance due to untimely submission of monitor reports and failure to pay annual fees.

Meeting & Reporting Requirement(s):

Monitor Type	Reporting Frequency	1 st Report Due Date	1 st Report Received Date	Last Report Received	Notes
Primary Care Physician	Semi-annually	9/15/2013			
Psychiatrist	Quarterly	9/15/2013		2/27/2014	
Evaluating Psychiatrist	One Report Only	6/15/2013			
Worksite Monitor	Quarterly	7/15/2013			

Narrative:

6/14/2013 – Participant entered into an Agreed Order with TMB whereby his practice was restricted to dermatology, required to have his practice monitored by another physician for eight (8) monitoring cycles, refrain from treating his immediate family or anyone with whom he has a close relationship, develop and implement pain contracts for chronic pain patients, pass the

medical jurisprudence exam within one (1) year, complete CME hours in medical record keeping, risk management, and in identifying drug-seeking behavior. In addition, he was issued an administrative penalty in the amount of \$4000.

The action was based upon the participant's failure to meet the standard of care, prescribed inappropriately and failed to maintain adequate medical records for one patient. Additionally, the participant inappropriately self-prescribed medications.

6/23/2014 – Participant was sent a first class letter requesting an explanation regarding his lack of contact with TXPHP and for failure to maintain compliance with respect to submission of monitoring reports and payment of fees. Furthermore, the letter stressed that failure respond or if the explanations were deemed unacceptable by the TXPHP, the case would result in a referral to TMB for further action.

Follow-Up Case for Discussion

	REMAIN WITH PHP	TMB ACCEPTED	CONTINUE
<p>Case No. 7</p> <p>Participant Details: PHP #: 12-0170 Specialty: Pain Management / Anesthesiology Referral Type: TMB Referral Date: 1/11/2012 Referral Reason: Behavioral / Physical (Dysthymic Disorder / Type 1 Diabetes) Drug(s) of Choice: N/A (DWI) Sobriety Date: N/A Agreement Term: 2/8/2012 – 2/7/2017 Drug Program Start Date: 5/28/2012 Drug Testing Frequency: 24 times/year (including quarterly PEth testing)</p> <p>Reason for DPRC Review:</p> <ol style="list-style-type: none"> 1. Non-compliance due to a history of excessive missed calls for drug testing. 2. Follow-up discussion as additional testing information was requested. <p>Drug Testing: 59 total urine drug screens scheduled</p> <ul style="list-style-type: none"> • 44 negative results • 13 expected positive results <p>○ 12/27/2013 – Amphetamine – 4060 ng/mL; Adderall prescribed by treating psychiatrist on 12/20/2013</p>	X		

- 1/2/2014 – Amphetamine – 1308 ng/mL
- 1/28/2014 – Amphetamine – 6315 ng/mL
- 2/3/2014 – Amphetamine – 24042 ng/mL
- 2/6/2014 – Amphetamine – 29636 ng/mL
- 3/21/2014 – Amphetamine – 5524 ng/mL
- 3/26/2014 – Amphetamine – 9156 ng/mL
- 3/31/2014 – Amphetamine – 6094 ng/mL
- 4/9/2014 – Amphetamine – 8239 ng/mL
- 4/15/2014 – Amphetamine – 7872 ng/mL
- 4/28/2014 – Amphetamine – 16217 ng/mL
- 5/13/2014 – Amphetamine – 18819 ng/mL
- 6/3/2014 – Amphetamine – 5458 ng/mL

- 1 rejected test due to COC form received without specimen – recollection was requested
- 1 pending result

6 total special tests scheduled

- Phosphatidylethanol (PEth)
 - 11/5/2012 – negative result; requested per MD due to history of missed calls
 - 7/2/2013 – negative result; quarterly testing requested per MD due to history of continued missed calls
 - 8/19/2013 – negative result
 - 9/9/2013 – negative result
 - 12/20/2013 – negative result
 - 4/9/2014 – negative result

16 total missed calls

- 5/30/2012
- 7/13/2012
- 9/12/2012
- 9/26/2012 (provided test specimen – negative result)
- 10/11/2012 (provided test specimen – negative result)
- 10/25/2012 (provided test specimen – negative result)
- 10/31/2012
- 12/3/2012
- 12/31/2012
- 1/16/2013 (provided test specimen – negative result)
- 3/27/2013 (provided test specimen – negative result)
- 7/1/2013 (provided test specimen – negative result)

- 8/13/2013 (provided test specimen – negative result)
- 9/27/2013 (provided test specimen – negative result)
- 11/15/2013 (provided test specimen – negative result)
- 3/26/2014 (provided test specimen – “expected” positive result)

Meeting and Reporting Requirement(s):

Monitor Type	Reporting Frequency	Last Report Received	Next Report Due Date
Worksite Monitor	Semi-annually	6/13/2014	12/15/2014
Psychiatrist	Quarterly	6/13/2014	9/15/2014
Primary Care Physician (Endocrinologist)	Quarterly	5/6/2014	9/15/2014

Narrative:

In May 2004, the participant voluntarily surrendered his privileges at Medical Center of Plano while under investigation for providing false information regarding an arrest for DWI on his re-credentialing application, and for back-dating the application to avoid having to report the arrest.

9/16/2011: An Informal Settlement Conference (ISC) was held with the participant and the Texas Medical Board to address allegations the participant violated the standard of care, prescribed medications in a non-therapeutic manner, and kept inadequate medical records for two patients. In addition, there were allegations that the participant engaged in unprofessional conduct and disruptive behavior, and was subject to disciplinary action by his peers at three (3) different facilities.

Participant was notified on several occasions for his excessive missed calls and as a result, increased testing was recommended by the Medical Director. In addition, the TXPHP Governing Board recommended that the participant undergo a neuropsychological evaluation.

10/11/2013 & 10/18/2013: Underwent a neuropsychological evaluation and testing with Clinical Psychologist, Richard Fulbright, Ph.D.

1/31/2014: TXPHP Governing Board recommended that the case be referred back to TMB due non-compliance. Unfortunately, the case did not get on the DPRC meeting agenda because TMB requested that the agenda items be submitted prior to the completion of the TXPHP Governing Board meeting.

3/26/2014: Participant’s explanation for most recent missed call:

“I am sorry I was on a role signing in to check my test status.

REPORT

I set alarm for 630 am every morning. When it goes off I click on my web sign in on my phone. When I connected the Userid and password were blank. They are normally prefilled. I filled in my Userid My email address then I put in what I thought was my password. It replied wrong password. I tried 3 more times all saying wrong password and none of the three other times did it prefill the information. I went back to sleep but then got up at normal time and went to work. I went to work. Totally forgot to call. At lunch around 1257 I remembered went and signed in and it said was 102 pm too late called and Talked with Mary. I retried and my password and email worked. I went and got a random urine test. Attached is the sheet. Sorry I had a system working good. Have now put it on my phone "screen" to pull up."

5/1/2014: Case was presented at DRPC, however additional information was requested for follow-up discussion at the next scheduled meeting.

Total = 7