BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of **CELIA R. ELIAS, M.D.** Holder of License No. 26173 For the Practice of Allopathic Medicine In the State of Arizona.	Case No. MD-16-0766A **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 fexophenidine, 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 carisprodol. 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 4th day of October, 2017.

ARIZONA MEDICAL BOARD

By Patricia E. McSorley
Patricia E. McSorley
Executive Director

EXECUTED COPY of the foregoing mailed this 4th 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 4th day of October, 2017 with:

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

Mary Barber
Board staff