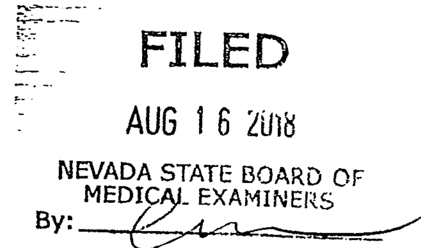
OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and
Complaint Against
CRAIG MITCHELL WEINGROW, M.D.,
Respondent.

Case No. 18-39792-1



COMPLAINT

The Investigative Committee[1] (IC) of the Nevada State Board of Medical Examiners (Board) hereby issues this formal Complaint (Complaint) against Craig Mitchell Weingrow, M.D. (Respondent), a physician licensed in Nevada. After investigating this matter, the IC has a reasonable basis to believe that 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 a physician licensed to practice medicine in the State of Nevada (License No. 14309). He has been continuously licensed by the Board since April 5, 2012.

A. Respondent's Treatment of Patient A

2. Patient A was a 36-year-old female at the time she established care with Respondent. Patient A's 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 (Patient Designation).

3. Respondent treated Patient A from October 15, 2014, through August 11, 2017. Respondent saw Patient A approximately 42 times during this period, during which Respondent prescribed controlled substances to Patient A, including but not limited to: Oxycodone and Acetaminophen, 5/325 mg and 10/325 mg tablets; Dextroamphetamine-amphetamine, 30 mg

[1] The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), at the time this formal Complaint was authorized for filing, was composed of Board members Wayne Hardwick, M.D., Chairman, Theodore B. Berndt, M.D., and Mr. M. Neil Duxbury.

tablets; Alprazolam 0.5 mg and 1 mg tablets; Phentermine 37.5 mg tablets; Hydrocodone and Acetaminophen, 10/325 mg tablets; Carisprodol, 325 mg tablets; Diazapam, 5 mg tablets; Lorazepam, 0.5 mg tablets; Oxandrolone, 10 mg tablets; Guaitussin AC.

4. Respondent prescribed opioid analgesics to Patient A at higher than indicated starting dosages for various patient complaints, without establishing diagnoses through a history, physical exam or appropriate studies. Respondent continued to prescribe opioids to Patient A, which were incrementally increased without exploring other non-controlled substances and therapy alternatives. Pathological and possible life-threatening etiologies were not explored by Respondent.

5. Respondent prescribed anabolic steriods to Patient A without establishing diagnoses through a proper history, physical exam or appropriate studies, such as labs or imaging, to confirm and establish diagnosis related to the loss of muscle mass complained of. Respondent prescribed anabolic steroids, a pregnancy "Class X" (contraindicated) medication, to a female of child-bearing age without establishing or documenting risks of pregnancy or of breast cancer. Oxandralone has a "black-box" warning for peliosis hepatitis, which can lead to liver failure; Respondent did not perform appropriate studies of liver function and follow-up, and education on the risks of the medication were not offered.

6. Respondent prescribed benzodiazapines to Patient A at higher than indicated starting dosages for various patient complaints without establishing diagnoses through a proper history, physical and psychological exams or appropriate studies. Alternatives, such as non-controlled substances or psychological therapy, were not explored by Respondent. Respondent changed, increased and decreased benzodiazapine prescriptions and dosages for Patient A without further evaluation or explanation. Risks of dependence, tolerance and addiction with chronic use were not explained to Patient A, and the use of benzodiazapines in conjunction with opioids was not assessed for risk of accidental overdose.

7. Respondent prescribed Adderall (dextroamphetamine-amphetamine) to Patient A at a higher than indicated starting dosage for various patient complaints without establishing

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diagnoses through a proper focused history and assessment for DSM-V criteria for ADHD. Risks of dependence, tolerance and addiction were not explained to Patient A by Respondent.

8. Respondent prescribed Phentermine, an appetite suppressant, to Patient A at a higher than indicated starting dosage based on Patient A stating a desire to lose weight. Respondent prescribed the appetite suppressant without taking a complete medical history, without performing a physical examination and conducting appropriate studies to determine if there are any contraindications to the use of the appetite suppressant by the patient, without establishing that Patient A's obesity represented a threat to her health, and without including a program of dietary restrictions, modification of behavior and exercise. Patient A was continued on appetite suppressants for more than 3 months despite Patient A not losing an average of 2 pounds per month or more, and, on the contrary, gaining weight while under Respondent's care. Respondent prescribed Phentermine, a pregnancy "Class X" (contraindicated) medication, to a female of child-bearing age without establishing or documenting risks of pregnancy.

COUNT I

NRS 630.301(4) (Malpractice)

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

10. Malpractice is grounds for disciplinary action against a licensee pursuant to NRS 630.301(4).

11. NAC 630.040 defines malpractice as a practitioner's failure to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances when treating a patient.

12. As demonstrated by, but not limited to, the above-outlined facts, Respondent committed malpractice with respect to his treatment of Patient A by failing to use reasonable care, skill, or knowledge ordinarily used under similar circumstance when treating Patient A.

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

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COUNT II

NRS 630.306(1)(b)(2) (Violation of Standards of Practice)

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

15. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

16. The Board adopted by reference the *Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain*, July 2013, published by the Federation of State Medical Boards of the United States, Inc. (Model Policy).

17. Pursuant to NAC 630.230(1)(k), a licensee shall not engage in the practice of writing prescriptions for controlled substances to treat acute pain or chronic pain in a manner that deviates from the standards set forth in the *Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain* adopted by reference in NAC 630.187.

18. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote prescriptions to Patient A for opioid analgesics to treat chronic pain in a manner that deviated from the Model Policy.

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

COUNT III

NRS 630.306(1)(b)(2) (Violation of Standards of Practice)

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

21. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

22. The Board adopted by reference the *Dietary Guidelines for Americans, 2010*, 7th edition, published jointly by the United States Department of Health and Human Services and the Department of Agriculture pursuant to 7 U.S.C. § 5341 (Dietary Guidelines).

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23. NAC 630.205 sets forth the professional standards for the prescription of appetite suppressants, which specifially incorporates the Dietary Guidelines.

24. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote prescriptions to Patient A for appetite suppressants in a manner that deviated from the professional standards for the prescription of appetite suppressants and the Dietary Guidelines.

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

COUNT IV

NRS 630.306(1)(p) (Unsafe or Unprofessional Conduct)

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

27. Engaging in any act that is unsafe or unprofessional conduct in accordance with regulations adopted by the Board is grounds for disciplinary action against a licensee pursuant to NRS 630.306(1)(p).

28. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote prescriptions to Patient A for opioid analgesics to treat chronic pain in a manner that deviated from the Model Policy.

29. Respondent's conduct was unsafe and unprofessional.

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

COUNT V

NRS 630.306(1)(p) (Unsafe or Unprofessional Conduct)

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

32. Engaging in any act that is unsafe or unprofessional conduct in accordance with regulations adopted by the Board is grounds for disciplinary action against a licensee pursuant to NRS 630.306(1)(p).

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33. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote prescriptions to Patient A for appetite suppressants in a manner that deviated from the professional standards for the prescription of appetite suppressants and the Dietary Guidelines.

34. Respondent's conduct was unsafe and unprofessional.

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

COUNT VI

NRS 630.3062(1)(a) (Failure to Maintain Complete Medical Records)

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

37. NRS 630.3062(1)(a) 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.

38. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to maintain complete medical records relating to the diagnosis, treatment and care of Patient A, by failing to document his actions in demonstrating his use of reasonable care, skill or knowledge ordinarily used under similar circumstance when treating Patient A, failing to document his compliance with the Model Policy, and failing to document his compliance with the professional standards for the prescription of appetite suppressants and the Dietary Guidelines.

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

B. Respondent's Treatment of Patient B

40. Patient A was a 24-year-old male at the time he established care with Respondent. Patient B's true identity is not disclosed herein to protect his privacy, but is disclosed in the Patient Designation.

41. Respondent treated Patient B from February 1, 2017, through August 8, 2017. During this time, Respondent prescribed controlled substances to Patient B, including but not

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limited to: Oxycodone and Acetaminophen, 10/325 mg tablets; Alprazolam 1 mg and 2 mg tablets.

42. Patient B established care on Febrary 1, 2017, with a complaint of a history of back pain. Respondent performed a focused history of the present illness and exam at this time. However, no further examinations were performed on Patient B through the rest of this period of care. Respondent initially prescribed Oxycodone and Acetaminophen, 10/325 mg tablets, twice a day, but this was increased on March 6, 2017, to three times a day without explanation. Three previous emergency room x-ray images of Patient B's lumbar spine from May 27, 2013, are negative for fracture, subluxation, destructive change, disc space narrowing or scoliosis, and sacroiliac joints were normal. Opioids were continued through the entire period, without documentation of previous modalities for treatment of Patient B's condition, without exploring other treatment modalities, such as NSAIDs, physical therapy, orthopedic or neurosurgical evaluation. Respondent did not establish the etiology of Patient B's pain, did not order additional imaging studies, did not evaluate or examine for changes or etiology of pain.

43. Respondent prescribed benzodiazapines to Patient B at higher than indicated starting dosages based on Patient B's complaint of a history of anxiety, without establishing diagnoses through a proper history, physical and psychological exams or appropriate studies. No previous treatment modalities to control his anxiety were explored, and treatment alternatives, such as non-controlled substances or psychological therapy, were also not explored by Respondent. Respondent increased the dosage from 1 mg to 2 mg for Patient B without explanation, noting only that the history of present illness was that "anxiety is severe now, as patient is going through personal issues with his family/girlfriend feels the Xanax is not controlling his anxiety." Respondent did not order any lab work or tests. Respondent increased the dosage without further evaluation, diagnosis or explanation. Risks of dependence, tolerance and addiction with chronic use were not explained to Patient B, and the use of benzodiazapines in conjunction with opioids was not assessed for risk of accidental overdose.

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COUNT VII

NRS 630.301(4) (Malpractice)

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

45. Malpractice is grounds for disciplinary action against a licensee pursuant to NRS 630.301(4).

46. NAC 630.040 defines malpractice as a practitioner's failure to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances when treating a patient.

47. As demonstrated by, but not limited to, the above-outlined facts, Respondent committed malpractice with respect to his treatment of Patient B by failing to use reasonable care, skill or knowledge ordinarily used under similar circumstance when treating Patient B.

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

COUNT VIII

NRS 630.306(1)(b)(2) (Violation of Standards of Practice)

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

50. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

51. The Board adopted by reference the Model Policy in NAC 630.187.

52. Pursuant to NAC 630.230(1)(k), a licensee shall not engage in the practice of writing prescriptions for controlled substances to treat acute pain or chronic pain in a manner that deviates from the standards set forth in the Model Policy.

53. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote prescriptions to Patient B for opioid analgesics to treat chronic pain in a manner that deviated from the Model Policy.

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

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COUNT IX

NRS 630.306(1)(p) (Unsafe or Unprofessional Conduct)

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

56. Engaging in any act that is unsafe or unprofessional conduct in accordance with regulations adopted by the Board is grounds for disciplinary action against a licensee pursuant to NRS 630.306(1)(p).

57. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote prescriptions to Patient B for opioid analgesics to treat chronic pain in a manner that deviated from the Model Policy.

58. Respondent's conduct was unsafe and unprofessional.

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

COUNT X

NRS 630.3062(1)(a) (Failure to Maintain Complete Medical Records)

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

61. NRS 630.3062(1)(a) 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.

62. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to maintain complete medical records relating to the diagnosis, treatment and care of Patient B, by failing to document his actions in demonstrating his use of reasonable care, skill or knowledge ordinarily used under similar circumstance when treating Patient B, and failing to document his compliance with the Model Policy.

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

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C. Respondent's Treatment of Patient C

64. Patient C was a 32-year-old male at the time he established care with Respondent. Patient C's true identity is not disclosed herein to protect his privacy, but is disclosed in the Patient Designation.

65. Respondent treated Patient C from October 24, 2014, through August 11, 2017. Respondent saw Patient C approximately 34 times during this period. From April 18, 2016, through August 28, 2017, Respondent prescribed controlled substances to Patient C, including but not limited to: Hydrocodone and Acetaminophen, 10/325 mg tablets; Oxycodone and Acetaminophen, 10/325 mg tablets; Carisprodol, 325 mg tablets; Alprazolam 0.5 mg and 1 mg tablets; Phentermine 37.5 mg tablets.

66. Respondent prescribed opioid analgesics to Patient C without establishing a diagnosis through a history, physical exam and appropriate studies. Once an MRI was eventually performed on Patient C, treatment alternatives and findings were not reviewed by Respondent. Respondent continued to prescribe opioids to Patient C, which were incrementally increased without exploring other non-controlled substances and therapy alternatives.

67. Respondent prescribed benzodiazapines to Patient C at higher than indicated starting dosages for nonspecific patient complaints without establishing diagnoses through a proper history, physical and psychological exams or appropriate studies. Alternatives, such as non-controlled substances or psychological therapy, were not explored by Respondent. Respondent increased benzodiazapine prescription dosages for Patient C without further evaluation or explanation. Risks of dependence, tolerance and addiction with chronic use were not explained to Patient C, and the use of benzodiazapines in conjunction with opioids was not assessed for risk of accidental overdose.

68. Respondent prescribed Phentermine, an appetite suppressant, to Patient C at a higher than indicated starting dosage based on Patient C stating a desire to lose weight. Respondent prescribed the appetite suppressant without taking a complete medical history, without performing a physical examination and conducting appropriate studies to determine if there are any contraindications to the use of the appetite suppressant by the patient, without

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establishing that Patient C's obesity represented a threat to her health, and without including a program of dietary restrictions, modification of behavior and exercise.

COUNT XI

NRS 630.301(4) (Malpractice)

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

70. Malpractice is grounds for disciplinary action against a licensee pursuant to NRS 630.301(4).

71. NAC 630.040 defines malpractice as a practitioner's failure to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances when treating a patient.

72. As demonstrated by, but not limited to, the above-outlined facts, Respondent committed malpractice with respect to his treatment of Patient C by failing to use reasonable care, skill or knowledge ordinarily used under similar circumstance when treating Patient C.

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

COUNT XII

NRS 630.306(1)(b)(2) (Violation of Standards of Practice)

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

75. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

76. The Board adopted by reference the Model Policy in NAC 630.187.

77. Pursuant to NAC 630.230(1)(k), a licensee shall not engage in the practice of writing prescriptions for controlled substances to treat acute pain or chronic pain in a manner that deviates from the standards set forth in the Model Policy.

78. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote prescriptions to Patient C for opioid analgesics to treat chronic pain in a manner that deviated from the Model Policy.

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

COUNT XIII

NRS 630.306(1)(b)(2) (Violation of Standards of Practice)

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

81. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

82. The Board adopted by reference the Dietary Guidelines in NAC 630.187.

83. NAC 630.205 sets forth the professional standards for the prescription of appetite suppressants, which specifially incorporates the Dietary Guidelines.

84. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote prescriptions to Patient C for appetite suppressants in a manner that deviated from the professional standards for the prescription of appetite suppressants and the Dietary Guidelines.

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

COUNT XIV

NRS 630.306(1)(p) (Unsafe or Unprofessional Conduct)

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

87. Engaging in any act that is unsafe or unprofessional conduct in accordance with regulations adopted by the Board is grounds for disciplinary action against a licensee pursuant to NRS 630.306(1)(p).

88. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote prescriptions to Patient C for opioid analgesics to treat chronic pain in a manner that deviated from the Model Policy.

89. Respondent's conduct was unsafe and unprofessional.

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

COUNT XV

NRS 630.306(1)(p) (Unsafe or Unprofessional Conduct)

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

92. Engaging in any act that is unsafe or unprofessional conduct in accordance with regulations adopted by the Board is grounds for disciplinary action against a licensee pursuant to NRS 630.306(1)(p).

93. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote prescriptions to Patient C for appetite suppressants in a manner that deviated from the professional standards for the prescription of appetite suppressants and the Dietary Guidelines.

94. Respondent's conduct was unsafe and unprofessional.

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

COUNT XVI

NRS 630.3062(1)(a) (Failure to Maintain Complete Medical Records)

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

97. NRS 630.3062(1)(a) 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.

98. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to maintain complete medical records relating to the diagnosis, treatment and care of Patient C, by failing to document his actions in demonstrating his use of reasonable care, skill or knowledge ordinarily used under similar circumstance when treating Patient C, failing to document his compliance with the Model Policy, and failing to document his compliance with the professional standards for the prescription of appetite suppressants and the Dietary Guidelines.

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

D. Respondent's Violations of Nevada Prescribing Laws, and the Nevada State Board of Pharmacy's Revocation of Respondent's Licenses to Prescribe and Dispense Controlled Substances.

100. On November 1, 2017, investigators from the Nevada State Board of Pharmacy (Pharmacy Board), the Board, and the Drug Enforcement Administration (DEA) conducted a joint investigation and inspection at Respondent's medical office, located at 7200 Smoke Ranch Road, Suite 120, in Las Vegas, Nevada.

101. During the inspection of Respondent's medical office, the Pharmacy Board's investigators obtained five hundred and eighty (580) computer-generated unsigned prescriptions for controlled substances and dangerous drugs that each indicated a written date between October 14, 2017, and October 31, 2017.

102. The 580 unsigned prescriptions are designated by Respondent's medical office to include prescription numbers Rx #136694 through Rx #137287.

103. Respondent's medical office had already dispensed to patients the controlled substances and dangerous drugs called for in those 580 unsigned prescriptions at the time of the inspection.

104. Respondent did not sign any of the aforementioned 580 prescriptions.

105. Respondent's medical office did not have, and could not provide, signed copies of those 580 prescriptions when the Pharmacy Board's investigators requested them at the time of the inspection.

106. Respondent's medical office never produced to Pharmacy Board investigators the original, or a signed copy of the original, of any of the 580 unsigned prescriptions.

107. Respondent's medical office reported to the Nevada Prescription Monitoring Program (PMP) that it dispensed all the controlled substances called for by the 580 unsigned prescriptions – approximately 248 controlled substance prescriptions between October 14, 2017, and October 31, 2017.

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108. Additionally, Respondent routinely permitted unlicensed members of his office staff, including Teresa Jaffer (Jaffer), Rubio-Veronica (Rubio-Veronica) and other members of his staff, to falsify his signature on his prescriptions.

109. Respondent typically signs his first and last name ("Craig Weingrow") when he signs prescriptions and other documents personally.

110. Respondent routinely permitted unlicensed members of his office staff, including Jaffer, Rubio-Veronica and other staff members, to falsify his signature on the prescriptions for medications dispensed by his medical office by writing a "C'' followed by a wavy line on his prescriptions.

111. Respondent routinely permitted unlicensed members of his office staff, including Jaffer, Rubio-Veronica and other staff members, to falsify patient initials and dates of service on patients' informed consent labels.

112. Respondent routinely allowed Jaffer access to the keys and to access his locked cabinet for storing controlled substances and dangerous drugs to dispense to his patients when he was not present in the office.

113. Respondent and Jaffer dispensed controlled substances and dangerous drugs by mail to patients who lived out of town.

114. Respondent routinely allowed Jaffer to transport controlled substances and dangerous drugs to a United States post office for mailing.

115. Respondent and Jaffer routinely used Federal Express to ship medications to patients.

116. Respondent and Jaffer each signed a statement admitting that Jaffer, Rubio-Veronica and office staff:

a. signed Respondent's name on prescriptions for controlled substances and dangerous drugs;

b. falsely documented patient initials on informed consent forms;

c. dispensed controlled substances and dangerous drugs to patients by U.S. mail and Federal Express; and

d. dispensed medications for controlled substances and dangerous drugs without Respondent's signature or initials on the prescriptions.

117. Respondent vacationed outside of the country in October 2016, and again in July 2017.

118. Jaffer and Rubio-Veronica dispensed to Respondent's patients prescription medications during those periods in Respondent's absence, as follows:

From October 18, 2016 to October 28, 2016, Respondent's medical office:
- Issued 18 prescriptions, which had been post-dated by Respondent, with Respondent's signature on them, to 14 patients.
- Dispensed 6 medications at Respondent's office.
- Dispensed 4 medications to patients by mail.

From July 1, 2017 to July 9, 2017, Respondent's medical office:
- Issued 4 prescriptions, which had been post-dated by Respondent, with Respondent's signature on them, to 3 patients.
- Dispensed 1 medication at Respondent's office.

119. Respondent's "Medical Weight Loss" shipping log at his medical office for the time period between August 26, 2016, through October 31, 2017, shows that Respondent's staff shipped approximately 166 shipments containing controlled substances to Respondent's patients.

120. Respondent's actions, as found herein, constitute a significant and unreasonable risk to the health and safety of the public.

121. On February 27, 2018, the Pharmacy Board filed a Notice of Intended Action and Accusation in its Case Nos. 17-066-CS-S, 17-066-TD-A-S and 17-066-TD-B-S, against Respondent, holder of Controlled Substance Registration Certificate No. CS20272 and Practitioner Dispensing Registration Certificate No. PD00502. On Wednesday, July 18, 2018, in Las Vegas, Nevada, the Pharmacy Board heard the matter at its regularly-scheduled meeting, at which time Respondent appeared with counsel, Jason G. Weiner, Esq., of Weiner Law Group, LLC. The Board heard the case and, based on the evidence presented, including documents, witness testimony and a set of Stipulated Facts signed by Respondent, made its Findings of Fact, Conclusions of Law and Order, which was filed July 25, 2018.

122. Each written prescription for a controlled substance and each written prescription for a dangerous drug must contain the handwritten signature of the prescribing practitioner. *See*

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NRS 453.128(l)(a), NRS 454.0096l(l)(a), NRS 454.223(2)(a), NRS 639.013(l)(a) and NRS 639.2353(2); *see also* NAC 453.440(l)(c), NAC 453.410(l)(b)(8), NAC 454.060(1) and 21 C.F.R. § 1306.05.

123. No person may prescribe and dispense controlled substances in Nevada except as authorized by law. NRS 453.226; NRS 453.375(1); NRS 453.377; NRS 639.235(1); NAC 639.742(1), (3) and (4); 21 CFR § 1301.11; 21 CFR § 1306.03.

124. "Performing or in any way being a party to any fraudulent or deceitful practice or transaction" constitutes "unprofessional conduct and conduct contrary to the public interest." NAC 639.945(1)(h).

125. A licensee "[p]erforming any of his or her duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner" constitutes "unprofessional conduct and conduct contrary to the public interest." NAC 639.945(l)(i).

126. A person must be a licensed practitioner in order to lawfully write a prescription. *See* NRS 453.226, NRS 453.231, and NRS 639.100.

127. "Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration" constitutes "unprofessional conduct and conduct contrary to the public interest." NAC 639.945(k).

128. NAC 639.742 states in relevant part:

> 1. A practitioner who wishes to dispense controlled substances or dangerous drugs must apply to the Board on an application provided by the Board for a certificate of registration to dispense controlled substances or dangerous drugs.
>
> . . .
>
> 3. Except as otherwise provided in NRS 639.23277 and NAC 639.395, the dispensing practitioner and, if applicable, the owner or owners of the facility, shall ensure that:
>
> (a) All drugs are ordered by the dispensing practitioner;
>
> (b) All drugs are received and accounted for by the dispensing practitioner;
>
> (c) All drugs are stored in a secure, locked room or cabinet to which the dispensing practitioner has the only key or lock combination;

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(d) All drugs are dispensed in accordance with NAC 639.745;

(e) No prescription is dispensed to a patient unless the dispensing practitioner is on-site at the facility;

(f) All drugs are dispensed only to the patient personally at the facility;

. . .

4. With regard to the filling and dispensing of a prescription at a facility, only the dispensing practitioner or a dispensing technician may:

(a) Enter the room or cabinet in which drugs are stored;

(b) Remove drugs from stock;

(c) Count, pour or reconstitute drugs;

(d) Place drugs into containers;

(e) Produce and affix appropriate labels to containers that contain or will contain drugs;

(f) Fill containers for later use in dispensing drugs; or

(g) Package or repackage drugs.

129. NAC 639.743 states:

1. Except as otherwise provided in NRS 639.23277 and NAC 639.395, a person to whom a dispensing practitioner is providing training and experience pursuant to subsection 4 of NAC 639.7425 must not be allowed access to the room or cabinet in which drugs are stored unless accompanied by the dispensing practitioner. After the person has completed his or her training and experience and the Board has received an affidavit from the dispensing practitioner pursuant to subsection 5 of NAC 639.7425:

(a) The person may access the room or cabinet in which drugs are stored without being accompanied by the dispensing practitioner, so long as the dispensing practitioner is on-site at the facility; and

(b) The dispensing practitioner is not required to observe the work of the person.

2. A dispensing practitioner who allows a dispensing technician to perform any function described in subsection 4 or 5 of NAC 639.742 is responsible for the performance of that function by the dispensing technician. All such functions performed by a dispensing technician must be performed at the express direction and delegation of the dispensing practitioner. Each prescription with respect to which a dispensing technician performed such a function:

(a) Must be checked by the dispensing practitioner, and the dispensing practitioner shall indicate on the label of the prescription and in his or her record regarding the prescription that the dispensing practitioner has checked the work performed by the dispensing technician; and

(b) Must not be dispensed to the patient without the initials of the dispensing practitioner thereon. A prescription which

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1 has been so initialed must be handed to the patient only by
the dispensing practitioner or an employee authorized by the
2 dispensing practitioner.

3 130. By dispensing, and by allowing to be dispensed, controlled substances and
4 dangerous drugs to patients without his handwritten signature on each written prescription,
5 Respondent violated NRS 454.223(2)(a), NRS 639.2353(2), NAC 453.440(l)(c),
6 NAC 453.410(l)(b)(8) and NAC 454.060(1).

7 131. By allowing members of his office staff to falsify his signature on prescriptions for
8 controlled substances and dangerous drugs that his medical office had already dispensed and that
9 were required to bear his personal signature prior to dispensing, Respondent engaged in fraudulent
10 and deceitful transactions. Those actions constitute unprofessional conduct and conduct contrary
11 to the public interest per NAC 639.945(l)(h).

12 132. By allowing unlicensed members of his office staff to sign prescriptions for
13 controlled substances and dangerous drugs as if they were licensed practitioners with authority to
14 prescribe and to sign valid prescriptions, Respondent allowed members of his office staff to
15 perform acts, tasks or operations for which licensure, certification or registration is required
16 without the required license, certificate or registration, or knowingly allowed such conduct to
17 occur. Those actions constitute unprofessional conduct and conduct contrary to the public interest
18 per NAC 639.945(k).

19 133. Engaging in conduct that constitutes unprofessional conduct or that is contrary to
20 the public interest is grounds for suspension or revocation of any license issued by the Pharmacy
21 Board. NRS 639.210(4).

22 134. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other
23 federal law or regulation relating to prescription drugs is grounds for suspension or revocation of
24 any license issued by the Pharmacy Board. NRS 639.210(11).

25 135. Violating, attempting to violate, assisting or abetting in the violation of or
26 conspiring to violate any law or regulation relating to drugs, the manufacture or distribution of
27 drugs or the practice of pharmacy is grounds for suspension or revocation of any license issued by
28 the Pharmacy Board. NRS 639.210(12).

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136. The Pharmacy Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

137. By dispensing, and by allowing to be dispensed, controlled substances and dangerous drugs to patients without his handwritten signature on each written prescription, Respondent violated NRS 454.223(2)(a), NRS 639.2353(2), NAC 453.440(l)(c), NAC 453.410(l)(b)(8) and NAC 454.060(1).

138. By allowing members of his office staff to falsify his signature on prescriptions for controlled substances and dangerous drugs that his medical office had already dispensed and that were required to bear his personal signature prior to dispensing, Respondent engaged in fraudulent and deceitful transactions. Those actions constitute unprofessional conduct and conduct contrary to the public interest per NAC 639.945(l)(h).

139. By allowing unlicensed members of his office staff to sign prescriptions for controlled substances and dangerous drugs as if they were licensed practitioners with authority to prescribe and to sign valid prescriptions, Respondent allowed members of his office staff to perform acts, tasks or operations for which licensure, certification or registration is required without the required license, certificate or registration, or knowingly allowed such conduct to occur. Those actions constitute unprofessional conduct and conduct contrary to the public interest per NAC 639.945(k).

140. A dispensing practitioner must secure all controlled substances and dangerous drugs in his office in a locked storage area to which the dispensing practitioner has the only key or lock combination. *See* NAC 639.742(3)(c) and (4)(a), *see also* NAC 639.745(l)(c). Respondent violated NAC 639.742(3)(c) and (4)(a) and NAC 639.745(l)(c) by allowing an unlicensed member of his office staff access to his locked storage cabinets for controlled substances and dangerous drugs when he was not on-site at his facility.

141. A dispensing practitioner must not allow a dispensing technician access to the room or cabinet in which controlled substances and/or dangerous drugs are stored unless the

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dispensing practitioner is on-site at the facility. *See* NAC 639.743. Respondent violated NAC 639.743 when he allowed a member of his office staff access to the key and to access the room and cabinet in which he stored controlled substances and dangerous drugs when he was not on-site at his office.

142. A dispensing practitioner may not allow his staff to dispense any controlled substance or dangerous drug when he is not on-site at his facility. *See* NAC 639.742(3)(e). By allowing members of his office staff to dispense controlled substances and dangerous drugs to patients when he was not on-site at his medical facility, Respondent violated NAC 639.742(3)(e).

143. A dispensing practitioner is required to ensure that "[a]ll drugs are dispensed only to the patient personally at the [dispensing practitioner's] facility." *See* NAC 639.742(3)(f). Respondent allowed members of his office staff to dispense to patients who were not at his medical facility, including dispensing by U.S. mail and Federal Express. By doing so, Respondent violated NAC 639.742(3)(f).

144. By allowing members of his staff to falsely document patient initials and dates of service on patient informed consent forms, Respondent engaged in "unprofessional conduct and conduct contrary to the public interest," as defined at NAC 639.945(l)(h).

145. For the misconduct and violations described in this Section D, Respondent was subject to discipline by the Pharmacy Board per NRS 639.210(1), (4), (11) and (12), NRS 639.255, and NAC 639.7445.

146. For the misconduct and violations described in this Section D, the Pharmacy Board ordered as follows:

a. Respondent's Controlled Substance Registration, Certificate No. CS20272, and his Practitioner Dispensing Registration, Certificate No. PD00502, were each revoked effective as of the date of the hearing, July 18, 2018.

b. Unless and until Respondent applies for reinstatement of his controlled substance registration and/or his dispensing practitioner registration, and the Board reinstates his registration(s), Respondent:

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i. May not possess any controlled substance other than a controlled substance that was lawfully prescribed to him by a licensed practitioner and lawfully dispensed to him for his own personal use to treat a documented medical necessity.

ii. May not possess any controlled substance for office use or for patient use and must immediately and lawfully dispose of any and all controlled substances in his possession and/or control, other than a controlled substance lawfully prescribed and dispensed to him for his own personal use.

iii. May not prescribe any controlled substance for any patient.

iv. May not dispense any controlled substance or dangerous drug.

c. Respondent may not apply for reinstatement of his controlled substance registration or his dispensing practitioner registration until after "a period of not less than 1 year has lapsed since the date of revocation," as required by NRS 639.257(1).

d. In the event Respondent applies for reinstatement, or for any other registration or certificate with the Board, he shall appear before the Board to answer questions and give testimony regarding his application, his compliance with this Order, and the facts and circumstances underlying this matter.

COUNT XVII

NRS 630.301(9) (Disreputable Conduct)

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

148. Conduct that brings the medical profession into disrepute is grounds for discipline pursuant to NRS 630.301(9), including, without limitation, conduct that violates any provision of a code of ethics adopted by the Board by regulation based on a national code of ethics.

149. Respondent's misconduct described in this Section D, under the circumstances set forth herein, constitutes engaging in conduct that brings the medical profession into disrepute.

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

COUNT XVIII

NRS 630.306(1)(b)(1) (Deceptive Conduct)

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

152. Engaging in any conduct which is intended to deceive is grounds for discipline pursuant to NRS 630.306(1)(b)(1).

153. Respondent's misconduct described in this Section D, under the circumstances set forth herein, constitutes deceptive conduct that is intended to deceive.

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

COUNT XIX

NRS 630.306(1)(p) (Engaging in Unsafe or Unprofessional Conduct)

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

156. Engaging in any act that is unsafe or unprofessional conduct in accordance with regulations adopted by the Board is grounds for disciplinary action against a licensee pursuant to NRS 630.306(1)(p).

157. By the misconduct described in this Section D, under the circumstances set forth herein, Respondent engaged in unsafe and unprofessional conduct

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

COUNT XX

NRS 630.306(1)(r) (Failure to Adequately Supervise)

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

160. NRS 630.306(1)(r) provides that a failure to adequately supervise a medical

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assistant pursuant to the regulations of the Board is an act that constitutes grounds for initiating disciplinary action.

161. By the misconduct described in this Section D, under the circumstances set forth herein, Respondent failed to adequately supervise Jaffer and Rubio-Veronica in their performance of medical tasks.

162. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in NRS 630.352.

COUNT XXI

NRS 630.305(1)(e) (Aiding Practice by Unlicensed Person)

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

164. NRS 630.305(1)(e) provides that the aiding, assisting, employing or advising, directly or indirectly, any unlicensed person to engage in the practice of medicine contrary to the provisions of NRS 630 or the regulations of the Board is an act, among others, that constitutes grounds for initiating disciplinary action.

165. NRS 630.020 provides that the "practice of medicine" means:

> 1. To diagnose, treat, correct, prevent or prescribe for any human disease, ailment, injury, infirmity, deformity or other condition, physical or mental, by any means or instrumentality, including, but not limited to, the performance of an autopsy.
> 2. To apply principles or techniques of medical science in the diagnosis or the prevention of any such conditions.
> 3. To perform any of the acts described in subsections 1 and 2 by using equipment that transfers information concerning the medical condition of the patient electronically, telephonically or by fiber optics, including, without limitation, through telehealth, from within or outside this State or the United States.
> 4. To offer, undertake, attempt to do or hold oneself out as able to do any of the acts described in subsections 1 and 2.

166. The conduct of Jaffer and Rubio-Veronica, including but not limited to the conduct described in this Section D, constitutes the practice of medicine.

167. By the misconduct described in this Section D, to the extent that Respondent either did not delegate medical tasks to Jaffer and Rubio-Veronica as medical assistants, or to the extent

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that Jaffer's and Rubio-Veronica's actions were not authorized by Respondent, Respondent nonetheless aided, assisted and advised these unlicensed persons, both directly and indirectly, in their engaging in the practice of medicine contrary to the provisions of NRS 630 and the regulations of the Board.

168. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in NRS 630.352.

COUNT XXII

NRS 630.306(1)(b)(3) (Engaging in Conduct That Violated Pharmacy Board Regulations)

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

170. NRS 630.306(1)(b)(3) provides that engaging in conduct that violates a regulation adopted by the Pharmacy Board is grounds for initiating disciplinary action.

171. By the misconduct described in this Section D, Respondent engaged in conduct that violates regulations adopted by the Pharmacy Board, specifically including but not limited to NAC 453.440(l)(c), NAC 453.410(l)(b)(8), NAC 454.060(1), NAC 639.945(l)(h), NAC 639.945(k).

172. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in NRS 630.352.

COUNT XXIII

NRS 630.301(4) (Malpractice)

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

174. NRS 630.301(4) provides that committing malpractice is grounds for disciplinary action or denying licensure.

175. NAC 630.040 defines malpractice as the failure to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances when treating a patient.

176. By the misconduct described in this Section D, Respondent committed malpractice by failing to use to use the reasonable care, skill, or knowledge ordinarily used under similar

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circumstances when treating the patients at issue.

177. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners 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);

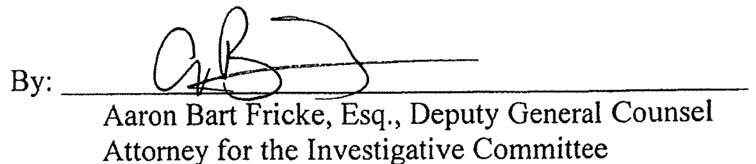
3. That the Board determine what sanctions to impose if it determines there has been a violation or violations of the Medical Practice Act committed by Respondent;

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 16 day of August, 2018.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS



By: ______________________
Aaron Bart Fricke, Esq., Deputy General Counsel
Attorney for the Investigative Committee

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VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF WASHOE)

Wayne Hardwick, M.D., having been duly sworn, hereby deposes and states under penalty of perjury that he is the 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 15th day of August, 2018.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

Wayne Hardwick

Wayne Hardwick, M.D., Chairman

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CERTIFICATE OF SERVICE

I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 16th day of August, 2018, I served a file-stamped copy of the COMPLAINT, PATIENT DESIGNATION and FINGERPRINT INFORMATION, via USPS e-certified return receipt mail to the following:

Craig Weingrow
c/o Jason Weiner, Esq.
WEINER LAW GROUP
2820 W. Charleston Blvd #35
Las Vegas, NV 89102

DATED this 16th day of August, 2018.

Dawn DeHaven Gordillo
Dawn DeHaven Gordillo
Legal Assistant

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