OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, Nevada 89502
(775) 688-2559

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

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In the Matter of Charges and Complaint Against MAURICE DuBOIS GREGORY, JR., M.D., Respondent.	**Case No. 12-7067-1**

FIRST AMENDED COMPLAINT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), comprised of Theodore B. Berndt, M.D., Chairman, Valerie J. Clark, BSN, RHU, LUTCF, Member, and Michael J. Fischer, M.D., Member, by and through its counsel, Bradley O. Van Ry, Esq., General Counsel, having a reasonable basis to believe that Maurice DuBois Gregory, Jr., M.D., (Respondent) has violated the provisions of Nevada Revised Statutes (NRS) Chapter 630, and Nevada Administrative Code (NAC) 630, the Medical Practice Act ("MPA"), hereby issues its First Amended Complaint, stating the IC's charges and allegations, as follows:

1. Respondent is currently licensed in active status (License No. 4894), and has been so licensed by the Board since July 9, 1983 pursuant to the provisions of the MPA.

2. From 2004 to 2011, Respondent provided medical care, including diagnosis of chronic pain and treatment of chronic pain, for Patients A-E. The medical care and treatment of Patients A-E outlined below was a deviation from the applicable standard of care.

3. Relatedly, the MPA and related regulations establish standards of practice for the treatment of pain and adopt by reference the "Model Guidelines[1] for the Use of Controlled

[1] In 2004, the Federation of State Medical Boards changed the title of the guidelines to the "Model Policy for the Use of Controlled Substances for the Treatment of Pain."

Substances for the Treatment of Pain" published by the Federation of State Medical Boards of the United States, Inc. ("Model Policy"). This policy establishes adequate treatment policies for the treatment of chronic pain, including the use of opioids. It establishes that physicians have a responsibility to minimize the potential for abuse and diversion of controlled substances and to follow related pain-treatment policies. Respondent, unfortunately, failed to follow the Model Policy as to Patients A-E.

4. Patient A was a fifty-eight (58) -year-old male at the time of the incidents in question. His true identity is not disclosed to protect his privacy, but his identity was disclosed in the Patient Designation served on Respondent along with a copy of the Complaint.

5. Upon information and belief, Patient A sought medical care and treatment with Respondent from August 10, 2007 to November 9, 2010 for back and shoulder pain.

6. On or about September 8, 2008, Patient A produced a negative Urine Drug Test ("UDT") for prescribed medications, controlled substances and/or illegal drugs, even though he had been prescribed Oxycontin, 80 m.g., 120 count, every thirty (30) days; hydrocodone, 500 mg./7.5 mg., 120 count, every thirty (30) to sixty (60) days; and Soma, 350 mg., 120 count, every thirty (30) days; for pain and muscle relaxing, by Respondent. Patient A again had negative UDTs on or about February 22, 2009 and February 24, 2009. All the while, Respondent was still prescribing the above-described Oxycontin, hydrocodone and Soma to Patient A.

7. Under the standard of care, Patient A should have been discharged for the failed UDTs, or at a minimum, should not have been prescribed more opioids.

8. Patient B was a fifty-nine (59)-year-old female at the time of the incidents in question. Her true identity is not disclosed to protect her privacy, but her identity was disclosed in the Patient Designation served on Respondent along with a copy of the Complaint.

9. Upon information and belief, Patient B sought medical care and treatment with Respondent from March 12, 2007 to June 9, 2010 for right leg and hip pain.

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10. Respondent routinely prescribed Patient B two (2) long-acting pain medications on a monthly basis, Oxycontin, 80 mg., 180 count, every thirty (30) days; and methadone, 10 mg., 120 count, every thirty (30) days. This was improper due to the extremely long and variable half-life of methadone and its combination with the Oxycontin.

11. Under the standard of care, the Oxycontin and methadone should have never been prescribed together, unless transitioning from one medication to the other.

12. Patient C was a twenty-three (23)-year-old male at the time of the incidents in question. His true identity is not disclosed to protect his privacy, but his identity was disclosed in the Patient Designation served on Respondent along with a copy of the Complaint.

13. Upon information and belief, Patient C sought medical care and treatment with Respondent from September 4, 2008 to May 5, 2010 for pain and multiple conditions related to incomplete quadriplegia.

14. Respondent improperly prescribed morphine, 100 mg., 90 count, every thirty (30) days; and Oxycontin, 80 mg., 105 count, every 21 days; together, for Patient C. Under the standard of care, the Oxycontin should have been tapered slowly while adding the morphine over a period of weeks.

15. Patient D was a forty-two (42)-year-old male at the time of the incidents in question. His true identity is not disclosed to protect his privacy, but his identity was disclosed in the Patient Designation served on Respondent along with a copy of the Complaint.

16. Upon information and belief, Patient D sought medical care and treatment with Respondent from August, 2005 to September, 2005 for pain.

17. Respondent improperly prescribed Oxycontin, 120 mg., 30 count, every 15 days; along with methadone, 40 mg., 30 count, every seven (7) days. Again, under the standard of care, these two (2) long-acting medications should not have been prescribed together due to the variable half-life of methadone and its combination with the Oxycontin.

18. Patient E was a fifty-four (54)-year-old male at the time of the incidents in question. His true identity is not disclosed to protect his privacy, but his identity was disclosed in the Patient Designation served on Respondent along with a copy of the Complaint.

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19. Upon information and belief, Patient E sought medical care and treatment with Respondent from January 13, 2004 to January 20, 2011 for leg, feet and back pain.

20. Respondent prescribed methadone, 10 mg., 120 count, every thirty (30) days, as a "p.r.n." (as needed) medication, along with Soma, 350 mg., 120 count, every thirty (30) days; Oxycodone, 30 mg., 360 count, every forty (40) days; and hydrocodone with ibuprofen, 7.5/200 mg., 240 count, every thirty (30) days.

21. Under the standard of care, Methadone should never be prescribed as a "p.r.n." medication.

22. The medical records of Patients A-E appear to be incomplete and are often illegible.

Count I

(Five Counts-Patients A-E)

23. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

24. Nevada Administrative Code (NAC) 630.040 defines malpractice as the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances.

25. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

26. Respondent's care and treatment of Patients A-E, as described above, shows a failure to use reasonable care, skill, or knowledge ordinarily used under similar circumstances.

27. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

Count II

28. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

29. NRS 630.306(7) provides that the continual failure to exercise the skill or diligence or use the methods ordinarily exercised under the same circumstances by physicians in good

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standing, practicing in the same specialty or field is grounds for initiating disciplinary action against a licensee.

30. Respondent's care and treatment of Patients A-E, as described above, shows a continual failure to exercise the skill or diligence or use the methods ordinarily exercised under the same circumstances by physicians in good standing practicing in the same specialty or field under NRS 630.306(7).

31. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

Count III

32. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

33. NRS 630.306(2)(b) provides that the engaging in any conduct which the Board has determined is a violation of the standards of practice established by regulation of the Board is grounds for initiating disciplinary action against a licensee.

34. NAC 630.187 establishes standards of practice applicable to the treatment of pain patients and adopts by reference the Model Policy for the Use of Controlled Substances for the Treatment of Pain published by the Federation of State Medical Boards of the United States, Inc.

35. NAC 630.230(1)(k) provides that the engaging in the practice of writing prescriptions for controlled substances to treat acute pain or chronic pain in a manner that deviates from the guidelines set forth in the Model Policy is grounds for initiating disciplinary action against a licensee.

36. Respondent's care and treatment of Patients A-E, as described above, constitutes a violation of the Model Policy.

37. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

Count IV

38. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

39. NRS 630.3062(1) provides that the failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient is grounds for initiating discipline against a licensee.

40. Respondent's aforementioned incomplete, and often illegible, medical records of Patients A-E constitute the failure to maintain accurate and/or complete medical records relating to the diagnosis, treatment and care of Patients A-E.

41. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

WHEREFORE, the IC prays:

1. That the Board give Respondent notice of the charges herein against him and give him notice that he may file an answer to the First Amended Complaint herein as set forth in NRS 630.339 within twenty (20) days of service of the First Amended Complaint;

2. That the Board set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

3. That the Board determines what sanctions it will impose if it determines there has been a violation or violations of the MPA committed by Respondent;

4. That the Board make, issue and serve on Respondent its findings of fact, conclusions of law and order, in writing, that includes the sanctions imposed; and,

5. That the Board take such other and further action as may be just and proper in these premises.

DATED this 21st day of November, 2013.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____
Bradley O. Van Ry, Esq.
General Counsel
Attorney for the Investigative Committee

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VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF WASHOE)

Theodore B. Berndt, M.D., hereby deposes and states under penalty of perjury under the laws of the state of Nevada that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the First Amended Complaint against the Respondent herein; that he has read the foregoing First Amended Complaint; and that based upon information discovered during the course of the investigation into a complaint against Respondent, he believes the allegations and charges in the foregoing First Amended Complaint against Respondent are true, accurate and correct.

Dated this 21st day of November, 2013.

Theodore B. Berndt

THEODORE B. BERNDT, M.D.

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CERTIFICATE OF SERVICE

I hereby certify that I am employed by Nevada State Board of Medical Examiners and that on 21st day of November 2013; I served a filed copy of FIRST AMENDED COMPLAINT, via USPS e-certified mail to the following:

Jacob L. Hafter, Esq.
HafterLaw
911 N. Buffalo Dr., Ste. 209
Las Vegas, NV 89128

&

Jill Greiner, Esq.
Hearing Officer
2915 Sagittarius Dr.
Reno, NV 89509

Dated this 21st day of November, 2013.

Angelia L. Donohoe
Legal Assistant

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