

1 revealed an international normalized ratio (INR) of 1.3, which is below normal range for persons
2 with prosthetic heart valves. This demonstrated possible subtherapeutic anticoagulation with her
3 prescribed Warfarin (Coumadin). However Respondent did not report in medical records any
4 details with regards to whether Patient A was noncompliant taking her prescribed Warfarin.

5 4. On June 2, 2016, Patient A presented again to Respondent for a follow-up visit at
6 NHVC. Respondent did not report in the medical records any details whether Patient A was
7 noncompliant taking her prescribed Warfarin. Laboratory results thereafter on June 17, 2016,
8 revealed an INR of 1.4. This demonstrated possible subtherapeutic anticoagulation with her
9 prescribed Warfarin.

10 5. On October 6, 2016, Patient A presented again to Respondent at NHVC.
11 Respondent made the determination that Patient A was not in compliance with taking her
12 Warfarin therapy and INR.

13 6. On October 6, 2016, Respondent changed Patient A's prescription from Warfarin
14 to Pradaxa, despite knowing that Patient A had a mechanical mitral valve prosthesis. The medical
15 records indicate that Respondent discussed with Patient A that she needed to be compliant with
16 her anticoagulation, and that Patient A had significant risk factors. But the medical records do not
17 provide any indication that Respondent discussed the risks nor had Patient A sign an informed
18 consent for switching to Pradaxa, or that there was a discussion about the contraindications
19 associated with the use of Pradaxa by a patient with a mechanical mitral valve prosthesis.²

20 7. On October 28, 2016, Patient A presented to the Emergency Department at Desert
21 Springs Hospital complaining of severe retrosternal chest pain. During her stay at Desert Springs
22 Hospital, Patient A was successfully treated with an aspiration thrombectomy.

23 8. On October 29, 2016, Patient A was restarted on Warfarin while still at the hospital
24 and was discharged from the hospital on November 3, 2016.

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28 ² Use of Pradaxa is contraindicative in patients with mechanical mitral valve prostheses and the FDA has issued a black box warning.

COUNT I

NRS 630.3065(2)(a) (Knowing or Willful Failure to Comply with a Regulation of the Board)

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

10. NRS 630.3065(2)(a) provides that knowingly or willfully failing to comply with a regulation of the Board is grounds for initiating disciplinary action against a licensee.

11. NAC 630.615(3) provides that if a licensee offers a treatment which is not considered to be conventional, documentation of written informed consent by the patient for each treatment plan, including, without limitation, documentation that the risks and benefits of the use of both the conventional and the other means or instrumentality of treatment were discussed with the patient or guardian.

12. Respondent knowingly and willfully failed to comply with NAC 630.615(3) (a regulation of the Board) when he changed Patient A's prescription from Warfarin to Pradaxa, despite knowing that Patient A had a mechanical mitral valve prosthesis and did not obtain written informed consent or document the risks and benefits of changing to the use of Pradaxa other than Respondent's records indicate that he discussed with Patient A she needed to be compliant with her anticoagulation and that Patient A had significant risk factors.

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

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

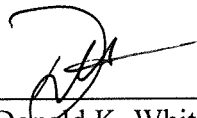
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4. That the Nevada State Board of Medical Examiners make, issue and serve on Respondent its findings of fact, conclusions of law and order, in writing, that includes the sanctions imposed; and

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

DATED this 8th day of February, 2021.

INVESTIGATIVE COMMITTEE OF
THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: 
Donald K. White, Esq., Deputy General Counsel
Attorney for the Investigative Committee

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VERIFICATION

STATE OF NEVADA)
 : ss.
COUNTY OF WASHOE)

Mr. M. Neil Duxbury, 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 8th day of February, 2021.

INVESTIGATIVE COMMITTEE OF THE NEVADA
STATE BOARD OF MEDICAL EXAMINERS

M. NEIL DUXBURY

M. Neil Duxbury, Chairman