BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against GARY C. RIDENOUR, M.D., Respondent.	**Case No. 20-6691-1**

FILED
MAY 26 2020
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

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

COMPLAINT

The Investigative Committee[1] (IC) of the Nevada State Board of Medical Examiners (Board), by and through Robert Kilroy, Esq., General Counsel and attorney for the IC, having a reasonable basis to believe that Gary C. Ridenour, M.D. (Respondent) violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's charges and allegations as follows:

1. Respondent was at all times relative to this Complaint a medical doctor holding an active license to practice medicine in the State of Nevada (License No. 4525). Respondent was originally licensed by the Board on April 3, 1982. Respondent placed his license in an "inactive" status on October 24, 2019.

2. 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.

3. On October 31, 2016, Patient A was seen at the Spine Nevada Institute (SNI), with a diagnosis of chronic neck and back pain with a possible reticular etiology. No opioid treatment for Patient A was indicated within Patient A's medical records.

4. On January 25, 2017, Patient A saw Respondent to establish care at the High

[1] The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal Complaint was authorized for filing, was composed of Board members Dr. Rachakonda D.Prabhu, M.D., Chairman, Dr. Victor M. Muro, M.D., and Ms. April Mastroluca.

Desert Clinic (Clinic). Respondent reviewed the SNI evaluation of Patient A. Respondent's medical records indicated Patient A slipped on ice and had an ankle sprain; however, these medical notes do not indicate or explain why Respondent treated Patient A in the way that he did, and the Nevada Prescription Monitoring Program (PMP) report shows that another provider (not Respondent) prescribed and filled a 27 MME (morphine milligram equivalents) dosage of codeine (an opioid). Further, Respondent's medical records do not document consideration of non-opioid therapy, a discussion of risks and benefits, and a review of the PMP data for Patient A. Lastly, there is no medical justification indicated for Patient A's opioid treatment.

5. On February 7, 2017, Patient A filled a prescription for 30 tablets of temazepam written by another car provider as indicated in the PMP for Patient A.

6. On February 9, 2017, Patient A saw Respondent for foot & ankle pain, headaches and back pain. Here, within a handwritten note, Respondent advised a consult with SNI, not to exceed the prescribed doses of medication and that Norco would be prescribed due to recent leg pain. The PMP report for this date indicated Patient A obtained a prescription and filled 15 MME of hydrocodone-acetaminophen by another care provider. Respondent's notes state "PMP clean," but such an entry demonstrates that Respondent failed to see that an opioid drug was prescribed with a benzodiazepine drug (temazepam) from the PMP report for February 7, 2017.

7. On February 23, 2017, Patient A was seen by an unidentifiable care provider at the Clinic. The Respondent's name was at the top of the medical record encounter and it is unsigned. The PMP report indicates Patient A obtained 78 MME of oxycodone and codeine. Such an amount of MME is a ***substantial increase*** of dosage from the previous encounter (2/9/2017) by two other providers from the Clinic. The medical record does not document any consideration of the use of non-opioid therapy, a discussion of risks and benefits, or a review of the PMP data. There is no evidence of medical decision-making to justify the dose escalation to using potentially excessively high doses of opioid therapy.

8. On March 21-23, 2017, the PMP report indicates that Patient A obtained prescriptions from two other providers under the employ of the Respondent, Dr. Bargen, and Mr. Braddix, Advance Practice Registered Nurse (APRN), from the Clinic, and the medical records do

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not have any consideration of the use of non-opioid therapy, a discussion of risks and benefits, or a review of the PMP data. There is no evidence of medical decision-making to justify the dose escalation to using potentially excessively high dosages of opioid therapy.

9. On April 20, 2017, Patient A was seen by an unknown provider at the Clinic; the medical records indicate Patient A was in the ER (emergency room) for pancreatitis and was also seeing a GI specialist. There is no provider name or signature on that record. The PMP report indicates that Patient A obtained and filled 90 MME of oxycodone and codeine. This 90 MME daily dosage of an opioid is another ***substantial increase*** in the opioid therapy treatment plan. The medical records do not have any consideration of the use of non-opioid therapy, a discussion of risks and benefits, or a review of the PMP data. There is no evidence of medical decision-making to justify the dose escalation to using potentially excessively high dosages of opioid therapy.

10. On May 18, 2017, Patient A was seen by an unknown provider at the Clinic and was treated with an injection into the right lower back. The PMP for this date indicates Patient A obtained and filled a 108 MME of oxycodone and codeine, and another 30-day supply of temazepam from another provider from the Clinic. This 108 MME daily dosage of an opioid is another ***substantial increase*** in the opioid therapy treatment plan. The medical records do not have any consideration of the use of non-opioid therapy, a discussion of risks and benefits, or a review of the PMP data. There is no evidence of medical decision-making to justify the dose escalation to using potentially excessively high dosages of opioid therapy.

11. On May 23, 2017, Patient A was seen by an unknown provider at the Clinic and was given an injection of kenalog to the left lower back.

12. On June 20, 2017, Patient A was seen by an unknown provider at the Clinic. The medical record indicates that she was recently in the ER (Emergency Room) for possible pancreatitis. There is no provider name or signature on the medical record.

13. On June 28, 2017, Patient A was seen by an unknown provider at the Clinic. This date is unclear as the medical record appears to have a "28" scribbled over to read "20th," does not show the provider's name, and the signature is illegible, but was signed "6-28-17." The PMP

report indicates Patient A received a 120 MME prescribtion of oxycodone written by Mr. Braddix. This 120 MME daily dosage of an opioid is another ***substantial increase*** in the opioid therapy treatment plan. The medical records do not have any consideration of the use of non-opioid therapy, a discussion of risks and benefits, or a review of the PMP data. There is no evidence of medical decision-making to justify the dose escalation to using potentially excessively high dosages of opioid therapy.

14. On July 19, 2017, Patient A was seen by an unknown provider at the Clinic. The medical records do not indicate the provider's name and the signature is illegible. This medical record contains discussion about using a short-acting oxycodone in an attempt to discontinue another form of the same opioid.

15. On July 19, 2017 through July 24, 2017, the PMP indicates that Patient A received a 250 MME prescription of oxycodone written by Mr. Braddix. Additionally, Patient A received prescriptions for zolpidem (10 tablets, #30) and received another refill of 18 MME of codeine from Dr. Bargen. This 250 MME daily dosage of an opioid is another ***substantial increase*** in the opioid therapy treatment plan. The medical records do not have any consideration of the use of non-opioid therapy, a discussion of risks and benefits, or a review of the PMP data. There is no evidence of medical decision-making to justify the dose escalation to using potentially excessively high dosages of opioid therapy.

16. On August 16, 2017, Patient A was seen by an unknown provider at the Clinic. The medical records do not indicate the provider's name and the signature is illegible. The PMP report indicates Patient A received a 280 MME prescription for oxycodone written by Mr. Braddix, plus a prescription for zolpidem 10 tablets, #30. This 280 MME daily dosage of an opioid is another ***substantial increase*** in the opioid therapy treatment plan. The medical records do not have any consideration of the use of non-opioid therapy, a discussion of risks and benefits, or a review of the PMP data. There is no evidence of medical decision-making to justify the dose escalation to using potentially excessively high dosages of opioid therapy.

17. On September 13, 2017, Patient A Patient A was seen by an unknown provider at the Clinic. The medical records do not indicate the provider's name and the signature is illegible.

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The PMP report indicates Patient A received a 280 MME prescription of oxycodone written by Mr. Braddix, plus a prescription for zolpidem 10 tablets, #30. This 280 MME daily dosage of an opioid is another ***substantial increase*** in the opioid therapy treatment plan. The medical records do not have any consideration of the use of non-opioid therapy, a discussion of risks and benefits, or a review of the PMP data. There is no evidence of medical decision-making to justify the dose escalation to using potentially excessively high dosages of opioid therapy.

18. On September 27, 2017, Patient A was seen by an unknown provider at the Clinic. The medical records do not indicate the provider's name and the signature is illegible. The PMP report indicates on September 28, 2017, Patient A filled a 360 MME prescription for oxycodone written by Mr. Braddix. This 360 MME daily dosage of an opioid is another ***substantial increase*** in the opioid therapy treatment plan. The medical records do not have any consideration of the use of non-opioid therapy, a discussion of risks and benefits, or a review of the PMP data. There is no evidence of medical decision-making to justify the dose escalation to using potentially excessively high dosages of opioid therapy.

19. On October 11, 2017, Patient A was seen by an unknown provider at the Clinic. The medical records do not indicate the provider's name and the signature is illegible. The PMP report indicates Patient A received a 270 MME prescription of oxycodone written by Mr. Braddix, plus a prescription for zolpidem 10 tablets, #30, plus 18 MME of codeine prescribed by Dr. Bargen on August 16, 2017. This 270 MME daily dosage of an opioid is a ***substantial decrease*** in the opioid therapy treatment plan. The medical records do not have any consideration of the use of non-opioid therapy, a discussion of risks and benefits, or a review of the PMP data. There is no evidence of medical decision-making to justify the dose de-escalation to using potentially inadequate dosages of opioid therapy.

20. On October 24, 2017, the PMP report indicates that Patient A filled a 180 MME prescribtion of oxycodone, written by Mr. Braddix on this same date. There is no medical record for this encounter and the prescription of oxycodone. This 180 MME daily dosage of an opioid is ***substantial decrease*** therapy treatment plan. The medical records do not have any consideration of the use of non-opioid therapy, a discussion of risks and benefits, or a review of the PMP data.

There is no evidence of medical decision-making to justify the dose de-escalation to using potentially inadequate dosages of opioid therapy.

21. On November 3, 2017, Patient A was seen by an unknown provider at the Clinic. The medical records do not indicate the provider's name and the signature is illegible. The PMP report indicates on November 3, 2017, Patient A filled an 18 MME prescription of cheratussin ac syrup for a 4-day supply as written by Respondent.

22. On November 8, 2917, Patient A was seen by an unknown provider at the Clinic. The medical records do not indicate the provider's name and there was no signature. The PMP report indicates Patient A received a 270 MME prescription of oxycodone written by Respondent, plus a prescription for zolpidem 10 tablets, #30 from Mr. Braddix's prescription dated October 11, 2017, plus 18 MME of codeine prescribed by Dr. Bargen on August 16, 2017. This 270 MME daily dosage of an opioid is a ***substantial increase*** in the opioid therapy treatment plan. The medical records do not have any consideration of the use of non-opioid therapy, a discussion of risks and benefits, or a review of the PMP data. There is no evidence of medical decision-making to justify the dose escalation to using potentially excessively high dosages of opioid therapy.

23. On November 21, 2017, the PMP report indicates that Patient A filled a 180 MME prescription of oxycodone, written by Mr. Braddix on this same date. There is no medical record for this encounter and the prescription of oxycodone. This 180 MME daily dosage of an opioid is a ***substantial decrease*** therapy treatment plan. The medical records do not have any consideration of the use of non-opioid therapy, a discussion of risks and benefits, or a review of the PMP data. There is no evidence of medical decision-making to justify the dose de-escalation to using potentially inadequate dosages of opioid therapy.

24. On December 6, 2017, Patient A was seen by Respondent on her final visit to the Clinic. The PMP report indicates Patient A received a 270 MME prescription of oxycodone written by Mr. Braddix, plus a prescription for zolpidem 10 tablets, #30 from Mr. Braddix's prescription dated October 11, 2017, plus 18 MME of codeine prescribed by Dr. Bargen on August 16, 2017. This 270 MME daily dosage of an opioid is a ***substantial increase*** in the opioid therapy treatment plan. The medical records do not have any consideration of the use of non-

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opioid therapy, a discussion of risks and benefits, or a review of the PMP data. There is no evidence of medical decision-making to justify the dose escalation to using potentially excessively high dosages of opioid therapy.

25. On December 11, 2017, Patient A died. The Churchill County Sheriff/Coroner certificate states that "based upon the considerations of the circumstances surrounding death, review of available medical history/records, autopsy examination, toxicological analysis, and other ancillary testing, the death of [Patient A] is ascribed to multiple drug toxicity (venlafaxine, amitriptyline, oxycodone and zolpidem). Based upon the circumstances of death as currently known, there is insufficient evidence to suggest suicidal intent; hence, the manner of death is best classified as accident." The Churchill County Sheriff's Office Report (Form 42) Supplement indicates that there were three bottles of controlled substances (baclofen, oxyocodone, nexium) prescribed by Respondent found at Patient A's residence and such inspection of the found containers indicated the following:

Rx Date	Name of Med.	Rx#	Rx#	Dose	Physician
11/8/17	Baclofen	90	18	(1) 3x day	Dr. Ridenour
11/8/17	Oxyocodone	180	39	(1) 6x day	Dr. Ridenour
12/6/17	Nexium	30	73	1 day	Dr. Ridenour

Count I

(Malpractice)

NRS 630.301(4)

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

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

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

29. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when

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he provided medical services to Patient A, who had a total of fourteen (14) encounters at the Clinic for a period of eleven (11) months. Respondent's specific acts of malpractice are as follows, but not limited to:

1) prescribing excessively high doses of opioid therapy over 90 MME in violation of the *Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain,* July 2013; 2) failing to justify the use and increase, decrease, and then increase of dosages of opioid medication; 3) prescribing a combination of benzodiazepines and opioids without documenting the medical justification; 4) failing to review the PMP prior to, during, and after the encounters with Patient A; 5) failing to assess Patient A for an alternative to non-opioid treatments; 6) failing to assess and discuss with Patient A the risks versus benefits of opioid therapy; 7) failing to assess Patient A's concurrent medication interactions with the opioid therapy; 8) failing to assess Patient A for possible drug abuse, drug diversion or any other non-medical related activity; and, 9) failing to assess Patient A for possible drug screens on a consistent basis.

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

Count II

(Engaging in Conduct That Violated Pharmacy Board Regulations)

NRS 630.306(1)(b)(3)

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

32. 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 against a licensee.

33. NAC 639.945(1) provides in pertinent part that the following acts or practices by a holder of any license, certificate or registration issued by the Pharmacy Board or any employee of any business holding any such license, certificate or registration are declared to be, specifically but not by way of limitation, unprofessional conduct and conduct contrary to the public interest:

(i) Performing 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.

(n) Dispensing a drug as a dispensing practitioner to a patient with whom the dispensing practitioner does not have a bona fide therapeutic relationship.

(o) Prescribing a drug as a prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship.

34. NAC 639.945(2) provides that the owner of any business or facility licensed, certified or registered by the Pharmacy Board is responsible for the acts of all personnel in his or her employ.

35. 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 III

(Violation of Standards of Practice)

NRS 630.306(1)(b)(2)

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

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

38. 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).

39. Pursuant to NAC 630.230(1)(k), a licensee shall not engage in the practice of writing prescriptions for controlled substances to treat chronic pain in a manner that deviates from the policies 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.

40. On information and belief, Respondent wrote prescriptions to Patient A for opioid analgesics to treat chronic pain in a manner that deviated from the Model Policy.

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41. Respondent prescribed to Patient A in a manner that violated the professional standards for the treatment of chronic pain, and the aforementioned Model Policy Guidelines.

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

Count IV

(Failure to Maintain Complete Medical Records)

NRS 630.3062(1)(a)

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

44. 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 disciplinary action against a licensee.

45. Respondent failed to maintain complete medical records relating to the diagnosis, treatment and care of Patient A.

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

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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 19 day of May, 2020.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

Robert Kilroy, Esq., General Counsel
Attorney for the Investigative Committee

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VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF WASHOE)

Dr. Rachakonda Prabhu, 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 19th day of May, 2020.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

D Prabhu Rachakonda MD

Dr. Rachakonda Prabhu, Chairman

CERTIFICATE OF MAILING

I hereby certify that I am employed by Nevada State Board of Medical Examiners and that on the 26th day of May, 2020, I served a filed copy of the COMPLAINT, via USPS e-certified return receipt mail to the following:

Gary C. Ridenour, M.D.
774 Copperwood Drive
Fallon, NV 89406

Dated this 26th day of May, 2020.

Sheri L. Quigley

Sheri L. Quigley
Legal Assistant

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