BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

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In the Matter of Charges and Complaint Against ROBERT FEINGOLD, M.D., Respondent.	**Case No. 16-11221-1**

FILED
JAN 20 2016
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

COMPLAINT

The Investigative Committee[1] (IC) of the Nevada State Board of Medical Examiners (Board) hereby issues this formal Complaint (Complaint) against Robert Feingold, M.D. (Respondent), a licensed physician in Nevada. After investigating this matter, the IC has a reasonable basis to believe that the Respondent has violated provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act).

The IC alleges the following facts:

1. Respondent is currently licensed in active status (License No. 7916), and has been so licensed by the Board since July 30, 1996, and, at all times alleged herein, Respondent was licensed in an active status by the Board pursuant to the provisions of the Medical Practice Act.

2. Previous to the preparation of this Complaint, the Board solicited the services of an independent medical expert to review the medical records of nine patients by Respondent. This record review includes those Patients A through I.

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[1] The Investigative Committee of the Nevada State Board of Medical Examiners is composed of Board members Beverly A. Neyland, M.D., Rachakonda Prabhu, M.D., and Ms. Sandy Peltyn.

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PATIENT A

3. Patient A was a 47-year-old male at the time of the events at issue. His true identity is not disclosed herein to protect his privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

4. The expert's review of Patient A's medical record concluded that Respondent violated the standard of care in the treatment of Patient A's persistent, nonmalignant cervical, thoracic, and lumbar back pain condition by failing to do a meaningful physical exam, order diagnostic testing, document responses or side effects to prescribed pain medication or test for medication toxicity.

5. On or about March 29, 2012, Patient A, with a widely fluctuating, elevated blood pressure (170/110), was seen by the Respondent, who did not perform any medication adjustment in Patient A's Lisinopril (20/25mg) dosage. Respondent did not make any comments or documentation regarding Patient A's elevated blood pressure, did no patient counseling, did no recheck of the blood pressure, did no laboratory tests and performed no EKG.

6. On or about December 11, 2012, Patient A, with the complaint of persistent nonmalignant cervical, thoracic and lumbar back pain was seen by the Respondent, who did not perform any examination of Patient A's back or spine; and did not perform a neurological exam, which usually includes assessment of the strength of the affected body part, evaluation of sensation and deep tendon reflexes.

7. On or about December 11, 2012, Respondent failed to provide any treatment and evaluation of Patient's A back pain, which should have included a review of Patient A's medical history, a review of symptoms, and the required examinations; Respondent failed to provide adequate follow-up surveillance and repeat assessments regarding Patient A's medical conditions on subsequent evaluations conducted by Respondent, and, no referrals were made to appropriate specialists, such a physical therapist or pain management specialist for further non-narcotic treatment (epidural, steroids, TENS), an orthopedist or a neurologist.

8. On or about May 31, 2013, Patient A, with the complaint of a chronic cough, was seen by the Respondent, who prescribed Phenergan with Codeine Elixir (#16oz.) without

evaluating Patient A's chest with an X-ray, conducting the necessary blood work, or conducting an upper endoscopy or pulmonary function test to evaluate for emphysema, asthma, or gastric reflux as causes of Patient A's chronic cough.

9. On or about May 31, 2013, Respondent's examinations of Patient's A chest indicated that Patient A's lung was "clear" yet Respondent continued to prescribe large amounts of narcotic cough syrup each month in addition to the large amounts of narcotics Patient A was taking for his chronic back pain, and Respondent did not attempt to diagnose the etiology of Patient A's chronic cough.

10. Based upon the aforementioned, Respondent violated the standard of care in treating Patient A, and, engaged in malpractice when Respondent failed to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances.

PATIENT B

11. Patient B was a 52-year-old male at the time of the events at issue. His true identity is not disclosed herein to protect his privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

12. The expert's review of Patient B's medical record concluded that Respondent violated the standard of care in the treatment of Patient B's condition of hypertension and Patient B's cervical, thoracic, and lumbar back pain by failing to do a meaningful physical exam, order diagnostic testing, document responses or side effects to pain medication or test for medication toxicity.

13. On or about March 29, 2011, Patient B had an MRI of the cervical spine showing "intervertebral disc bulge at C3-4, C4-5; at C5-6 intervertebral disc bulge with an annular tear extending greater to the left without definite evidence of spinal cord compression."

14. On or about December 28, 2012, Patient B, who was seen by Respondent, was diagnosed with "chronic spine pain (cervical, thoracic, lumbar) and degenerative joint disease. Respondent made no attempts to diagnose the etiology of the back pain, and there was no physical exam of the body parts involved; Patient B was treated monthly with large doses of narcotic (Roxicodone 30mg #120 or Roxicet 30mg #120).

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15. On or about February 27, 2013, Patient B complained of "L arm > R arm occ tingling" when seen by Respondent.

16. On or about March 29, 2013, Patient B complained of "L arm > R arm occ shooting pain, tingling" when seen by Respondent.

17. On or about February 27, 2013, through March 29, 2013, Respondent failed to provide any recommendation for additional corrective measures based upon Patient B's new neurological complaints of numbness and tingling that corresponded to the aforementioned MRI finding and should have prompted Respondent to conduct a careful physical and neurologic exam to assess for weakness or other neurologic deficits.

18. On or about February 27, 2013, through March 29, 2013, Respondent failed to provide an appropriate exam to assess whether surgery was needed or a repeat MRI as indicated when there were new neurological complaints such as numbness or tingling; Respondent failed to provide other treatments modalities such as epidural, physical therapy or referral for a neurosurgery or orthopedic surgery.

19. On or about March 29, 2011, through May 31, 2013, Patient B, who was seen by the Respondent, had a hypertension medical condition with blood pressure as high as 168/110 and Respondent treated Patient B with Benazepril (10mg daily), but this medication was never adjusted and no laboratory tests were conducted to assess for organ damage or any possible side effects of the medication.

20. Based upon the aforementioned, Respondent violated the standard of care in treating Patient B, and, engaged in malpractice when Respondent failed to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances.

PATIENT C

21. Patient C was a 62-year old female at the time of the events at issue. Her true identity is not disclosed herein to protect her privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

22. The expert's review of Patient C's medical record concluded that Respondent violated the standard of care in the treatment of Patient C's migraine headaches, bronchitis, and

hypertension by failing to do meaningful physical examinations, order diagnostic testing, and document responses or side effects to Patient C's prescribed pain medication, or test for medication toxicity.

23. On or about February 13, 2009, through December 17, 2012, Patient C, who was seen by Respondent, complained of migraine headaches, bronchitis and hypertension; Respondent prescribed monthly treatment of Roxicodone (30mg tid#90), Fioricet #180, and Phenegan with Codeine (16oz.) and Soma (350mg #180).

24. On or about December 17, 2012, Patient C, who was seen by Respondent, was prescribed Soma (350mg #180) for "spasms" but Patient C did not complain about any spasms. Respondent failed to perform any examination of the affected body part that would prompt prescription of this medication.

25. On or about January 16, 2013 through April 23, 2014, Patient C, who was seen by Respondent, complained of elevated blood pressure. Respondent failed to recognize that Patient C's blood pressure was 178/110 on January 1, 2013, failed to recognize Patient C's blood pressure was 158/104 on April 23, 2014; failed to recognize Patient C's hypertension and failed to adjust blood pressure medications (Metopolol ER 50mg daily, Benazepril/Amlodipine 5/10 mg daily).

26. On or about January 16, 2013 through April 23, 2014, Patient C, who was seen by Respondent, complained of elevated blood pressure. Respondent failed to provide any treatment or discussion about lifestyle changes, weight loss if needed, adjusting or adding medications, performing an EKG, performing a chest X-ray, assessing for organ damage with laboratory tests and making referrals to specialists as needed.

27. On or about January 1, 2013 through June 10, 2013, Respondent prescribed extremely large dosages of Phenergan with Codeine (16oz.) for Patient C, who had no complaints of cough until after July 8, 2013; Respondent documented that Patient C had "lungs clear" on each of the visits; Respondent provided no diagnosis for the large quantity of cough syrup, especially when considering all of the other narcotics Patient C was already prescribed (Roxicodone 30mg/#90); and, Respondent failed to perform an evaluation regarding the etiology of the cough.

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28. On or about December 17, 2012, to April 23, 2014, Patient C, who was seen by Respondent complained of migraine headaches. Respondent prescribed a very habituating barbiturate, Fiorinal #180, six (6) tablets daily, and did not have any brain imaging done; Respondent failed to refer this Patient C to a neurologist for further pain management, diagnosis and the appropriate treatment for migraine headaches.

29. Respondent's treatment and care of Patient C was to prescribe narcotic cough syrup on a chronic basis without attempting to diagnose the etiology of Patient C's cough and without proper examination; Respondent failed to diagnose and appropriately treat Patient C's hypertension; Respondent failed to appropriately treat Patient C's migraine headaches by prescribing large quantities of barbiturates without doing appropriate brain imaging and without seeking referrals. All of the aforementioned Respondent's acts and omissions are below the standard of care.

30. Based upon the aforementioned, Respondent violated the standard of care in treating Patient C, and, engaged in malpractice when Respondent failed to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances.

PATIENT D

31. Patient D was a 31-year-old female at the time of the events at issue. Her true identity is not disclosed herein to protect her privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

32. The expert's review of Patient's medical record concluded that Respondent violated the standard of care in the treatment of persistent, nonmalignant cervical, thoracic, and lumbar back pain by failing to do a meaningful physical exam, order diagnostic testing, and document responses or side effects to pain medication, or test for medication toxicity.

33. On or about December 31, 2012, Patient D, was seen by Respondent for chronic right knee pain, and chronic thoracic and lumbar spine pain. Patient D signed a pain contract and Respondent treated Patient D by prescribing Roxicodone (30mg #210), Lortab (10/00 #150), Adderall (30mg #90), Fenanyl patch (100 micrograms #10) and Soma (350mg #150) on a monthly basis.

34. On or about December 31, 2012, through August 6, 2013, Patient D, who was seen by Respondent, was prescribed extremely large doses of narcotics on a chronic basis without a diagnosis being made by Respondent regarding the knee pain, the thoracic or the lumbar back pain. There is no diagnosis documented by the Respondent for his treatment of Patient D with the Adderall, which is generally used to treat Narcolepsy and Adult Deficit Hyperactive Disorder (ADHD); there was no etiology for the knee pain, the thoracic or lumbar back pain; Respondent failed to provide any referral to Patient D for further diagnosis and/or treatment to an orthopedics, physical therapy or pain management specialist – all to be expected with pain of this intensity.

35. Based upon the aforementioned, Respondent violated the standard of care in treating Patient D, and engaged in malpractice when Respondent failed to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances.

PATIENT E

36. Patient E was a 40-year-old female at the time of the events at issue. Her true identity is not disclosed herein to protect her privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

37. The expert's review of Patient's medical record concluded that Respondent violated the standard of care in the treatment of persistent, nonmalignant cervical, thoracic, and lumbar back pain by failing to do a meaningful physical exam, order diagnostic testing, document responses or side effects to pain medication, or test for medication toxicity.

38. On or about December 17, 2012 through April 9, 2014, Patient E was treated by Respondent for chronic thoracic and lumbar spine pain after having three (3) separate motor vehicle accidents on June 20, 2008, April 25, 2009, and May 26, 2011; Patent E had back surgery (micro compression L4-5, L5-S1, partial bilateral laminectomies, medial factectomies and microforaminotomies, posterior lumbar fusion L4-S1) on January 14, 2008.

39. On or about December 17, 2012 through April 9, 2014, Patient E complained of back pain; specifically, from the lumbar spine and right foot numbness. Respondent failed to conduct an examination of Patient E's back and failed to conduct a neurological exam. Respondent's notes appear to be copied from month to month with minimal updated information

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and documented.

40. On or about December 17, 2012 through April 9, 2014, Respondent did not provide the proper and relevant details regarding his treatment to Patient E's drug urine testing; Respondent failed to record the following: creatinine, nitrites, pH, or any specific gravity tested or recorded; additionally, Respondent failed to perform outside laboratory confirmation of Patient E's drug testing.

41. On or about December 17, 2012 through April 9, 2014, Respondent failed to provide any recommendation for additional corrective measures; Respondent failed to provide adequate follow-up surveillance and repeat assessments to make sure the procedure was adequate for Patient E's condition on subsequent evaluations conducted by Respondent.

42. Based upon the aforementioned, Respondent violated the standard of care in treating Patient E, and, engaged in malpractice when Respondent failed to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances.

PATIENT F

43. Patient F was a 39-year-old male at the time of the events at issue. His true identity is not disclosed herein to protect his privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

44. The expert's review of Patient F's medical record concluded that Respondent violated the standard of care in the treatment of Patient F's cervical, thoracic, and lumbar spine pain; and in the treatment of Patient F with prescribing a high dose of an addictive class IV medication in the Benzodiazepine class.

45. On or about December 12, 2012, Patient F was seen by Respondent, who made an initial diagnosis of "chronic pain" of the cervical, thoracic, and lumbar spine. Patient F's treatment as prescribed by Respondent was to take Methadone, Soma, Xanax, and Roxicodone monthly for the aforementioned chronic back pain.

46. On or about December 12, 2012 through April 16, 2014, there were approximately 16 visits by Patient F to Respondent, who prescribed a treatment of Xanax (2mg #90) each month when there were no subjective complaints of anxiety or panic attacks by Patient F, no objective

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findings of anxiety in the medical records; no laboratory tests to evaluate for the presence of anemia or thyroid disorder or a metabolic cause of anxiety in Patient F.

47. On or about February 18, 2013 through February 7, 2014, Respondent did not provide the details of his treatment to Patient F. During these office visits, there was no inspection or no examination of Patient's F back and Respondent did not document as to whether the pain medication was working and did not document Patient F's care and treatment during the last 10 visits within his operative reports.

48. On or about February 18, 2013 through February 7, 2014, Respondent failed to document Patient F's response to the prescribed narcotics used; failed to do reasonable histories (past medical, social & surgical histories); failed to properly prescribe Benzodiazepines by prescribing them without a reasonable diagnosis, failed to do the appropriate and meaningful physical examinations; and failed to do the appropriate laboratory work when needed or required.

49. Based upon the aforementioned, Respondent violated the standard of care in treating Patient F, and, engaged in malpractice when Respondent failed to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances.

PATIENT G

50. Patient G was a 41-year-old male at the time of the events at issue. His true identity is not disclosed herein to protect his privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

51. The expert's review of Patient G's medical record concluded that Respondent violated the standard of care in the treatment of Patient G's chronic pain and left arm pain; and, in failing to properly conduct a complete initial evaluation as the documentation was abbreviated, incomplete without any prior medical history (surgical, medication, social, family, review of systems and laboratory results).

52. On or about December 18, 2012, Patient G was seen by Respondent for the first time for chronic left arm pain and was prescribed the following treatment of monthly dosages of narcotics including Roxicodone (30mg #160), Lortab (10/500mg #130), Soma (350mg #190) and Xanax (2mg #60); Respondent documents state the following: "cough x 1wk; fever resolved; +

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HA; L arm pain 5/10," but there is no documentation or notes regarding any examination of Patient G's arm.

53. On or about December 18, 2012, Respondent failed to properly document within Patient G's evaluation this patient's past medical history and treatment; specifically, Respondent failed to indicate that Patient G was previously seen by Dr. Lee (in Las Vegas, NV) and treated for chronic regional pain syndrome after an open reduction and internal fixation of his left wrist; Patient G received surgery and physical therapy in 2008 and had a nerve block performed postoperatively.

54. On or about December 18, 2012 through November 13, 2013, Respondent did not provide the details (nature of pain, current and past treatments for pain or underlying or coexisting diseases) of his treatment to Patient G.

55. On or about November 13, 2013, Patient G had a motor accident.

56. On December 13, 2013, Patient G complained of back and neck pain, neck popping and headaches to Respondent, who failed to conduct any examination of Patient G's neck or back during this visit; Respondent prescribed treatment with Roxicodone (30mg #180) and MS Contin (20mg #60).

57. On or about March 7, 2014, Respondent failed to provide adequate follow-up surveillance and repeat assessments regarding Patient G's condition and conducted no examination of Patient G's neck or back on this specific visit.

58. Based upon the aforementioned, Respondent violated the standard of care in treating Patient G, and, engaged in malpractice when Respondent failed to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances.

PATIENT H

59. Patient H was a 33-year-old male at the time of the events at issue. His true identity is not disclosed herein to protect his privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

60. The expert's review of Patient H's medical record concluded that Respondent violated the standard of care in the treatment of Patient H's chronic pain and left arm pain; and, in

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failing to properly conduct a complete initial evaluation as the documentation was abbreviated, incomplete without any prior medical history (surgical, medication, social, family, review of systems and laboratory results).

61. On or about December 18, 2012, Patient H complained of "chronic R shoulder pain" to Respondent, who treated and prescribed monthly Roxicodone (30mg #160), Lortab (10/500 #120), Soma (350mg #90) and Xanax (2mg #30)(Note: however, Nevada Prescription Monitoring Service indicates #60).

62. On or September 11, 2010, Patient H's X-ray showed a comminuted left clavicular structure and left 2nd, 3rd, and 4th rib fractures.

63. On or about January 21, 2013, Respondent did conduct an examination of Patient H's shoulder, and that is the only documented examination conducted by Respondent.

64. On or about December 18, 2012 through April 16, 2014, Respondent prescribed treatment to Patient H with monthly Xanax (2mg #60), which is potentially addictive and a class IV controlled substance used to treat anxiety and panic disorder; Respondent failed to provide any recommendation for additional corrective measures; and failed to provide documentation indicating that Patient H had either Generalized Anxiety Disorder or Panic Disorder, but Respondent still prescribed this drug without a proper diagnosis.

65. On or about December 18, 2012 through April 16, 2014, Respondent failed to provide adequate follow-up surveillance and repeat assessments to make sure the Procedure was adequate for Patient H's condition on subsequent evaluations conducted by Respondent.

66. Based upon the aforementioned, Respondent violated the standard of care in treating Patient H, and, engaged in malpractice when Respondent failed to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances.

PATIENT I

67. Patient I was a 48 year-old female at the time of the events at issue. Her true identity is not disclosed herein to protect her privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

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68. The expert's review of Patient I's medical record concluded that Respondent violated the standard of care in the treatment of Patient I's chronic pain and left arm pain; and, in failing to properly conduct a complete initial evaluation as the documentation was abbreviated and incomplete without any prior medical history (surgical, medication, social, family, review of systems and laboratory results).

69. On or about April 14, 2011, Patient I had a MRI conducted on her lumbar spine, which revealed a broad based disc protrusion with possible left S1 nerve root impingement.

70. On or about February 11, 2013 through April 25, 2014, Patient I, who complained of pain in the thoracic and lumbar spine ("pain T-S, L-S) was seen by Respondent.

71. On or about February 11, 2013 through April 25, 2014, Respondent failed to provide a physical examination of Patient I's medical condition despite her monthly complaints of pain in the thoracic and lumbar spine and Respondent failed to conduct an examination to correlate the previous MRI finding with Patient I's complaints prior to medication prescribed as treatment.

72. On or about February 11, 2013 through April 25, 2014, Respondent provided no diagnosis; Respondent failed to provide a treatment plan; Respondent failed to have the proper laboratory analysis done for toxicity.

73. Based upon the aforementioned, Respondent violated the standard of care in treating Patient I, and, engaged in malpractice when Respondent failed to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances.

74. Based upon the foregoing, the IC charges Respondent with the following violations of the Medical Practice Act.

PATIENT A

COUNT I

(Malpractice - NRS 630.301(4))

75. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

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76. NRS 630.301(4) provides that malpractice, as defined in NAC 630.040, means the failure of a physician, in treating a patient, to use the reasonable care, skill or knowledge ordinarily used under similar circumstances, is grounds for discipline.

77. As demonstrated by, but not limited to, the above-outlined facts, Respondent committed malpractice when he failed to exercise reasonable care, skill or knowledge regarding Patient A' s cervical, thoracic, and lumbar spine pain, shoulder and knee pain when Respondent: i) failed to do an examination of Patient's back, shoulder and knee by conducting an evaluation of the aforementioned pain, including the Patient's history and review of systems, ii) failed to do a neurological examination that should have included an examination of the affected body part and to assess for the presence and the severity of neurologic deficits, and, iii) failed to properly document any type of examination regarding Patient's condition; thus, Respondent violated the standard of care[2] for the treatment and evaluation of Patient A's pain from three (3) different body locations.

78. As demonstrated by, but not limited to, the above-outlined facts, Respondent committed malpractice when he failed to exercise reasonable care, skill or knowledge regarding Patient A's hypertension (high blood pressure) when Respondent: i) provided no medication adjustment to Patient A's Lisinopril (20/25mg), ii) provided no comment regarding this elevated blood pressure, no patient counseling, no recheck of the blood pressure, and, iii) performed no laboratory tests or EKG. Thus, Respondent violated the standard of care[3] for the treatment and evaluation of Patient A's widely fluctuating blood pressures.

79. As demonstrated by, but not limited to, the above-outlined facts, Respondent committed malpractice when he failed to exercise reasonable care, skill or knowledge regarding Patient A's cough by prescribing a potent narcotic medication without a diagnosis or physical examination of Patient A's upper body and cough; thus, Respondent violated the standard of care for the treatment and evaluation of Patient A's cough.

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[2] Chou R., Qaseen A., Snow V., et al. Diagnosis & Treatment of Low Back Pain: A Joint Clinical Practical Guideline from the American College of Physician & American Pain Society. Ann Internal Med 2007; 147: 478-491.
[3] JAMA 2003, 289 (19) 2560-2572. Seventh Report of the Joint National Committee of Prevention, Detection, Evaluation & Treatment of HTN, JNC 7.

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

PATIENT A

COUNT II

(Failure to Provide Procedures, Studies, Services, Referrals – NRS 630.301(8)

81. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

82. NRS 630.301(8) provides that the failure to offer appropriate procedures or studies, to provided necessary services or to refer a patient to an appropriate provider, when the failure occurs with intent of positively influencing the financial well-being of the practitioner are grounds for discipline.

83. As demonstrated by, but not limited to, the above-outlined facts, Respondent violated NRS 603.301(8) with regard to Patient A's medical conditions (treatment of back pain, hypertension, and coughing) when Respondent failed to offer appropriate procedures or studies and to provided necessary services or to refer Patient A to an appropriate provider as Respondent's failure to perform all of the aforementioned occurred with the intent of positively influencing the financial well-being of the Respondent's practice.

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

PATIENT A

COUNT III

(Medical Records Violation - NRS 630.3062(1))

85. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

86. 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.

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87. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to maintain accurate and/or complete medical records relating to the diagnosis, treatment and care of Patient A when he failed to record his care and treatment of Patient A on December 11, 2012 through July 5, 2013 in Patient A's medical records.

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

PATIENT B

COUNT I

(Malpractice - NRS 630.301(4))

89. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

90. NRS 630.301(4) provides that malpractice, as defined in NAC 630.040, means the failure of a physician in treating a patient to use the reasonable care, skill and knowledge, ordinarily used under similar circumstances is grounds for discipline.

91. As demonstrated by, but not limited to, the above-outlined facts, Respondent committed malpractice when he failed to exercise reasonable care, skill or knowledge regarding Patient B's cervical, thoracic, and lumbar spine pain, arm pain, and degenerative joint disease (DJD) when Respondent: i) failed to do an examination of Patient's back by conducting an evaluation of the aforementioned pain, including Patient B's medical history and review of systems, ii) failed to do a neurological examination that should have included an examination of the affected body part and to assess for the presence and the severity of neurologic deficits, and, iii) failed to properly document any type of examination regarding Patient B's condition; thus, Respondent violated the standard of care[4] for the treatment and evaluation of Patient B's back and arm pain.

92. As demonstrated by, but not limited to, the above-outlined facts, Respondent committed malpractice when he failed to exercise reasonable care, skill and knowledge regarding Patient B's hypertension (high blood pressure) when Respondent: i) provided no medication

[4] Chou R., Qaseen A., Snow V., et al. Diagnosis & Treatment of Low Back Pain: A Joint Clinical Practical Guideline from the American College of Physician & American Pain Society. Ann Internal Med 2007; 147: 478-491.

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adjustment to Patient B's Benazepil (10mg daily), ii) provided no comment regarding this elevated blood pressure, no patient counseling, no recheck of the blood pressure, and, iii) no laboratory tests or EKG performed. Thus, Respondent violated the standard of care[5] for the treatment and evaluation of Patient's widely fluctuating blood pressures.

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

PATIENT B

COUNT II

(Failure to Provide Procedures, Studies, Services, Referrals – NRS 630.301(8)

94. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

95. NRS 630.301(8) provides that the failure to offer appropriate procedures or studies, to provided necessary services or to refer a patient to an appropriate provider, when the failure occurs with intent of positively influencing the financial well-being of the practitioner are grounds for discipline.

96. As demonstrated by, but not limited to, the above-outlined facts, Respondent violated NRS 630.301(8) with regard to Patient B's medical conditions (treatment of back and arm pain and hypertension) when Respondent failed to offer appropriate procedures or studies, to provided necessary services or to refer Patient B to an appropriate provider as Respondents failure to perform occurred with the intent of positively influencing the financial well-being of Respondent's practice.

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

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[5] JAMA 2003, 289 (19) 2560-2572. Seventh Report of the Joint National Committee of Prevention, Detection, Evaluation & Treatment of HTN, JNC 7.

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PATIENT B

COUNT III

(Medical Records Violation - NRS 630.3062(1))

98. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

99. 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.

100. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to maintain accurate and/or complete medical records relating to the diagnosis, treatment and care of Patient B when he failed to record his care and treatment of Patient B on December 28, 2012 through March 29, 2013 in Patient B's medical records.

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

PATIENT C

COUNT I

(Malpractice - NRS 630.301(4))

102. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

103. NRS 630.301(4) provides that malpractice, as defined in NAC 630.040, means the failure of a physician, in treating a patient, to use the reasonable care, skill or knowledge ordinarily used under similar circumstances, is grounds for discipline.

104. As demonstrated by, but not limited to, the above-outlined facts, Respondent committed malpractice when he failed to exercise reasonable care, skill and knowledge regarding Patient C's migraine headaches, bronchitis, and hypertension when Respondent: i) failed to do meaningful physical examinations, order diagnostic testing, and document responses or side effects to Patient C's prescribed pain medication, or test for medication toxicity, ii) prescribed Soma (350mg #180) for "spasms" when Patient C did not complain about any spasms, iii) failed

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to perform any examination of the affected body part for "spasms" that would prompt prescription of this medication, iv) failed to recognize that Patient C's blood pressure was 178/110 on January 1, 2013 and failed to recognize Patient C's blood pressure was 158/104 on April 23, 2014, v) failed recognize Patient C's hypertension, vi) failed to adjust blood pressure medications (Metopolol ER 50mg daily, Benazepril/Amlodipine 5/10 mg daily), vii) failed to provide any hypertension/high blood pressure any treatment or discussion about lifestyle changes, weight loss if needed, adjusting or adding medications, performing an EKG, performing a chest X-ray, assessing for organ damage with laboratory tests and making referral to a specialists as needed, viii) failed to provide a diagnosis for the large quantity of cough syrup, especially when considering all of the other narcotics Patient C was already prescribed (Roxicodone 30mg tid #90), and, x) failed to perform evaluation regarding the etiology of the cough. All of the aforementioned Respondent's acts and omissions are below the standard of care as previously cited.

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

PATIENT C

COUNT II

(Failure to Provide Procedures, Studies, Services, Referrals – NRS 630.301(8)

106. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

107. NRS 630.301(8) provides that the failure to offer appropriate procedures or studies, to provided necessary services or to refer a patient to an appropriate provider, when the failure occurs with intent of positively influencing the financial well-being of the practitioner are grounds for discipline.

108. As demonstrated by, but not limited to, the above-outlined facts, Respondent violated NRS 630.301(8) with regard to Patient C's medical conditions (headaches, bronchitis and hypertension) when Respondent failed to offer appropriate procedures or studies, to provide necessary services or to refer Patient C to an appropriate provider as Respondents failure to

perform occurred with the intent of positively influencing the financial well-being of Respondent's practice.

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

PATIENT C

COUNT III

(Medical Records Violation - NRS 630.3062(1))

110. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

111. 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.

112. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to maintain accurate and/or complete medical records relating to the diagnosis, treatment and care of Patient C when he failed to record his care and treatment of Patient C on February 13, 2009 through June 10, 2013 in Patient C's medical records.

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

PATIENT D

COUNT I

(Malpractice - NRS 630.301(4))

114. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

115. NRS 630.301(4) provides that malpractice, as defined in NAC 630.040, means the failure of a physician, in treating a patient, to use the reasonable care, skill and knowledge, ordinarily used under similar circumstances, is grounds for discipline.

116. As demonstrated by, but not limited to, the above-outlined facts, Respondent committed malpractice when he failed to exercise reasonable care, skill or knowledge regarding

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Patient D's chronic right knee pain, and, chronic thoracic & lumbar spine pain when Respondent: i) failed to do an examination of Patient D's back and knee by conducting an evaluation of the aforementioned pain, including the Patient D's history and review of systems, ii) failed to do a neurological examination that should have included an examination of the affected body part and to assess for the presence and the severity of neurologic deficits, and, iii) failed to properly document any type of examination regarding Patient's condition. Thus, Respondent violated the standard of care[6] for the treatment and evaluation of Patient D's pain from two (2) different body locations.

117. As demonstrated by, but not limited to, the above-outlined facts, Respondent committed malpractice when he failed to exercise reasonable care, skill or knowledge when Respondent: i) failed to provide any documented diagnosis for his treatment of Patient D with the Adderall, which is generally used to treat Narcolepsy or Adult Deficit Hyperactive Disorder (ADHD); there was no etiology for the knee pain, the thoracic or lumbar back pain; and, ii) Respondent failed to provide any referral to Patient D for further diagnosis and/or treatment to an orthopedics, physical therapy or pain management specialist – all to be expected with pain of this intensity.

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

PATIENT D

COUNT II

(Failure to Provide Procedures, Studies, Services, Referrals – NRS 630.301(8)

119. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

120. NRS 630.301(8) provides that the failure to offer appropriate procedures or studies, to provide necessary services or to refer a patient to an appropriate provider, when the failure occurs with intent of positively influencing the financial well-being of the practitioner are grounds for discipline.

[6] Chou R., Qaseen A., Snow V., et al. Diagnosis & Treatment of Low Back Pain: A Joint Clinical Practical Guideline from the American College of Physician & American Pain Society. Ann Internal Med 2007; 147: 478-491.

121. As demonstrated by, but not limited to, the above-outlined facts, Respondent violated NRS 630.301(8) with regard to Patient D's medical conditions (treatment of back pain & prescribing anti-anxiety medications) when Respondent failed to offer appropriate procedures or studies, to provided necessary services or to refer Patient D to an appropriate provider as Respondents failure to perform occurred with intent of positively influencing the financial well-being of Respondent's practice.

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

PATIENT D

COUNT III

(Medical Records Violation - NRS 630.3062(1))

123. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

124. 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.

125. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to maintain accurate and/or complete medical records relating to the diagnosis, treatment and care of Patient D when he failed to record his care and treatment of Patient D on December 31, 2012 through August 6, 2013 in Patient D's medical records.

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

PATIENT E

COUNT I

(Malpractice - NRS 630.301(4))

127. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

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128. NRS 630.301(4) provides that malpractice, as defined in NAC 630.040, means the failure of a physician, in treating a patient, to use the reasonable care, skill or knowledge ordinarily used under similar circumstances, is grounds for discipline.

129. As demonstrated by, but not limited to, the above-outlined facts, Respondent committed malpractice when he failed to exercise reasonable care, skill or knowledge regarding Patient E' s thoracic and lumbar spine pain after suffering through three (3) motor vehicle accidents when Respondent: i) failed to do an examination of Patient E's back by conducting an evaluation of the aforementioned pain, including the Patient E's medical history and review of systems, ii) failed to do a neurological examination that should have included an examination of the affected body part and to assess for the presence and the severity of neurologic deficits, and, iii) failed to properly document any type of examination regarding Patient's condition. Thus, Respondent violated the standard of care[7] for the treatment and evaluation of Patient's pain from three (3) different body locations.

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

PATIENT E

COUNT II

(Failure to Provide Procedures, Studies, Services, Referrals – NRS 630.301(8)

131. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

132. NRS 630.301(8) provides that the failure to offer appropriate procedures or studies, to provided necessary services or to refer a patient to an appropriate provider, when the failure occurs with intent of positively influencing the financial well-being of the practitioner are grounds for discipline.

133. As demonstrated by, but not limited to, the above-outlined facts, Respondent violated NRS 630.301(8) with regard to Patient E's medical conditions (treatment of back pain) when Respondent failed to offer appropriate procedures or studies, to provided necessary services

[7] Chou R., Qaseen A., Snow V., et al. Diagnosis & Treatment of Low Back Pain: A Joint Clinical Practical Guideline from the American College of Physician & American Pain Society. Ann Internal Med 2007; 147: 478-491.

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or to refer Patient E to an appropriate provider as Respondents failure to perform occurred with intent of positively influencing the financial well-being of Respondent's practice.

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

PATIENT E

COUNT III

(Medical Records Violation - NRS 630.3062(1))

135. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

136. 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.

137. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to maintain accurate and/or complete medical records relating to the diagnosis, treatment and care of Patient E when he failed to record his care and treatment of Patient E on December 17, 2012 through April February 12, 2010 in Patient E's medical records.

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

PATIENT F

COUNT I

(Malpractice - NRS 630.301(4))

139. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

140. NRS 630.301(4) provides that malpractice, as defined in NAC 630.040, means the failure of a physician, in treating a patient, to use the reasonable care, skill or knowledge, ordinarily used under similar circumstances, is grounds for discipline.

141. As demonstrated by, but not limited to, the above-outlined facts, Respondent committed malpractice when he failed to exercise reasonable care, skill and knowledge regarding

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Patient F' s cervical, thoracic, and lumbar spine pain when Respondent: i) failed to do an examination of Patient F's back by conducting an evaluation of the aforementioned pain, including Patient F's history and review of systems, ii) failed to do a neurological examination that should have included an examination of the affected body part and to assess for the presence and the severity of neurologic deficits, and, iii) failed to properly document any type of examination regarding Patient's condition. Thus, Respondent violated the standard of care[8] for the treatment and evaluation of Patient F's pain from different body locations.

142. As demonstrated by, but not limited to, the above-outlined facts, Respondent committed malpractice when he failed to exercise reasonable care, skill or knowledge when Respondent: i) treated Patient F, who did not complain of anxiety or panic attack, by prescribing Xanax (#90/monthly), ii) provided no objective findings of nervousness, iii) provided documentation within Patient F's medical charts; iv) performed no laboratory tests to evaluate for the presence ofanemia or thyroid disorder or a metabolic cause of anxiety in Patient F. Thus, Respondent violated the standard of care for the treatment and evaluation of Patient F, who did not complain anxiety, yet Respondent prescribed a high dose of an addictive class IV medication in the Benzodiazepine class, because a patient who has an anxiety disorder would be referred to a therapist for further therapy, such as cognitive behavior therapy, in conjunction with medication.

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

PATIENT F

COUNT II

(Failure to Provide Procedures, Studies, Services, Referrals – NRS 630.301(8)

144. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

145. NRS 630.301(8) provides that the failure to offer appropriate procedures or studies, to provided necessary services or to refer a patient to an appropriate provider, when the

[8] Chou R., Qaseen A., Snow V., et al. Diagnosis & Treatment of Low Back Pain: A Joint Clinical Practical Guideline from the American College of Physician & American Pain Society. Ann Internal Med 2007; 147: 478-491.

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failure occurs with intent of positively influencing the financial well-being of the practitioner are grounds for discipline.

146. As demonstrated by, but not limited to, the above-outlined facts, Respondent violated NRS 630.301(8) with regard to Patient F's medical conditions (treatment of back pain and anxiety/nervousness) when Respondent failed to offer appropriate procedures or studies, to provided necessary services or to refer Patient F to an appropriate provider as Respondents failure to perform occurred with intent of positively influencing the financial well-being of Respondent's practice.

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

PATIENT F

COUNT III

(Medical Records Violation - NRS 630.3062(1))

148. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

149. 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.

150. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to maintain accurate and/or complete medical records relating to the diagnosis, treatment and care of Patient F when he failed to record his care and treatment of Patient F on December 19, 2012 2009 through April 16, 2014 in Patient F's medical records.

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

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PATIENT G

COUNT I

(Malpractice - NRS 630.301(4))

152. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

153. NRS 630.301(4) provides that malpractice, as defined in NAC 630.040, means the failure of a physician, in treating a patient, to use the reasonable care, skill or knowledge, ordinarily used under similar circumstances, is grounds for discipline.

154. As demonstrated by, but not limited to, the above-outlined facts, Respondent committed malpractice when he failed to exercise reasonable care, skill and knowledge regarding Patient G' s left arm pain and chronic back pain when Respondent: i) failed to do an examination of Patient G's knee and back by conducting an evaluation of the aforementioned pain, including the Patient G's history and review of systems, ii) failed to do a neurological examination that should have included an examination of the affected body parts and to assess for the presence and the severity of neurologic deficits, and, iii) failed to properly document any type of examination regarding Patient G's condition. Thus, Respondent violated the standard of care[9] for the treatment and evaluation of Patient's pain from two (2) different body locations.

155. As demonstrated by, but not limited to, the above-outlined facts, Respondent committed malpractice when he failed to exercise reasonable care, skill or knowledge when Respondent: i) treated Patient G, who did not complain of anxiety or panic attack, by prescribing Xanax (#90/monthly), ii) provided no objective findings of nervousness, iii) provided no documentation within Patient G's medical charts; and, iv) no laboratory tests to evaluate for the presence of anemia or thyroid disorder or a metabolic cause of anxiety in Patient G. Thus, Respondent violated the standard of care for the treatment and evaluation of Patient G, who did not complain anxiety, yet Respondent prescribed a high dose of an addictive class IV medication in the Benzodiazepine class, because a patient who has an anxiety disorder would be referred to a therapist for further therapy such as cognitive behavior therapy in conjunction with medication.

[9] Chou R., Qaseen A., Snow V., et al. Diagnosis & Treatment of Low Back Pain: A Joint Clinical Practical Guideline from the American College of Physician & American Pain Society. Ann Internal Med 2007; 147: 478-491.

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

PATIENT G

COUNT II

(Failure to Provide Procedures, Studies, Services, Referrals – NRS 630.301(8)

157. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

158. NRS 630.301(8) provides that the failure to offer appropriate procedures or studies, to provided necessary services or to refer a patient to an appropriate provider, when the failure occurs with intent of positively influencing the financial well-being of the practitioner are grounds for discipline.

159. As demonstrated by, but not limited to, the above-outlined facts, Respondent violated NRS 630.301(8) with regard to Patient G's medical conditions (treatment of back pain and coughing) when Respondent failed to offer appropriate procedures or studies, to provide necessary services or to refer Patient G to an appropriate provider as Respondents failure to perform occurred with intent of positively influencing the financial well-being of Respondent's practice.

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

PATIENT G

COUNT III

(Medical Records Violation - NRS 630.3062(1))

161. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

162. 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.

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163. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to maintain accurate and/or complete medical records relating to the diagnosis, treatment and care of Patient G when he failed to record his care and treatment of Patient G on December 18, 2012 through March 7, 2014 in Patient G's medical records.

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

PATIENT H

COUNT I

(Malpractice - NRS 630.301(4))

165. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

166. NRS 630.301(4) provides that malpractice, as defined in NAC 630.040, means the failure of a physician, in treating a patient, to use the reasonable care, skill or knowledge, ordinarily used under similar circumstances, is grounds for discipline.

167. As demonstrated by, but not limited to, the above-outlined facts, Respondent committed malpractice when he failed to exercise reasonable care, skill or knowledge regarding Patient H's chronic pain and left arm when Respondent: i) failed to do an examination of Patient H's back by conducting an evaluation of the aforementioned pain, including the Patient's history and review of systems, ii) failed to do a neurological examination that should have included an examination of the affected body part and to assess for the presence and the severity of neurologic deficits, and, iii) failed to properly document any type of examination regarding Patient H's condition. Thus, Respondent violated the standard of care for the treatment and evaluation of Patient's pain.

168. As demonstrated by, but not limited to, the above-outlined facts, Respondent committed malpractice when he failed to exercise reasonable care, skill and knowledge when Respondent: i) treated Patient H, who did not complain of anxiety or panic attack, by prescribing Xanax (#90/monthly), ii) provided no objective findings of nervousness, iii) no documentation within Patient H's medical charts; and, iv) provided no laboratory tests to evaluate for the

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presence of anemia or thyroid disorder or a metabolic cause of anxiety in Patient H. Thus, Respondent violated the standard of care for the treatment and evaluation of Patient H, who did not complain anxiety, yet Respondent prescribed a high dose of an addictive class IV medication in the Benzodiazepine class, because a patient who has an anxiety disorder would be referred to a therapist for further therapy such as cognitive behavior therapy in conjunction with medication.

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

PATIENT H

COUNT II

(Failure to Provide Procedures, Studies, Services, Referrals – NRS 630.301(8)

170. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

171. NRS 630.301(8) provides that the failure to offer appropriate procedures or studies, to provided necessary services or to refer a patient to an appropriate provider, when the failure occurs with intent of positively influencing the financial well-being of the practitioner are grounds for discipline.

172. As demonstrated by, but not limited to, the above-outlined facts, Respondent violated NRS 630.301(8) with regard to Patient H's medical conditions (treatment of shoulder pain) when Respondent failed to offer appropriate procedures or studies, to provided necessary services or to refer Patient H to an appropriate provider as Respondents failure to perform occurred with intent of positively influencing the financial well-being of the Respondent's practice.

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

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PATIENT H

COUNT III

(Medical Records Violation - NRS 630.3062(1))

174. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

175. 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.

176. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to maintain accurate and/or complete medical records relating to the diagnosis, treatment and care of Patient H when he failed to record his care and treatment of Patient H on December 18, 2012 through April 16, 2014 in Patient H's medical records.

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

PATIENT I

COUNT I

(Malpractice - NRS 630.301(4))

178. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

179. NRS 630.301(4) provides that malpractice, as defined in NAC 630.040, means the failure of a physician, in treating a patient, to use the reasonable care, skill or knowledge, ordinarily used under similar circumstances, is grounds for discipline.

180. As demonstrated by, but not limited to, the above-outlined facts, Respondent committed malpractice when he failed to exercise reasonable care, skill or knowledge regarding Patient I's thoracic and lumbar spine pain when Respondent: i) failed to do an examination of Patient I's back by conducting an evaluation of the aforementioned pain, including the Patient I's history and review of systems, ii) failed to do a neurological examination that should have included an examination of the affected body part and to assess for the presence and the severity

of neurologic deficits, and, iii) failed to properly document any type of examination regarding Patient's condition. Thus, Respondent violated the standard of care[10] for the treatment and evaluation of Patient's pain.

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

PATIENT I

COUNT II

(Failure to Provide Procedures, Studies, Services, Referrals – NRS 630.301(8)

182. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

183. NRS 630.301(8) provides that the failure to offer appropriate procedures or studies, to provided necessary services or to refer a patient to an appropriate provider, when the failure occurs with intent of positively influencing the financial well-being of the practitioner are grounds for discipline.

184. As demonstrated by, but not limited to, the above-outlined facts, Respondent violated NRS 630.301(8) with regard to Patient I's medical conditions (treatment of back pain) when Respondent failed to offer appropriate procedures or studies, to provide necessary services or to refer Patient I to an appropriate provider, as Respondents failure to perform occurred with intent of positively influencing the financial well-being of Respondent's practice.

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

PATIENT I

COUNT III

(Medical Records Violation - NRS 630.3062(1))

186. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

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[10] Chou R., Qaseen A., Snow V., et al. Diagnosis & Treatment of Low Back Pain: A Joint Clinical Practical Guideline from the American College of Physician & American Pain Society. Ann Internal Med 2007; 147: 478-491.

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187. 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.

188. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to maintain accurate and/or complete medical records relating to the diagnosis, treatment and care of Patient I when he failed to record his care and treatment of Patient I on February 11, 2013 through April 25, 2014 in Patient I's medical records.

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

WHEREFORE, the Investigative Committee 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 Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the 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 the sanctions it will impose if it finds Respondent violated the Medical Practice Act;

4. That the Board make, issue and serve upon the Respondent, in writing, its findings of fact, conclusions of law and order, which shall include the sanctions imposed; and

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

DATED this 20 day of January, 2016.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____
Robert Kilroy, Esq.
General Counsel for the Board
Attorney for the Investigative Committee

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VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF CLARK)

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

Dated this 20th day of January, 2016.

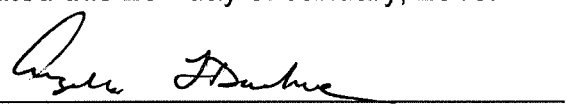
Beverly A. Neyland, M.D.

CERTIFICATE OF MAILING

I hereby certify that I am employed by Nevada State Board of Medical Examiners and that on 20th day of January 2016; I served a file stamp copy of the COMPLAINT, PATIENT DESIGNATION & FINGERPRINT INFORMATION, via USPS e-certified return receipt mail to the following:

Robert Feingold, M.D.
c/o Harold Gewerter, Esq.
1212 South Center Blvd.
Las Vegas, NV 89104

Dated this 20th day of January, 2016.



Angelia L. Donohoe
Legal Assistant

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