BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of **PANAYIOTIS A. ELLINAS, M.D.** Holder of License No. 23114 For the Practice of Allopathic Medicine In the State of Arizona.	Case No. MD-16-0597A **ORDER FOR LETTER OF REPRIMAND AND PROBATION WITH PRACTICE RESTRICTION; AND CONSENT TO THE SAME**

Panayioitis A. Ellinas, M.D. ("Respondent") elects to permanently waive any right to a hearing and appeal with respect to this Order for a Letter of Reprimand and Probation with Practice Restriction; 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 23114 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-16-0597A after receiving a complaint alleging that Respondent inappropriately prescribed controlled substances to a patient.

Patient WH

4. Respondent treated WH, a 47 year-old male patient who was employed as a law enforcement agent, between July 24, 2009 and April 5, 2016 for complaints including chronic pain, Gulf War Syndrome and Post Traumatic Stress Disorder. Respondent's treatment of WH included prescriptions for oxycodone, with simultaneous prescriptions for Oxycodone 15 mg, Oxycodone 30 mg and alprazolam. Respondent's prescriptions to WH totaled up to 1350 mg Morphine Equivalents Daily ("MED").

5. The standard of care required Respondent to document a plan regarding long term use of narcotics, including discussions regarding structured use of narcotics,

dependence, abuse and risks, quantity limits, and de-escalation of narcotics. Respondent deviated from the standard of care by failing to document a plan regarding long term use of narcotics, including discussion of structured use of narcotics, dependence, abuse and risks, quantity limits, and de-escalation of narcotics.

6. The standard of care required Respondent to see the patient in the office prior to refilling narcotic prescriptions. Respondent deviated from the standard of care by refilling narcotics for WH without a visit.

7. The standard of care requires responsible prescribing of narcotics, including appropriate dosing and refills. Respondent deviated from the standard of care by unusual prescriptions dosing, and by prescribing exceptionally high doses of benzodiazepines and opioid medications concurrently.

8. The standard of care required Respondent to accurately chart the patient's pain condition(s) with supporting evidence. Respondent deviated from the standard of care by describing pain conditions that were not supported by testing.

9. There was potential for patient harm to patient WH in that there was the potential for addiction or fatal drug interaction related to the concurrent use of benzodiazepines and narcotics. Suicide and homicidal risks were also identified as potential harm, as well as the risk of poor job performance involving a dangerous occupation.

Patient OR

10. Patient OR, who had a history of a motor vehicle accident resulting in paraplegia, established care with Respondent on June 17, 2014. OR was referred to Respondent by his neurosurgeon, who had previously prescribed opioid medications to treat OR's medical conditions. Respondent noted that OR complained of chronic pain syndrome and prescribed OR Oxycodone 5 mg every six hours as needed.

11. On May 18, 2015, Respondent noted that OR had not seen a neurosurgeon. Respondent prescribed Oxycodone 10 mg twice a day and Oxycodone 5 mg every six hours as needed.

12. Respondent continued to prescribe OR Oxycodone through December 15, 2015. OR's Controlled Substance Prescription Monitoring Program ("CSPMP") report showed that OR was receiving opioid medications from other providers in April, May and July, 2015.

13. The standard of care required Respondent to document treatment goals, non-narcotic pain management methods, risks of narcotic use, and responsible prescribing. Respondent deviated from the standard of care by failing to document treatment goals, non-narcotic pain management methods, risks of narcotic use, and responsible prescribing.

14. The standard of care required Respondent to address the patient's non-compliance with medication/treatment. Respondent deviated from the standard of care by increasing OR's narcotic analgesics, despite OR's non-compliance including the refusal to see neurosurgery or obtain an MRI.

15. The standard of care prohibits the concurrent use of benzodiazepines and opiate. Respondent deviated from the standard of care by the concurrent use of benzodiazepines and opiates.

16. There was the potential for patient harm in that OR was at risk for injury from narcotics analgesic use, especially with benzodiazepine use.

Patient CP

17. Respondent began treating Patient CP on or about January 23, 2014. On February 28, 2014, Respondent initiated Oxycontin for the management of "constant pain from frequent falls."

18. Respondent continued to treat CP with medications including carisoprodol, lorazepam, Oxycontin 80 mg, and oxycodone 30 mg. On August 9, 2014, Respondent noted "multiple falls" and entertained an evaluation for Multiple Sclerosis ("MS"). A subsequent provider reduced CP's prescribed medications and discontinued Oxycontin.

19. The standard of care required Respondent to document treatment goals, alternative non-narcotic pain relief methods, risk discussions, and referral to pain control. Respondent deviated from the standard of care by failing to document treatment goals, alternative non-narcotic pain relief methods, risk discussions and referral to pain control.

20. The standard of care requires responsible prescribing of narcotics, including appropriate dosing. Respondent deviated from the standard of care by adding extremely high doses of OxyContin to Oxycodone instead of a step-wise escalation.

21. The standard of care prohibits the concurrent use of benzodiazepines and opiates. Respondent deviated from the standard of care by the concurrent use of benzodiazepines and opiates for patient CP.

22. The standard of care requires a physician to acknowledge that the patient's narcotics may be a cause for the patient's presentation with falls. Respondent deviated from the standard of care by failing to acknowledge narcotics as a cause when CP presented with falls.

23. There was potential for patient harm in that CP was at risk for medication related injury given the high dosage of opiate analgesics and concurrent use of benzodiazepines.

Patient GH

24. Patient GH established care with Respondent on January 2, 2014 with treatment that included morphine 30 mg, 8 pills daily, Oxycodone 20 mg twice a day, as well as alprazolam and Tramadol. GH had previously been prescribed opioid medication

by another provider to treat her conditions. Respondent reported that the patient wished to wean from opioid medications previously prescribed by another provider. On a treatment note dated January 21, 2015, Respondent noted the "worrisome" finding that GH "does not remember what pain meds she takes and how many." GH subsequently discontinued the morphine which was restarted by Respondent on June 18, 2015. Once GH was seen by another provider, that provider reduced her MED from 350 mg to 180 mg.

25. The standard of care requires a physician to document discussions of treatment goals, risks, responsible prescribing, and discussion of de-escalation especially in a patient who is unaware of which and how many pain medications to take. Respondent deviated from the standard of care by failing to document discussion of treatment goals, risks, responsible prescribing, and discussion of de-escalation even when GH reported unawareness of which and how many pain medications to take.

26. There was potential for patient harm in that GH was not following a structured schedule for the use of pain medications. GH was at risk for injury due to misuse of prescribed controlled substances.

Patient JP

27. Respondent began treating JP on or about January 23, 2014 with medications including carisoprodol, Oxycontin, oxycodone and Adderall. JP had been previously prescribed opioid medications for pain by another provider. Respondent's note dated September 3, 2014 states, "no concerns despite massive quantities." Respondent continued to treat JP for issues including inflammatory polyarthritis, joint pain, and fibromyalgia through November, 2015.

28. As of his last date of treatment for JP, Respondent's treatment included prescriptions for Oxycontin 80 mg twice a day, as well Oxycodone 30 mg for a total MED of 1440 mg.

29. A subsequent provider referred JP to a pain specialist, and JP was weaned down to medications totaling 360 mg MED.

30. The standard of care requires a physician to document discussions of treatment goals, non-narcotic alternatives, and responsible prescribing. Respondent deviated from the standard of care by failing to document discussion of treatment goals, non-narcotic alternatives, and responsible prescribing.

31. The standard of care prohibits the concurrent use of Adderall, clonazepam and other narcotics, especially for a patient working long hours as it places the patient at risk for drug-related injury. Respondent deviated from the standard of care by the concurrent use of Adderall, clonazepam and narcotics for JP.

32. There was potential for patient harm in that JP was at risk for drug related injury.

Continuing Medical Education ("CME") and Practice Remediation

33. On November 30 – December 2, 2016, Respondent voluntarily completed 22.75 credit hours in an intensive, in-person CME course in controlled substance prescribing. Respondent additionally completed 6.5 additional credit hours of CME focusing on controlled substance prescribing in the State of Tennessee. Additionally, Respondent completed an additional 7.25 hours of CME through Purdue University's Continuing Education Series on Opioids and Prescription Drug Abuse.

34. Since approximately April of 2016, Respondent has resided and practiced out of state, and Respondent's Arizona DEA Registration for Arizona has lapsed. Respondent provided an affidavit of support from his current employer and Illinois Prescription Monitoring Program records indicating that he currently prescribes controlled substances with significantly reduced frequency and dosages.

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.").

ORDER

IT IS HEREBY ORDERED THAT:

1. Respondent is issued a Letter of Reprimand.

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

a. Practice Restriction

Respondent's Arizona medical license is restricted in that he shall not prescribe controlled substances in the State of Arizona until such time as he has retained the services of a Board-approved Monitoring Company to perform periodic chart reviews at Respondent's expense.

Respondent shall give no less than 30 days' notice to Board staff of his intent to return to Arizona, at which time Respondent shall also enter into a contract with a Board-approved Monitoring Company as stated herein. Respondent shall provide a copy of this Order to the Monitoring Company and furnish the Board with a written acceptance from the Monitoring Company prior to returning to practice in the State of Arizona. The Monitoring Company shall review current patient charts and shall report to the Board on a monthly

basis. The Monitoring Company shall immediately report any concerns with Respondent's prescribing practices to the Board. Based upon the chart reviews, the Board retains jurisdiction to take additional disciplinary or remedial action against Respondent. After two consecutive favorable chart reviews, Respondent may petition the Board to request Probation termination as stated below.

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.

b. Probation Termination

This Probation shall not terminate except upon affirmative request of the Respondent. 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 he has successfully satisfied all of the terms and conditions of this Order and must be accompanied by at least two consecutive favorable chart reviews from the Monitoring Company. 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. After five years, if Respondent has not entered into a contract with the Monitoring Company, the matter shall return to the Board to consider whether to continue or terminate the Probation based on the facts and circumstances available to the Board at that time.

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 14th day of February, 2018.

ARIZONA MEDICAL BOARD

By Kristin Frederickson for
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 acknowledges that, pursuant to A.R.S. § 32-2501(16), he cannot act as a supervising physician for a physician assistant while his license is on probation.

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

PANAYIOTIS A. ELLINAS, M.D.

DATED: 02/05/2018

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

Michael L. Linton, Esq.
Udall Law Firm
4801 E Broadway Blvd, Suite 400
Tucson, AZ 85711
Attorney for Respondent

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

Arizona Medical Board
1740 West Adams Street, Suite 4000
Phoenix, Arizona 85007

Mary Bobey
Board staff