BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of

RONALD E. PARFIT, M.D.

Holder of License No. 20680
For the Practice of Allopathic Medicine
In the State of Arizona.

Case No. MD-17-0118A

ORDER FOR LETTER OF REPRIMAND
AND PROBATION WITH PRACTICE
RESTRICTION; AND CONSENT TO
THE SAME

Ronald E. Parfitt, M.D. ("Respondent") elects to permanently waive any right to a
hearing and appeal with respect to this Order for a Letter of Reprimand and Probation with
Practice Restriction; admits the jurisdiction of the Arizona Medical Board ("Board"); and
consents to the entry of this Order by the Board.

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 20680 for the practice of
allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-17-0118A after receiving a complaint
regarding Respondent's care and treatment of a 50 year-old male patient ("AB") alleging
negligent prescribing resulting in patient death.

4. AB was an established patient of Respondent for treatment of issues
including chronic post-surgical abdominal pain ("CPSP"), insomnia, obesity, ADHD,
anxiety and stress with medications including opiates, benzodiazepines, Ambien and
amphetamines.

5. On August 6, 2012, Respondent noted that AB needed a refill of his Xanax
and morphine sulfate, both prescribed for anxiety, due to ongoing legal issues.
6. AB had a second abdominal surgery in May of 2012. Respondent's physical examination notes for visits dated August 16, 2012, November 30, 2012 and March 4, 2013 stated that, "[T]he abdomen is soft and nontender; there is no guarding or rigidity. Bowel sounds are normal. There are no palpable masses. There is no hepatosplenomegaly. There is no costovertebral angle (CVA) tenderness."

7. AB saw a gastrointestinal specialist on April 22, 2013, who noted that AB "does have intermittent mild abdominal pain which is likely due to adhesions." The specialist further noted that he discussed symptoms to watch for that would require further evaluation.

8. In August, September, and December of 2013, as well as February and March of 2014, AB obtained double prescriptions of Xanax by filling Respondent's prescriptions at two different pharmacies.

9. On December 6, 2013, Respondent noted that AB might have been self-medicating with alcohol over the previous year, but that AB was no longer drinking. AB reported increased abdominal pain. Respondent changed AB to oxycodone without Tylenol. Respondent further documented that AB had been "persistent" in requests to increase his oxycodone to 30 mg, four times a day and his alprazolam to twice a day. Respondent noted that he increased AB's oxycodone prescription to 15 mg, twice a day. Respondent noted that a prescription review for AB was normal and continued previously prescribed Xanax.

10. At a February, 2014 visit, Respondent increased AB's dose of oxycodone to 30 mg, twice a day and increased the frequency to four times a day in June, 2014.

11. On April 14, 2014, Respondent noted that AB was receiving double prescriptions of Xanax.
12. Between May and September of 2014, AB received prescriptions of oxycodone from another provider due to a work related injury. Respondent continued to prescribe oxycodone 30 mg, four times a day during this time period.

13. On June 6, 2014, February 23, 2015 and March 10, 2016, AB’s urine drug screens were negative for the Xanax prescribed by Respondent.

14. Between 2013 and 2016, there were multiple references in the chart that AB was under stress and anxiety. AB declined a psychiatric consultation on multiple occasions.

15. AB was last seen by Respondent on September 2, 2016. At the time of his last treatment, Respondent was prescribing AB methamphetamine 5 mg, three times a day for weight loss; alprazolam 0.5 mg, twice a day as needed for anxiety; oxycodone 30 mg, four times a day; Zolpidem, 1.5 10 mg tablets by mouth at bedtime as needed for insomnia; and, dexroamp-amphetamine 20 mg twice a day for ADHD.

16. The standard of care prohibited Respondent from initiating and continuing treatment with long term opioids in a complex patient with multiple psycho-social comorbidities. Respondent deviated from the standard of care in that the indication for long term opioids continuation is not appropriate for this complex patient with multiple psycho-social comorbidities.

17. The standard of care requires documentation to support the initiation and continuation of long term opiate therapy. Respondent deviated from the standard of care in that there is not enough documentation in the chart to support the initiation and continuation of long term opiate therapy.

18. The standard of care requires Respondent to use caution when opioids are used with another sedative/hypnotic as combined use of benzodiazepines with opioids increases the risk of respiratory depression and death from overdose. Respondent
deviated from the standard of care by continuing high dose opiates with benzodiazepines and benzodiazepine-like substances without sufficient caution.

19. Actual harm was identified in that the patient developed narcotics dependence and narcotics addiction. The patient was at risk of potential harm including narcotics overdose, respiratory depression, low sexual drive, testicular hypofunction, restlessness, and insomnia.

20. On November 13, 2017, Respondent entered into an Interim Consent Agreement for Practice Restriction prohibiting him from prescribing controlled substances pending the outcome of a Formal Hearing or Formal Interview in this matter.

CONCLUSIONS OF LAW

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

b. 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.").

c. 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. **Practice Restriction**

Respondent's practice is restricted in that he is prohibited from prescribing controlled substances until he has completed the Continuing Medical Education ("CME") as stated in paragraph 2(b) of this Order, enters into an agreement with a Board-approved monitor to conduct chart reviews as stated in paragraph 2(c) of this Order, and provides Board staff satisfactory proof of compliance with these requirements.

b. **Continuing Medical Education**

Respondent shall within 6 months of the effective date of this Order obtain no less than 15 hours of Board staff pre-approved Category I CME in an intensive, in-person course regarding medical recordkeeping; and, no less than 15 hours of Board staff pre-approved Category I CME in an intensive, in-person course regarding controlled substances prescribing. Respondent shall within thirty days of the effective date of this Order submit his request for CME to the Board for pre-approval. Upon completion of the CME, Respondent shall provide Board staff with satisfactory proof of attendance. The CME hours shall be in addition to the hours required for the biennial renewal of medical licensure.

c. **Chart Reviews**

Within 30 days of completion of the CME, 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 the date Respondent returned to practice as stated herein. Based upon the chart review, the Board retains jurisdiction to take additional disciplinary or remedial action.
d. **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.

e. **Tolling**

In the event Respondent should leave Arizona to reside or practice outside the State or for any reason should Respondent stop practicing medicine in Arizona, Respondent shall notify the Executive Director in writing within ten days of departure and return or the dates of non-practice within Arizona. Non-practice is defined as any period of time exceeding thirty days during which Respondent is not engaging in the practice of medicine. Periods of temporary or permanent residence or practice outside Arizona or of non-practice within Arizona, will not apply to the reduction of the probationary period.

f. **Probation Termination**

After two consecutive favorable chart reviews, Respondent may petition the Board to terminate the Probation. Respondent may not request early termination without satisfaction of the chart review requirements as stated in this Order.

Prior to any Board consideration for 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 he has successfully satisfied all of the terms and conditions of this Order.
The Probation shall not terminate except upon affirmative request of Respondent and approval by the Board. In the event that Respondent requests Probation termination and the Practice Restriction is in effect at the time of the request, the Board may require any combination of examinations and/or evaluations in order to determine whether or not Respondent is safe to prescribe controlled substances and the Board may continue the Practice Restriction or take any other action consistent with its authority.

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).

DATED AND EFFECTIVE this 1ST day of February, 2018.

ARIZONA MEDICAL BOARD

By

Patricia E. McSorley
Executive Director

CONSENT TO ENTRY OF ORDER

1. Respondent has read and understands this Consent Agreement and the stipulated Findings of Fact, Conclusions of Law and Order ("Order"). Respondent acknowledges he has the right to consult with legal counsel regarding this matter.

2. Respondent acknowledges and agrees that this Order is entered into freely and voluntarily and that no promise was made or coercion used to induce such entry.

3. By consenting to this Order, Respondent voluntarily relinquishes any rights to a hearing or judicial review in state or federal court on the matters alleged, or to challenge
this Order in its entirety as issued by the Board, and waives any other cause of action
related thereto or arising from said Order.

4. The Order is not effective until approved by the Board and signed by its
Executive Director.

5. All admissions made by Respondent are solely for final disposition of this
matter and any subsequent related administrative proceedings or civil litigation involving
the Board and Respondent. Therefore, said admissions by Respondent are not intended
or made for any other use, such as in the context of another state or federal government
regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or
any other state or federal court.

6. Upon signing this agreement, and returning this document (or a copy thereof)
to the Board’s Executive Director, Respondent may not revoke the consent to the entry of
the Order. Respondent may not make any modifications to the document. Any
modifications to this original document are ineffective and void unless mutually approved
by the parties.

7. This Order is a public record that will be publicly disseminated as a formal
disciplinary action of the Board and will be reported to the National Practitioner’s Data
Bank and on the Board’s web site as a disciplinary action.

8. If any part of the Order is later declared void or otherwise unenforceable, the
remainder of the Order in its entirety shall remain in force and effect.

9. If the Board does not adopt this Order, Respondent will not assert as a
defense that the Board’s consideration of the Order constitutes bias, prejudice,
prejudgment or other similar defense.

10. Any violation of this Order constitutes unprofessional conduct and may result
in disciplinary action. A.R.S. § § 32-1401(27)(r) ("[v]iolating a formal order, probation,
consent agreement or stipulation issued or entered into by the board or its executive
director under this chapter.

11. Respondent acknowledges that, pursuant to A.R.S. § 32-2501(16), he
cannot act as a supervising physician for a physician assistant while his license is on
probation.

12. **Respondent has read and understands the conditions of probation.**

[Signature]

RONALD E. PARFITT, M.D.

DATED: 13/09/17

EXECUTED COPY of the foregoing mailed
this 1st day of **February**, 2018 to:

Ronald E. Parfitt, M.D.
Address of Record

ORIGINAL of the foregoing filed
this 1st day of **February**, 2018 with:

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

Board staff

1740 W. Adams St Ste 4000
Phoenix, AZ 85007