BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint

Against:

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BYRON LEONARD PERKINSON, M.D.,

Respondent.

Case No. 22-39567-1

FILED

FEB - 7 2022

NEVADA STATE BOARD OF MEDICAL EXAMINERS

COMPLAINT

The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners (Board), by and through Brandee Mooneyhan, J.D., Deputy General Counsel and attorney for the IC, having a reasonable basis to believe that Byron Leonard Perkinson, 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:

- 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. 14297). Respondent was originally licensed by the Board on March 28, 2012.
- Patient A² was a forty-four (44) year-old male when he established care with 2. Respondent in March 2013.
- 3. From January 2014 through February 2017, Respondent wrote approximately twenty-eight (28) prescriptions to Patient A for methadone, an extended-release, long-action opioid categorized as a Schedule II controlled substance. See NAC 453.520(3).

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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 Rachakonda D. Prabhu, M.D., Victor M. Muro, M.D., and Ms. Sandy Peltyn.

² Patient A's true identity is not disclosed herein to protect the patient's privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

- 4. Respondent's prescriptions of methadone to Patient A were subject to the standards set forth in the *Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain*, July 2013 (Model Policy). See NAC 630.187 (adopting the Model Policy by reference); NAC 630.230(1)(k) (providing that a physician shall not write prescriptions for controlled substances to treat acute or chronic pain in a manner that deviates from the policies adopted by reference in NRS 630.187).
- 5. Respondent failed to document that his prescriptions of methadone to Patient A complied with the Model Policy, including that he failed to document: (1) completion of an appropriately detailed evaluation prior to prescribing methadone; (2) that he considered alternatives before prescribing methadone; (3) any assessment of Patient A's risk for medication misuse or abuse; (4) that he discussed with Patient A the risks and benefits of opioid therapy and potential for addiction; (5) that he investigated or confirmed Patient A's other current and past treatments for pain; (6) the effect of pain on Patient A's physical or psychological functioning; (7) that he established goals or treatment plans for Patient A's long-term use of methadone; (8) that he established objectives for evaluating the efficacy of Patient A's long-term use of methadone; or (9) that he conducted periodic or random drug testing of Patient A.
- 6. Respondent also failed to document that he consulted the Nevada Prescription Monitoring Program (PMP) to ascertain if Patient A was being prescribed opioids by another prescriber, as required by NRS 639.23507.
- 7. More than once, Respondent prescribed high doses of methadone to Patient A over a significant period without documenting an intervening examination or interaction with Patient A. For example, between February 2014 and February 2015, Respondent wrote at least nine (9) prescriptions to Patient A, each consisting of seven hundred twenty (720) tablets of 10 mg methadone, without any documentation that he saw Patient A in his office. Thus, during this interval of more than a year, Respondent prescribed six thousand four hundred eighty (6,480) tablets of methadone to Patient A without documenting an intervening doctor-patient meeting, evaluation of the effects of methadone on the patient and any corresponding adjustments, drug testing of Patient A, or consultation of the PMP.

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8. Respondent's records indicate that he saw Patient A in his office on April 28, 2015, when he again prescribed him seven hundred twenty (720) tablets of 10 mg methadone for thirty (30) days. Respondent wrote refills for this prescription eight (8) times before he next documented a visit with Patient A on March 15, 2016. Thus, during this interval of almost eleven (11) months. Respondent prescribed five thousand seven hundred sixty (5,760) tablets of methadone to Patient A without documenting an intervening doctor-patient meeting, evaluation of the effects of methadone on Patient A and any corresponding adjustments, drug testing of Patient A, or consultation of the PMP.

COUNT I

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

- 9. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.
- 10. 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" constitute grounds for initiating discipline against a licensee.
- 11. Respondent failed to maintain complete medical records relating to the diagnosis, treatment, and care of Patient A by failing to document that he complied with the Model Policy or made required queries of the PMP, see NRS 639.23507, with respect to his prescriptions of methadone to Patient A.
- 12. 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);

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- 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 award fees and costs for the investigation and prosecution of this case as outlined in NRS 622.400;
- 5. 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
- 6. That the Board take such other and further action as may be just and proper in these premises.

DATED this Hay of February, 2022.

INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:

BRANDEE MOONEYHAN, J.D.

Deputy General Counsel 9600 Gateway Drive Reno, NV 89521

Tel: (775) 688-2559

Email: <u>mooneyhanb@medboard.nv.gov</u> Attorney for the Investigative Committee

Reno, Nevada 89521

VERIFICATION

STATE OF NEVADA)
	: ss.
COUNTY OF CLARK)

Victor M. Muro, 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 7 day of February, 2022.

INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:

Chairman of the Investigative Committee