

BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of

GEORGE E. STAVROS, M.D.

Holder of License No. 4409
For the Practice of Allopathic Medicine
In the State of Arizona.

Case No. MD-09-1167A

**ORDER FOR DECREE OF CENSURE,
PRACTICE RESTRICTION, AND
PROBATION AND CONSENT TO THE
SAME**

George E. Stavros, M.D. ("Respondent") elects to permanently waive any right to a hearing and appeal with respect to this Order for Decree of Censure, Practice Restriction, 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 4409 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-09-1167A after conducting a chart review pursuant to Respondent's February 7, 2008 Consent Agreement for Probation. The Agreement also requires that Dr. Stavros notify Board staff within 30 days of any change or expansion in the scope of his practice.

4. In January 2009, Respondent notified Board staff that he became the Medical Director for MedShape Weight Loss Clinic and assured that he was not seeing patients in the Clinic. Board staff obtained pharmacy records that revealed Respondent had prescribed Phentermine to patients SS and YD from 2008 through 2009. Despite notifying the Board on two prior occasions, one verbal and one written, that Respondent had not expanded his practice, Board staff determined that Respondent had expanded his scope of practice by prescribing Phentermine, in violation of his February 7, 2008 Consent Agreement for Probation.

1 5. Four patients' medical records were randomly selected for quality of care
2 review to determine the adequacy of Respondent's medical records, review of his
3 prescribing and weight management practice, as well as to whether he adequately
4 reported expansion of his practice to Board staff.

5 **Patient BO**

6 6. BO received treatment for opiate dependence and chronic pain. Respondent
7 documented an attempt to taper BO's Subutex dose; however, he failed to elaborate on
8 BO's symptoms or why she was not able to decrease the dose. Respondent continued to
9 prescribe Subutex to BO four months after Suboxone therapy was initiated by another
10 provider without documenting his reasoning for prescribing Subutex in place of Suboxone.

11 **Patient JS**

12 7. Respondent treated JS for oxycodone and heroin dependence with
13 buprenorphine maintenance. JS's records do not indicate that a physical evaluation was
14 performed by Respondent or of psychosocial treatment/plans during the course of
15 treatment. JS presented to Respondent on November 16, 2008. The records indicate that
16 JS took his last opiates "yesterday pm," but there was no evaluation of withdrawal
17 symptoms or signs. There was also no mention of a physical evaluation or psychosocial
18 treatment or plans. A prescription was written, but there is no documentation of the drug
19 name, dosage or instructions. JS was instructed to return in 8 days. On February 4, 2009,
20 the records noted JS was doing well, despite his failure to return for his scheduled
21 appointment in November 2008. JS had admitted to Respondent that he received
22 medications from a relative, but there was no documentation in the medical record to
23 support that Respondent counseled JS regarding obtaining or sharing medications with
24 others. Respondent continued to prescribe to JS even though JS was noncompliant with
25 his treatment agreement and there was no physical examination performed.

1 Respondent then saw JS on July 1, 2009 after having missed his follow-up appointment.
2 Respondent noted that JS had restarted opiates and the use of heroin and oxycodone was
3 noted; however, there was no documentation regarding amounts, frequency, or route of
4 use. Respondent continued to prescribe JS Subutex despite a urine drug screen that was
5 positive for opiates and methadone.

6 **Patient YD**

7 8. A pharmacy profile revealed that Respondent wrote a prescription for
8 Phentermine to YD on June 9, 2009, after Respondent notified Board staff of his Medical
9 Director position and assured that he was not seeing patients in the capacity of his new
10 position.

11 **Patient SS**

12 9. Respondent saw SS three times over the course of one year, from October
13 2008 through October 2009. SS received four prescriptions of Phentermine in total.
14 Respondent's medical records for SS are difficult to read and incomplete. Respondent
15 failed to discuss with SS the rationale for use and side effects of Phentermine. It was
16 determined that Respondent saw SS prior to notifying Board staff of his Medical Director
17 position.

18 10. The standard of care requires a physician to discuss the side effects of the
19 medication prescribed to the patient; to evaluate the patient for toxicity as well as medical
20 or behavioral side effects when prescribing buprenorphine; to counsel the patient to keep
21 appointments when the patient is noncompliant with keeping follow up appointments; to
22 evaluate the patient for withdrawal or obtain a urine drug screen prior to initiating
23 buprenorphine treatment; to take corrective action when the patient is noted to be diverting
24 medication and obtain a urine drug screen to verify the patient's history; to re-evaluate the
25 appropriateness of continuing the patients' treatment when the patient relapses; and to

1 limit the number of prescribed doses and justify the formulation in the medical record when
2 prescribing buprenorphine alone for extended periods.

3 11. Respondent deviated from the standard of care by failing to discuss with SS
4 the rationale for use and side effects of Phentermine; by failing to evaluate the patients for
5 toxicity, medical or behavioral adverse effects; by failing to take action and counsel the
6 patients when they were noncompliant with keeping follow up appointments; by failing to
7 evaluate JS for withdrawal or obtain a urine drug screen prior to initiating buprenorphine
8 treatment; by failing to take corrective action when JS was using diverted medications, and
9 by failing to obtain a urine drug screen to verify his history; by failing to re-evaluate the
10 appropriateness of continuing treatment when JS relapsed; and by prescribing Subutex to
11 patients for long-term treatment when it was not justified in the medical record.

12 12. SS could have potentially developed side effects to Phentermine and may
13 have been inadequately treated.

14 13. A physician is required to maintain adequate legible medical records
15 containing, at a minimum, sufficient information to identify the patient, support the
16 diagnosis, justify the treatment, accurately document the results, indicate advice and
17 cautionary warnings provided to the patient and provide sufficient information for another
18 practitioner to assume continuity of the patient's care at any point in the course of
19 treatment. A.R.S. § 32-1401(2). Respondent's medical records were inadequate because
20 he failed to document his reasoning for prescribing Subutex for BO in place of Suboxone,
21 he failed to document whether he counseled JS regarding receiving medications from
22 family members, and his records were illegible at times.

23 CONCLUSIONS OF LAW

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

1 2. The conduct and circumstances described above constitute unprofessional
2 conduct pursuant to A.R.S. §32-1401(27)(e) (“[f]ailing or refusing to maintain adequate
3 records on a patient.”); A.R.S. § 32-1401(27)(q) (“[a]ny conduct or practice that is or might
4 be harmful or dangerous to the health of the patient or the public.”); A.R.S. §32-1401(27)(r)
5 (“[v]iolating a formal order, probation, consent agreement or stipulation issued or entered
6 into by the board or its executive director under the provisions of this chapter.”); and
7 A.R.S. §32-1401(27)(jj) (“[k]nowingly making a false or misleading statement to the board
8 or on a form required by the board or in a written correspondence, including attachments,
9 with the board.”).

10 **ORDER**

11 IT IS HEREBY ORDERED THAT:

12 Respondent is issued a Decree of Censure, Practice Restriction, and Probation.

13 1. Practice Restriction

14 Respondent's practice shall be restricted for a period of ten years with the following
15 terms and conditions:

- 16 a. Respondent shall only perform FAA examinations.
- 17 b. Respondent is prohibited from prescribing all controlled substances as
18 defined in the Controlled Substances Act, including, but not limited to, Phentermine.
- 19 c. Activities that are not “practice of medicine” as defined in A.R.S. § 32-
20 1401(22) are not subject to the practice restriction.

21 2. Probation

22 Respondent is placed on probation for ten years with the following terms and
23 conditions:

- 24 a. Respondent shall within 30 days of the effective date of this order, enter
25 into a contract with a Board pre-approved monitoring company (“Contractor”). The

1 Contractor shall provide all monitoring services. Respondent shall bear all costs of
2 monitoring requirements and services.

3 b. Chart Reviews

4 The Contractor shall perform periodic chart reviews. Based upon the
5 periodic chart reviews, the Board retains jurisdiction to take additional disciplinary or
6 remedial action.

7 c. Obey All Laws

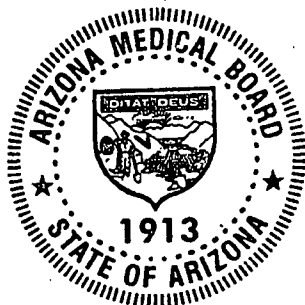
8 Respondent shall obey all state, federal and local laws, all rules governing
9 the practice of medicine in Arizona, and remain in full compliance with any court ordered
10 criminal probation, payments and other orders.

11 d. Tolling

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

19 DATED AND EFFECTIVE this 9TH day of JUNE, 2011
20 2010.

21 (SEAL)



22 ARIZONA MEDICAL BOARD

23 By _____

24 Lisa S. Wynn
25 Executive Director

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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.

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

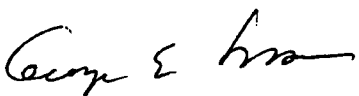
4 8. If any part of the Order is later declared void or otherwise unenforceable, the
5 remainder of the Order in its entirety shall remain in force and effect.

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

9 10. Any violation of this Order constitutes unprofessional conduct and may result
10 in disciplinary action. A.R.S. §§ 32-1401(27)(r) ("[v]iolating a formal order, probation,
11 consent agreement or stipulation issued or entered into by the board or its executive
12 director under this chapter") and 32-1451.

13 11. Respondent acknowledges that, pursuant to A.R.S. § 32-2533(E), he cannot
14 act as a supervising physician for a physician assistant while his license is under
15 probation.

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


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18 
19 _____
 GEORGE E. STAVROS, M.D.

DATED: 3/31/11

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21
22 EXECUTED COPY of the foregoing mailed
23 this 9th day of June, ~~2010~~ 2011 to:
24 Charles E. Bun
25 4742 N. 24th Street, Suite A-150
Phoenix, AZ 85016-9139

1 ORIGINAL of the foregoing filed ²⁰¹¹
this 10th day of June, 2010 with:

2
3 Arizona Medical Board
4 9545 E. Doubletree Ranch Road
5 Scottsdale, AZ 85258

6 
7 Arizona Medical Board Staff

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