

1 well as Adderall 10 mg twice a day. During the course of treatment, RJ had multiple urine
2 drug screens that were inconsistent with prescribed medications, and multiple reports of
3 stolen medications, after which Respondent provided replacement prescriptions.

4 7. Patient RL was a male patient with past history of spinal fractures at T8 and
5 T12, which had been treated by other providers with Oxycodone and Subutex. In 2012,
6 RL established care with Respondent who continued to prescribe opioid pain medications
7 including Subutex and Oxycodone, as well as Xanax to RL through May, 2017. During the
8 course of treatment, Respondent continued to prescribe these medications to RL despite
9 multiple urine drug screens that were inconsistent with prescribed medications and/or
10 positive for alcohol and marijuana.

11 8. Patient JB, a female patient with a history of abnormal left septum growth
12 and neck pain, established care with Respondent on October 4, 2013. A prior practitioner
13 treated JB with Oxycodone 15 mg, which Respondent continued. In December of 2013,
14 JB was diagnosed with a bulging disc and degenerative joint disease with foraminal
15 narrowing.

16 9. Respondent continued to prescribe opioid medications including Oxycodone,
17 extended release morphine as well as Fioricet to JB through April, 2017. During the
18 course of treatment, JB reported stolen medications on multiple occasions and on one
19 occasion, JB reported that her sister flushed her medications down the toilet.

20 10. The standard of care requires a physician to appropriately manage the care
21 of patients being treated with opioid medications and to recognize red flags indicative of
22 drug seeking behavior. Respondent deviated from the standard of care in prescribing
23 opioids for patients RJ, RL, and JB by continuing to prescribe pain medications in patients
24 engaging in high-risk behavior, and failing to recognize red flags including repeated reports
25 of stolen medications.

1 of attendance. The CME hours shall be in addition to the hours required for the biennial
2 renewal of medical licensure.

3 **b. Chart Reviews**

4 Within 30 days of the effective date of this Order, Respondent shall enter into a
5 contract with a Board-approved monitoring company to perform periodic chart reviews at
6 Respondent's expense. The chart reviews shall commence upon proof of successful
7 completion of the CME required by this Order, and shall involve current patients' charts for
8 care rendered after completion of the CME. Based upon the chart review, the Board
9 retains jurisdiction to take additional disciplinary or remedial action.

10 **c. Obey All Laws**

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

14 **d. Tolling**

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

22 **e. Probation Termination**

23
24 Prior to the termination of Probation, Respondent must submit a written request to
25 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

1 by Board staff no less than 30 days prior to the Board meeting. Respondent's request for
2 release must provide the Board with evidence establishing that she has successfully
3 satisfied all of the terms and conditions of this Order. The Board has the sole discretion to
4 determine whether all of the terms and conditions of this Order have been met or whether
5 to take any other action that is consistent with its statutory and regulatory authority.

6 3. The Board retains jurisdiction and may initiate new action against
7 Respondent based upon any violation of this Order. A.R.S. § 32-1401(27)(r).

8 DATED AND EFFECTIVE this 14th day of February, 2018.

9
10 ARIZONA MEDICAL BOARD

11
12 By Kristina Jreduka for
13 Patricia E. McSorley
Executive Director

14
15 **CONSENT TO ENTRY OF ORDER**

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

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

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

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

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

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

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

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

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

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

24
25

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

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

5
6 *Heleen Watt*
7 HELEN E. WATT, M.D.

DATED: *2/7/18*

8
9 EXECUTED COPY of the foregoing mailed
this *14th* day of *February*, 2018 to:

10 David A. Rubin
11 Rubin Law PLC
12 3550 N Central Ave, Suite 1010
13 Phoenix, AZ 85012
14 Attorney for Respondent

15 ORIGINAL of the foregoing filed
this *14th* day of *February*, 2018 with:

16 Arizona Medical Board
~~9545 E. Doubletree Ranch Road~~ *1740 W. Adams Rd Suite 4000*
~~Scottsdale, AZ 85258~~ *Phoenix, AZ 85007*

17
18 *Mary Bode*
19 Board staff

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