

1 BEFORE THE ARIZONA MEDICAL BOARD

2 In the Matter of

3 **Angelo L. Chirban, M.D.**

4 Holder of License No. 27055
5 For the Practice of Allopathic Medicine
6 In the State of Arizona

Case No. MD-10-0134A

**ORDER FOR LETTER OF REPRIMAND
AND CONSENT TO THE SAME**

7 Angelo L. Chirban, M.D. ("Respondent") elects to permanently waive any right to a
8 hearing and appeal with respect to this Order for Letter of Reprimand; admits the
9 jurisdiction of the Arizona Medical Board ("Board"); and consents to the entry of this Order
10 by the Board. Respondent consents to the entry of the Order set forth below as a
11 compromise of a disputed matter between Respondent and the Board, and does so only
12 for the purpose of terminating the disputed matter by agreement. While Respondent does
13 not admit to or agree with the Findings of Fact and Conclusions of law set forth below,
14 Respondent agrees to resolve this disputed complaint by acknowledging that it is the
15 Board's position that, if this matter proceeded to formal hearing, the Board could establish
16 sufficient evidence to support a conclusion that certain aspects of Respondent's conduct
17 constituted unprofessional conduct.

18 **FINDINGS OF FACT**

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

21 2. Respondent is the holder of license number 27055 for the practice of
22 allopathic medicine in the State of Arizona.

23 3. The Board initiated case number MD-10-0134A after receiving a complaint
24 regarding Respondent's care and treatment of a 43 year-old male patient ("AG") alleging
25 inappropriate prescribing.

1 4. In April 2005, AG established care with Respondent for management of his
2 chronic lumbar pain. Respondent instituted Methadone at a dosage of 40 mg every six
3 hours. Respondent did not document his review of AG's previous medical records or
4 consider further diagnostic work up or multidisciplinary approach. Through March 2006,
5 AG was seen on a monthly basis and received prescriptions from Respondent for
6 Methadone and testosterone gel without documented testosterone levels.

7 5. Between September 2006 and January 2009, AG was seen on a monthly
8 basis and continued to receive Methadone prescriptions. Respondent discussed with AG
9 reducing the Methadone dose, and the dose was decreased in February 2009. In
10 September 2009, Respondent noted that AG had increased his Methadone usage in the
11 absence of a new injury and that there was no reason for the increase. Respondent
12 advised AG to reduce his dosage to 30 mg every six hours or less. Despite this,
13 prescriptions were provided for #360 Methadone 10 mg on September 14, 2009, October
14 5, 2009, #294 on October 19, 2009 and #182 on November 9, 2009. Respondent
15 subsequently informed AG that he was no longer comfortable with AG's treatment and his
16 failure to reduce the Methadone as directed. AG was instructed to either find a new
17 prescribing physician or follow Respondent's instructions. A tapering schedule was
18 provided with an additional Methadone prescription and Suboxone detox was discussed.

19 6. In December 2009, AG reported that he reduced the Methadone dose and
20 he elected Suboxone therapy. One week later, Respondent charted that detoxification
21 was successful and an additional Suboxone prescription was provided with instructions for
22 use. There is no documentation that AG was in mild to moderate withdrawal at the time of
23 induction. On December 24, 2009, AG was hospitalized for acute cocaine intoxication and
24 four days later Respondent formally discharged AG from his care.

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1 7. The standard of care requires a physician to verify the patient's dosage
2 tolerance when initiating high dose Methadone; to perform an adequate diagnostic
3 evaluation, review previous medical records, and consider a multidisciplinary approach
4 prior to prescribing long-term opioid medications for chronic non-malignant pain; and to
5 adequately follow up and monitor for aberrant drug related behaviors in a high risk patient
6 when prescribing controlled substances.

7 8. Respondent deviated from the standard of care by initiating high dose
8 Methadone without verifying AG's tolerance of the dose; by continuing to prescribe opioids
9 for chronic non-cancer pain in the absence of adequate diagnostic evaluation, record
10 review, or consideration of a multidisciplinary approach; and by failing to adequately follow
11 up and monitor for aberrant drug related behaviors in a high risk patient.

12 9. There was potential for accidental drug overdose due to institution of high
13 dose Methadone with no documented verification that AG is opioid tolerant to the dose
14 with potential for respiratory failure, aspiration, brain damage, and death. There was also
15 potential for combined drug toxicity with the potential for respiratory failure, aspiration,
16 brain damage, and death. Respondent failed to identify an etiology of pain that may have
17 responded to non-pharmacologic and/or more definitive treatment.

18 10. A physician is required to maintain adequate legible medical records
19 containing, at a minimum, sufficient information to identify the patient, support the
20 diagnosis, justify the treatment, accurately document the results, indicate advice and
21 cautionary warnings provided to the patient and provide sufficient information for another
22 practitioner to assume continuity of the patient's care at any point in the course of
23 treatment. A.R.S. §32-1401(2). Respondent's medical records were inadequate for
24 ongoing treatment and follow up of a high risk individual prescribed high dose opioid for
25 poorly documented subjective chronic pain.

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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) (“[f]ailing or refusing to maintain adequate records on a patient.”) and A.R.S. § 32-1401(27)(q) (“[a]ny conduct or practice that is or might be harmful or dangerous to the health of the patient or the public.”).

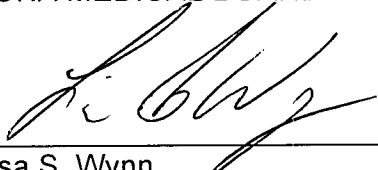
ORDER

IT IS HEREBY ORDERED THAT Respondent is issued a Letter of Reprimand.

DATED AND EFFECTIVE this 15th day of October, 2010.



ARIZONA MEDICAL BOARD

By 
Lisa S. Wynn
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. Respondent agrees not to contest the validity of the Findings of Fact and Conclusions of Law contained in the Order in any present or future administrative proceedings before the Board (or any other state agency in the State of Arizona,

1 concerning the denial or issuance of any license or registration required by the state to
2 engage in the practice of any business or profession.)

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

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

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

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

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

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

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Angelo Chirban M.D.
ANGELO L. CHIRBAN, M.D.

DATED: 8/10/2010

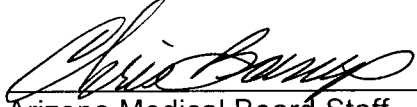
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1 EXECUTED COPY of the foregoing mailed
2 this 15th day of October, 2010 to:

3 Robert J. Milligan
4 Milligan Lawless Taylor Murphy & Bailey
4647 North 32 Street, Suite 185
Phoenix, AZ 85018

5 ORIGINAL of the foregoing filed
6 this 15th day of October, 2010 with:

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

9 
10 Arizona Medical Board Staff
11 Doc# 897199

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