BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of

Case No. MD-16-0766A

CELIA R. ELIAS, M.D.
Holder of License No. 26173
For the Practice of Allopathic Medicine
In the State of Arizona.

FINDINGS OF FACT, CONCLUSIONS
OF LAW AND ORDER FOR LETTER
OF REPRIMAND AND PROBATION

The Arizona Medical Board ("Board") considered this matter at its public meeting on August 2, 2017. Celia R. Elias, M.D. ("Respondent"), appeared with legal counsel, Kathleen M. Rogers, Esq., before the Board for a Formal Interview pursuant to the authority vested in the Board by A.R.S. § 32-1451(H). The Board voted to issue Findings of Fact, Conclusions of Law and Order after due consideration of the facts and law applicable to this matter.

FINDINGS OF FACT

1. The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.

2. Respondent is the holder of license number 26173 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-16-0766A after receiving a complaint regarding Respondent's care and treatment of a 50 year-old male patient ("ML") alleging failure to properly treat and overprescribing of pain medication.

4. Patient ML had a prior history including strokes, seizure disorders and diabetes and established care with Respondent on May 6, 2010 as a primary care physician. ML was also a heavy smoker. At his initial visit, ML reported that he was under the care of a cardiologist and a neurologist. Respondent prescribed ML fexofenadine, alprazolam, Soma, metformin and Topamax.
5. ML again saw Respondent on July 8, 2010 with complaints including chronic leg and hip pain. Respondent’s diagnoses that day included anxiety and depression, and she prescribed ML Xanax and Celexa. Respondent treated ML through April 28, 2011, after which ML moved out of the area.

6. ML re-established care with Respondent on January 24, 2013, at which time he was on morphine for pain. Respondent’s physical examination was negative except for swelling in the right leg with possible cellulitis.

7. At ML’s March 11, 2013 visit, Respondent prescribed ML medications including metformin, clonazepam, alprazolam, Soma, Celexa, Lyrica and Topamax.

8. Respondent continued to treat ML through May 6, 2016 with various medications including oxycodone, morphine, Soma, Depakote, alprazolam and Xanax. ML’s morphine equivalent dosage while seeing Respondent was increased to 150 morphine equivalents daily. During the treatment, ML reported falling at home on at least two occasions, and cognitive dysfunction on one occasion.

9. At his May 6, 2016 appointment, ML reported chest pain about 14 days out of the month that he was treating with sublingual nitroglycerin. Respondent’s note for that day does not indicate a discussion of this complaint.

10. On May 25, 2016, ML was found at home minimally responsive after an apparent overdose, and subsequent myocardial infarction, for which he underwent extended treatment at a Hospital including cardiac catheterization. ML was again seen by Respondent on August 2, 2016 who noted that ML was off all pain medications and taking Aleve for back pain.

11. The standard of care requires a physician to perform an adequate evaluation of the patient at the initial visit as well as throughout the duration of treatment with documentation of physical findings, x-ray findings, and discussions as to what aggravated and/or caused the patient’s pain. Respondent deviated from the standard of
care by inadequate evaluation of the patient at the initial visit and throughout all of the
visits with very little documentation of physical findings, x-ray findings, and discussions as
to what aggravated and/or caused the pain.

12. The standard of care requires a physician to have regular discussions with
the patient regarding how to decrease or avoid addicting medications with multiple side
effects. Respondent deviated from the standard of care by failing to have regular
discussions with the patient regarding how to decrease or avoid addicting medications
with multiple side effects.

13. The standard of care when prescribing morphine equivalents of more than
50 per day requires a physician to carefully monitor and assess the patient's pain and to
have regular discussions regarding reducing or tapering the medication dose. Respondent deviated from the standard of care by prescribing morphine equivalents of
more than 50 per day (150 per day) without careful monitoring and assessment of ML's
pain and without regular discussions regarding reducing or tapering the medication dose.

14. The standard of care prohibits a physician from prescribing
benzodiazepines with opioids as they potentiate the effects of the opioid frequently to
dangerous levels. Respondent deviated from the standard of care by prescribing for ML
benzodiazepines along with opioids, potentiating the effects of the opioid frequently to
dangerous levels.

15. The standard of care when prescribing Soma requires a physician to
prescribe the medication for only three weeks in a healthy patient with proper indications,
and prohibits a physician from prescribing this medication to a patient with a history of
seizures. Respondent deviated from the standard of care by prescribing Soma without
indication to a patient with a history of seizures.

16. The standard of care requires a physician to utilize consultations to verify
and justify the use of dosages of very dangerous medications. Respondent deviated from
the standard of care by failing to utilize consultations to verify and justify the use of
dosages of very dangerous medications.

17. Actual harm was identified in that ML became addicted to his pain
medication and suffered the side effects of large doses of opioids with the depressing and
potentiating effects of benzodiazepines. ML had a near death occurrence requiring Narcan
and emergency treatment of STEMI. The patient was at unreasonable risk of potential
harm including opioid and/or cardiac related death.

18. On June 20, 2017 Respondent entered into an Interim Consent Agreement
for Practice Restriction that prohibited her from prescribing controlled substances pending
the outcome of a formal interview or formal hearing in the case.

19. On July 24-26, 2017, Respondent completed the Physician Prescribing
Course offered by the University of San Diego School of Medicine, Physician Assessment
and Clinical Education (“PACE”) Program, for a total of 27 hours of continuing medical
education (“CME”) credit.

20. During a Formal Interview on this matter, Respondent testified that after
completing the PACE course, she intended on making changes to her practice.
Specifically, Respondent testified in the last year she has ceased prescribing
benzodiazepines in combination with opioid medications and has limited her prescriptions
for carisprocol. Respondent also testified that she is no longer treating chronic pain
patients, and is now referring them to a pain management specialist for appropriate
treatment. Lastly, Respondent testified that with regard to patient monitoring, patients’
Controlled Substance Prescription Monitoring Program (“CSPMP”) reports are printed and
available before patient appointments.

21. During that same Formal Interview, Board members expressed concern that
the patient was on combinations of medications that were difficult to use together and on
high doses of those medications. Board members also commented that it was mitigating
that Respondent completed CME prior to the Formal Interview and has instituted significant practice changes.

CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter hereof and over Respondent.

2. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(e) ("Failing or refusing to maintain adequate records on a patient.").

3. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(q) ("Any conduct or practice that is or might be harmful or dangerous to the health of the patient or the public.").

ORDER

IT IS HEREBY ORDERED THAT:

1. Respondent is issued a Letter of Reprimand.

2. Respondent is placed on Probation for a period of 2 years with the following terms and conditions:
   
   a. Chart Reviews

   Within 30 days of the effective date of this Order, Respondent shall enter into a contract with a Board-approved monitoring company to perform periodic chart reviews at Respondent's expense. The chart reviews shall involve current patients' charts for care rendered after August 18, 2017. Based upon the chart review, the Board retains jurisdiction to take additional disciplinary or remedial action.
b. **Obey All Laws**

Respondent shall obey all state, federal and local laws, all rules governing the practice of medicine in Arizona, and remain in full compliance with any court ordered criminal probation, payments and other orders.

c. **Probation Termination**

Prior to the termination of Probation, Respondent must submit a written request to the Board for release from the terms of this Order. Respondent’s request for release will be placed on the next pending Board agenda, provided a complete submission is received by Board staff no less than 30 days prior to the Board meeting. Respondent’s request for release must provide the Board with evidence establishing that she has successfully satisfied all of the terms and conditions of this Order. The Board has the sole discretion to determine whether all of the terms and conditions of this Order have been met or whether to take any other action that is consistent with its statutory and regulatory authority.

3. The Board retains jurisdiction and may initiate new action against Respondent based upon any violation of this Order. A.R.S. § 32-1401(27)(r).

**RIGHT TO PETITION FOR REHEARING OR REVIEW**

Respondent is hereby notified that she has the right to petition for a rehearing or review. The petition for rehearing or review must be filed with the Board’s Executive Director within thirty (30) days after service of this Order. A.R.S. § 41-1092.09(B). The petition for rehearing or review must set forth legally sufficient reasons for granting a rehearing or review. A.A.C. R4-16-103. Service of this order is effective five (5) days after date of mailing. A.R.S. § 41-1092.09(C). If a petition for rehearing or review is not filed, the Board’s Order becomes effective thirty-five (35) days after it is mailed to Respondent.
Respondent is further notified that the filing of a motion for rehearing or review is required to preserve any rights of appeal to the Superior Court.

DATED AND EFFECTIVE this ___ day of October, 2017.

ARIZONA MEDICAL BOARD

By Patricia E. McSorley
Executive Director

EXECUTED COPY of the foregoing mailed this ___ day of October, 2017 to:

Kathleen M. Rogers, Esq.
Slutes, Sakrison & Rogers PC
4801 E Broadway Blvd, Suite 301
Tucson, AZ 85711
Attorney for Respondent

ORIGINAL of the foregoing filed this ___ day of October, 2017 with:

Arizona Medical Board
9545 E. Doubletree Ranch Road
Scottsdale, AZ 85258

Mary Babler
Board staff