BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

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In The Matter of Charges and)	**Case No. 12-28540-2**
)	
Complaint Against)	FILED
)	MAY 17 2012
ANGELA LORENZO, P.A.-C,)	NEVADA STATE BOARD OF MEDICAL EXAMINERS
)	By:
Respondent.)	
)	

COMPLAINT

The Investigative Committee of the Nevada State Board of Medical Examiners, composed, at the time filing was approved, of Theodore B. Berndt, M.D., Ms. Valerie Clark, BSN, RHU, LUTCF, and Michael J. Fischer, M.D., having a reasonable basis to believe that Angela Lorenzo, P.A.-C, hereinafter referred to as "Respondent," has violated the provisions of Nevada Revised Statutes (NRS) and Nevada Administrative Code (NAC) Chapters 630, hereby issues its formal Complaint, stating the Investigative Committee's charges and allegations, as follows:

1. Respondent is currently licensed in active status (License No. PA816), and was so licensed on December 9, 2003, by the Nevada State Board of Medical Examiners pursuant to the provisions of Chapter 630 of the NRS and NAC.

2. Patient A was a fifty-one-year-old female at the time of her initial presentation to Respondent. Her identity is not disclosed to protect her privacy, but has been disclosed to Respondent in the Patient Designation served on Respondent along with this Complaint.

3. Patient A initially saw Respondent on August 24, 2010. According to the medical records, Patient A's chief complaint was menopausal disorder along with fatigue, menopause, and insomnia. The record of the August 24 visit is not well documented, contains no record of a physical examination, contains an inadequate history regarding Patient A's complaints and provides no proper assessment and plan.

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

4. Patient A returned to Respondent's office for a blood draw on August 26, 2010. Lab results showed normal testosterone levels, normal DHEA levels, normal T3 levels, and did not show Patient A to be menopausal. Patient A's lab results did show her to be low in vitamin D.

5. Patient A was seen again by Respondent on September 1, 2010, with complaints of "fatigue, menopausal disorder, hormones." There were no indications of menopause; however Patient A was treated with hormones, presumably for menopause. No physical examination was documented for this encounter date. There is no notation that lab results were reviewed before Respondent prescribed multiple medications for Patient A.

6. Patient A was again seen on September 22, 2010, with a chief complaint noted of "lab results" and "fatigue." Lab results were noted to be reviewed on this date. Synthroid was prescribed for Patient A; however, no TSH levels were known and there were no indications in the medical record indicating hypothyroidism. She was also prescribed testosterone, while lab results showed her to have normal testosterone levels. The notes for this encounter date are inadequate and contain inconsistencies.

7. Patient A was seen again by Respondent on October 13, 2010, at which time her prescription of Synthroid was raised from 100 mcg to 137 mcg, with nothing in the record to indicate why the increase was needed. The record from this encounter date also contains inconsistencies with the record indicating in the "Review of Symptoms" (ROS) that Patient A "denies malaise/fatigue" but the "Chief Complaint" was noted as "fatigue."

8. Patient A continued to see Respondent on a frequent basis through early 2011 and continued to receive thyroid medication without any clear indications to support such treatment. She also received testosterone pellets through implantation with no indication for such treatment. Treatment of women with testosterone is considered "off-label" usage, yet the medical records indicate no discussion with Patient A regarding the risks and benefits of the use of testosterone.

9. Respondent's medical records for Patient A show diagnoses being made during appointments with no clear indications, no apparent physical examination being performed or noted on multiple occasions and dangerous drugs and controlled substances being prescribed,

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OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
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administered, and/or dispensed without proper indications. The medical records are often inadequate, contradictory and appear to contain identical recitations of ROS on multiple dates.

10. Patient B was a forty-eight-year-old woman at the time she was first seen by Respondent. Her identity is not disclosed to protect her privacy, but has been disclosed to Respondent in the Patient Designation served on Respondent along with this Complaint.

11. Patient B presented to Respondent initially on March 11, 2010, at which time she received Botox and Radiesse injections. Patient B returned two more times in March 2010 for cosmetic procedures.

12. On May 11, 2010, Patient B presented to Respondent with a chief complaint of headache and associated nausea (although it should be noted the ROS indicates the patient "reports no nausea". Blood work was completed, the results of which indicated Patient B had a TSH level of 47.1 mUI/L, indicating hypothyroidism. The lab results also showed Patient B to have a slightly low % free testosterone level and a total testosterone level of 12 ng/DL, in the normal range.

13. Patient B again presented to Respondent on May 20, 2010. The medical record for the encounter date shows "Other Complaints" as testosterone pellet implantation, menstrual disorder and hypothyroidism. The medical record indicated "patient denies menopausal symptoms" and does not address anywhere else what menstrual disorder Patient B had other than indicating in the "Assessment and Plan" that the patient was given an Estradiol injection as well as having a testosterone pellet implanted. The medical record also indicates that Patient B was started on Synthroid (for hypothyroidism) and was prescribed Zithromax (among other medications) with no indication anywhere within the medical record for the encounter date as to why it was prescribed.

14. Patient B returned to Respondent on May 26, 2010 for another Depo-Estradiol injection which she received. A menstrual disorder was again noted in the encounter note; however, no information regarding the menstrual disorder is included in the record. The record notes that Patient B was still taking Synthroid.

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OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
1105 Terminal Way #301
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15. Patient B was again seen on June 3, 2010; the encounter note indicating a chief complaint of a urinary tract infection and chest pain. The encounter record shows Patient B on this date was taking Armour thyroid with no explanation as to when or why the medication was changed from Synthroid. Patient B received yet another Estradiol injection during the appointment.

16. Patient B continued to see Respondent on a frequent basis between June 2010 and August 2010. On August 17, 2010, Respondent again saw Patient B and diagnosed her with menopause with nothing in the record to support the diagnosis.

17. On August 31, 2010, Patient B had more lab work completed, which was ordered by her primary care physician. The results showed that she had a TSH level of <0.004, indicating that she was now hyperthyroid. A copy of these lab results are part of Respondent's medical records for Patient B.

18. In October 2010, Respondent ordered additional labs for Patient B. The results of this lab work showed Patient B to have a TSH level of .01, still at a hyperthyroid level as she was in September 2010. Also, Patient B's % free testosterone was .044, but with a total testosterone level of 250 ng/dL, well outside the normal range and well above her normal level in May 2010 of 12 ng/dL.

19. Despite these lab results, Respondent again implanted testosterone pellets in Patient B in December 2010 and in June 2011, and continued to prescribe Armour thyroid for her. In June 2011, Patient B's medical record again showed she was taking Synthroid. However, there is no mention of the medication change or the reason for it anywhere in Respondent's medical records for Patient B.

20. Patient B continued to see Respondent into the summer of 2011. Between March 2010 and June 2011, Patient B was seen by Respondent on numerous occasions. Respondent's medical records for Patient B show diagnoses were being made during appointments with no clear indications, no apparent physical examination being performed or noted during many appointments and dangerous drugs and controlled substances being prescribed, administered, and/or dispensed without proper indications. The medical records are often inadequate, incoherent

and contradictory, and often list chief complaints that are never addressed within the record for the encounter date.

21. Patient C was a forty-nine-year-old female at the time she initially presented to Respondent. Her identity is not disclosed to protect her privacy, but has been disclosed to Respondent in the Patient Designation served on Respondent along with this Complaint.

22. Patient C initially presented to Respondent on April 13, 2010, primarily for weight loss but was also noted to have a menopausal disorder. Patient C was started on HCG for weight loss and lab work was noted to have been ordered.

23. Patient C returned on April 21, 2010. The medical record contains little information, but does list Patient C's prescriptions, which include at this appointment Armour Thyroid. There is no indication in the record that Patient C had hypothyroidism. Some lab work was completed on April 28, 2010, indicating that Patient C had a normal vitamin D level of 29 ng/mL.

24. Patient C returned on May 10, 2010 and June 2, 2010. The encounter notes again indicate that she was continuing to take Armour thyroid but do not mention a diagnosis of hypothyroidism or give any indication why she was receiving thyroid medication.

25. On June 22, 2010, Patient C was again seen by Respondent. In the medical record for the encounter date, the "Assessment and Plan" lists five diagnoses including unspecified vitamin D deficiency, pituitary hyperfunction and hypothyroidism. There are no labs to support these diagnoses; lab work was actually ordered the day of this appointment. The ordered lab work was completed on June 23, 2010, and indicated that Patient C had a normal vitamin D total level of 58 ng/mL and a TSH level of 0.17 mIU/L; indicating Patient C actually was hyperthyroid rather than hypothyroid, yet she was continued on Armour thyroid.

26. Patient C returned to Respondent on June 30, 2010. Once again the "Assessment and Plan" listed hypothyroidism as a diagnosis and she was again prescribed Armour thyroid although her lab work did not support such a diagnosis.

27. A thyroid ultrasound was performed on July 2, 2010, which showed a normal thyroid. Lab work was once again ordered and collected on July 6, 2010. The results indicated

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

that Patient C continued to have a low TSH level, this time 0.02 mIU/L, continuing to indicate that she was hyperthyroid rather than hypothyroid, yet Armour thyroid continued to be prescribed. Patient C discontinued seeing Respondent in July 2010.

28. The medical records for the few months that Patient C was seen by Respondent are often inadequate, do not indicate that a physical examination was performed in most instances and often give assessments with no bases to support the diagnoses or treatments.

29. Patient D was a fifty-year-old male at the time he initially presented to Respondent. His identity is not disclosed to protect his privacy, but has been disclosed to Respondent in the Patient Designation served on Respondent along with this Complaint.

30. Patient D first presented to Respondent on April 1, 2010, for weight loss. Patient D was prescribed "Better than Lipo" weight loss injections and labs were ordered.

31. The ordered lab work was completed on April 2, 2010, and showed a TSH level of 2.04 mIU/L, considered to be in the normal range.

32. There are encounter notes for Patient D for April 12 and April 19, 2010 that only list vitals; it is unclear what these chart notes are for.

33. Patient D returned to Respondent on April 27, 2010. The medical record for the encounter indicates chief complaints of fatigue and hypogonadism; however there is no "History of Present Illness" to provide any information regarding these complaints. The "Assessment and Plan" portion of the encounter note indicates three diagnoses: fatigue/malais/weakness, hypogonadism and hypothyroidism. The lab work performed on April 2, 2010 does not support the diagnosis of hypothyroidism; however, Patient D was prescribed Armour thyroid.

34. Patient D returned on May 4, 2010 for a testosterone pellet implantation. He returned again on May 12, 2010; however, no chief or other complaint is set forth in the record for the encounter. The medical record does indicate that Patient D continues to receive Armour thyroid and indicates that he was prescribed phentermine with no discussion as to what the indication for the prescription was.

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35. Patient D continued to see Respondent through July 2010. He continued to be treated for obesity and received multiple injections as well as continuing to receive Armour thyroid.

36. Respondent's medical records for Patient D are inadequate, frequently containing no documented history of present illness or physical examination and have limited information regarding the assessment and plan for Patient D.

Count I

37. 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.

38. NAC 630.380(1)(f) provides that if a physician assistant is guilty of malpractice in the performance of medical services, she is subject to disciplinary action by the Board.

39. Respondent committed malpractice as defined above when she treated Patients A, B, C and D for hypothyroidism when lab work for some indicated that they were hyperthyroid rather than hypothyroid, and continued with such treatment even though there were no indications to support such treatment.

40. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in NAC 630.410.

Count II

41. 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.

42. NAC 630.380(1)(f) provides that if a physician assistant is guilty of malpractice in the performance of medical services, she is subject to disciplinary action by the Board.

43. Respondent committed malpractice as defined above when she treated Patients A and B with testosterone when there was no indication for such off-label use and continued treating Patient B with testosterone even after lab work indicated that her testosterone levels were at least five times the norm. There is no discussion with Patients A or B of the risks or benefits of such use.

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OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
1105 Terminal Way #301
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44. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in NAC 630.410.

Count III

45. NAC 630.380(1)(m) provides that a physician assistant is subject to disciplinary action if guilty of violating a provision of NRS 630.301 to 630.3065; inclusive.

46. 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 standing practicing in the same specialty or field is grounds for discipline.

47. Respondent continually failed to exercise the skill or diligence or use the methods ordinarily exercised in her care and treatment of Patients A- D when she showed a consistent pattern of diagnosing and treating patients without proper indications or lab results to support such treatment.

48. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in NAC 630.410.

Count IV

49. NAC 630.380(1)(m) provides that a physician assistant is subject to disciplinary action if guilty of violating a provision of NRS 630.301 to 630.3065; inclusive.

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

51. Respondent's records for Patients A-D are not accurate and complete and often do not include indications that a physical examination was completed, do not provide adequate discussions regarding the "History of Present Illness," continually lack a proper assessment and plan, frequently contain inconsistencies, fail to address chief complaints that are set forth in the medical record, and lack descriptions of the supporting bases for diagnoses and prescriptions and/or treatments provided.

52. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in NAC 630.410.

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Nevada State Board of Medical Examiners
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WHEREFORE, the Investigative Committee prays:

1. That the Nevada State Board of Medical Examiners give Respondent notice of the charges herein against her and give her notice that she may file an answer to the Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the Complaint;

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

3. That the Nevada State Board of Medical Examiners determine what sanctions it shall impose if it finds there has been a violation or violations of the Medical Practice Act (NRS and NAC Chapters 630) committed by Respondent; and

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

5. That the Nevada State Board of Medical Examiners take such other and further action as may be just and proper in these premises.

DATED this 17th day of May, 2012.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____
Lyn E. Beggs, Esq.
General Counsel and Attorney for the Investigative Committee

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

VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF WASHOE)

THEODORE B. BERNDT, M.D., having been duly sworn, hereby deposes and states under penalty of perjury that he is the current Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate, and correct.

DATED this 17th day of May, 2012.

Theodore B. Berndt

THEODORE B. BERNDT, M.D.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, Nevada 89502
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CERTIFICATE OF SERVICE

I hereby certify that I am employed by Nevada State Board of Medical Examiners and that on 17th day of May 2012; I served a filed copy of the Complaint & Patient Designation via USPS e-certified mail, and via hand delivery to the following:

Jacob Hafter, Esq.
Michael Naethe, Esq.
7201 Lake Mead Blvd., Ste. 210
Las Vegas, NV 89128

Dated this 17th day of May 2012.

Angelia L. Donohoe
Legal Assistant

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