BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of

DOUGLAS J. CAMPBELL, M.D.
Holder of License No. 28543
For the Practice of Allopathic Medicine
In the State of Arizona.

Case No. MD-16-0512A
ORDER FOR DECREE OF
CENSURE AND PROBATION; AND
CONSENT TO THE SAME

Douglas J. Campbell, M.D. ("Respondent"), elects to permanently waive any right to a hearing and appeal with respect to this Order for a Decree of Censure and Probation; 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 28543 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-16-0512A after receiving a complaint alleging that Respondent inappropriately prescribed controlled substances to patients.

Patient CM

4. Patient CM was initially seen by Respondent in October of 2009 and continued to be seen in that practice until May 7, 2012. Respondent prescribed CM OxyContin 80mg #310 every 15 days, Endocet 10/325mg #360 for 30 days, Opana 40mg #160 for 3 days, temazepam #120 for 30 days, Dilaudid liquid 8mg in a quantity of 883 mL for 5 days, and oxycodone 30mg #3240 for 30 days along with testosterone supplements.

5. On March 26, 2012, Respondent discharged CM by written correspondence indicating that CM had made inappropriate comments to his staff and for violating Respondent's opioid prescribing agreement.
Patient CB

6. Patient CB, a 33 year-old female, established care with Respondent in September, 2002. Respondent had a visit with CB on April 28, 2008, at which time Respondent was prescribing Morphine sulfate 30 mg prescribed in the quantity of 2160, in addition to prescriptions for Ativan, Cymbalta, Elavil, ibuprofen, Restoril, Soma Topamax, Imitrex and Lidocaine solution for complaints of chronic pain, abdominal pain, chronic back pain, fibromyalgia, and visual hallucinations.

7. The next record of a visit for CB with Respondent is dated February 27, 2012. CB continued to see Respondent through March 10, 2015, when Respondent's notes indicate that he was beginning CB on a Dilaudid taper March 31, 2015. On March 30, 2016, CB's notes also indicate a taper from Morphine. A problem list dated May 2, 2016 indicates that CB was prescribed medications including morphine sulfate 30 mg., cyclobenzaprine, Ativan, Effexor XR, Imitrex, and Topamax for different complaints including fibromyalgia, low back pain, and an anticoagulant disorder.

Patient TB

8. Patient TB, A 29 year-old male, established care with Respondent on September 25, 2009. TB originally sought treatment for increasing anxiety and right shoulder pain. Respondent initially prescribed TB trazodone, ibuprofen 800 mg, Ativan and Vicodin. Phone notes from December, 2009 state that TB requested to switch Ativan to Xanax. Respondent declined the request, and added Pristiq at TB’s request since TB was already taking the maximum dose of Ativan.

9. Respondent continued to see TB through May 2, 2016. Respondent continued to prescribe TB medications including Vicodin, oxycodone, Ambien, and Ativan during this time period. TB's records show multiple early refills at the request of the patient by phone.
Patient JB

10. JB, a 28 year-old male patient with a past history of spinal fusion and remote facial reconstruction after a military accident, established care with Respondent on January 30, 2007. At the time of JB's initial visit, the patient was taking OxyContin, hydrocodone, diazepam, Soma and Tegretol. Respondent prescribed additional prescriptions of these medications.

11. JB continued to see Respondent through January 5, 2015. At that time, Respondent was prescribing JB OxyContin, Norco, diazepam, Cymbalta and carbamazepine for diagnoses including PTSD, sciatica, chronic pain due to trauma and major depressive affective disorder.

12. On January 5, 2015, Respondent discharged JB from his practice with 30 days' notice via written correspondence indicating that JB was obtaining pain medication from the Veterans Administration as well as Respondent in violation of his opioid agreement.

Patient JL


Patient DS

15. DS, a 62 year-old female patient, established care with Respondent on August 4, 2009. An unsigned opioid agreement with this date is included in DS’s file. Respondent continued to see DS through April 12, 2016 with medications including Xanax, Buspirone, Soma morphine sulfate 10 mg per 5 ml oral solution, Opana, oxycodone, OxyContin and tramadol for conditions including fibromyalgia, sciatica, back spasms, herniated cervical disc, trochanteric bursitis, and chronic anxiety.

16. DS’s medical records include abnormal urine drug screens with no follow-up.

Deviations from Standards of Care

17. The standard of care for treatment of chronic pain with long-term opioids requires prescribing for a legitimate purpose, for a documented credible medical condition requiring such medication, with appropriate dosage and quantity, with appropriate monitoring, and with documented improvement in pain and function.

18. Respondent deviated from this standard of care by prescribing significant quantities of opioids to patients without establishing a legitimate medical condition requiring opioid medication, without documentation to substantiate the diagnosis or any chronic pain syndrome, and without monitoring or evidence of benefit. Respondent additionally deviated from this standard of care by failing to address abnormal urinary drug screens, by ignoring aberrant behaviors, and by ignoring the risks of combining benzodiazepines and opioids.

19. There was the potential for patient harm in that there was a potential for medication abuse, overdose and death, in addition to issues of medication side effects and diversion.
20. The Board's Medical Consultant found that actual harm could not be determined from the inadequate records and inadequate or frequently absent physical examinations or whether any of these medications were being diverted or misused since there was no appropriate monitoring utilized by Respondent.

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.").

d. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(l)("Conduct that the board determines is gross negligence, repeated negligence or negligence resulting in harm to or the death of a patient.").

ORDER

IT IS HEREBY ORDERED THAT:

1. Respondent is issued a Decree of Censure.

2. Respondent is placed on Probation for 5 years with the following terms and conditions:

   a. Continuing Medical Education

   Respondent shall within 6 months of the effective date of this Order obtain no less than 20 hours of Board staff pre-approved Category I Continuing Medical Education
("CME") in an intensive, in-person course regarding prescribing controlled drugs; and complete the Basics of Chronic Pain Management offered by the Center for Personalized Education for Physicians ("CPEP"). 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.

b. Chart Reviews

Respondent shall be subject to periodic chart reviews, to be performed by CPEP's Practice Monitoring Group. Respondent shall bear all costs associated with the chart reviews. Based upon the chart reviews, the Board retains jurisdiction to take additional disciplinary or remedial action. The chart reviews shall commence upon proof of Respondent’s successful completion of the Board ordered CME, and shall involve current patients’ charts.

c. 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.

d. 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.

e. 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 14 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).

DATED AND EFFECTIVE this 5th day of May, 2017.

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.") and 32-1451.

11. Respondent has read and understands the conditions of probation.

DOUGLAS J. CAMPBELL, M.D.

DATED: 4/12/17

EXECUTED COPY of the foregoing mailed this 5th day of May, 2017 to:

Richard K. Delo
Jennings, Strouss & Salmon PLC
One E Washington St, Suite 1900
Phoenix, AZ 85004-2554

Attorney for Respondent

ORIGINAL of the foregoing filed this 5th day of May, 2017 with:

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

Mary Barger
Board staff