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**BEFORE THE BOARD OF MEDICAL EXAMINERS
 OF THE STATE OF NEVADA**

* * * * *

In the Matter of Charges and Complaint

Case No. 22-19130-2

Against:

AMY RENEE SPARKS, M.D.,

Respondent.

FILED

OCT - 5 2022

NEVADA STATE BOARD OF
 MEDICAL EXAMINERS
 By: _____

FIRST AMENDED COMPLAINT

The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners (Board), by and through Ian J. Cumings, J.D., Deputy General Counsel and attorney for the IC, having a reasonable basis to believe that Amy Renee Sparks, 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. 9522). Respondent was originally licensed by the Board on July 26, 2000.

2. Patient A, Patient B, and Patient C's true identities are not disclosed herein to protect their privacy, but are disclosed in the Patient Designation, which was served upon Respondent along with a copy of this complaint.

A. Respondent's Treatment of Patient A

3. Patient A was a 62-year-old female when she presented to Respondent on February 6, 2017, for medical care. Patient A had non-specific symptoms with complaints of

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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 Bret W. Frey, M.D. (Chair), Carl N. Williams, Jr., M.D., FACS, and Col. Eric D. Wade, USAF (Ret.) (Public Member).

1 fatigue and had recently finished treatment for bronchitis. After a normal physical exam,
2 Respondent ordered testing for Lyme disease.

3 4. On September 17, 2017, Patient A returned to Respondent with complaints of flu-
4 like symptoms after overseas travel, however her physical exam was normal. Respondent ordered
5 tests for Lyme disease a second time, and recommended supplements for an encompassing
6 treatment for chronic yeast and viral overload.

7 5. On October 5, 2017, Respondent informed Patient A that she tested positive for
8 Lyme disease and reported the case as positive to the Nevada Department of Health, despite
9 negative test results for Lyme disease. Respondent did not treat for Lyme disease, but instead
10 recommend further courses of supplements and a detox.

11 6. Patient A had follow-up visits for her Lyme disease diagnosis on January 11, 2018;
12 April 12, 2018; and June 7, 2018. On each visit, Respondent documented a normal review of
13 symptoms and physical examination, recommending additional supplements on each occasion.

14 7. On July 23, 2018, Patient A had a follow-up visit with complaints of diarrhea
15 caused by the supplements that were recommended to her by Respondent. At this visit
16 Respondent recommended continued supplementation and started Patient A on Ivermectin, an
17 antiparasitic drug usually given in a single dose. Patient A was given a 12-milligram weekly dose
18 of Ivermectin for one (1) month. No stool studies or parasitology tests were ordered on this visit.

19 8. Patient A was further seen by Respondent four (4) times over a five (5) month
20 period in 2018 and 2019, during which, Respondent refilled a prescription for Ivermectin for five
21 (5) months without ordering stool studies or parasitology tests. Respondent continued to
22 recommend additional supplements on each visit to treat Lyme disease when the standard of care
23 for treatment is a course of antibiotics.

24 **B. Respondent's Treatment of Patient B**

25 9. Patient B was a 54-year-old male when he presented to Respondent on
26 December 21, 2017, for medical care. Patient B had complaints of weight gain, problems with
27 sinuses, and fatigue. Patient B did not report a history of tick bites, nor did he live in an area
28 endemic with ticks. Review of symptoms and physical examination were normal, and no

1 abnormalities were documented by the Respondent on the physical examination. Respondent
2 ordered blood and stool tests in addition to a Lyme disease test, diagnosing Patient B with fatigue,
3 anxiety, adrenal disorder, sleep apnea, and headaches. Respondent recommended a
4 comprehensive “detox and drain” in addition to a number of other supplements.

5 10. On January 23, 2018, Patient B was informed by Respondent that he had Lyme
6 disease, Babesia, Ehrlichiosis, Rickettsia Rickettsiae, and Rickettsia Typhi, despite negative test
7 results. Stool studies were similarly negative for parasites, including ova and EIA (enzyme
8 immunoassays) for parasites.

9 11. Despite clear negative testing, Respondent documented that testing demonstrated
10 evidence to treat Patient B for Lyme disease and its co-infections. Respondent did not prescribe
11 antibiotics, but recommended supplements.

12 12. Patient B was seen by Respondent on a further seven (7) occasions during 2018
13 and 2019, during which Respondent maintained her diagnosis of Patient B as having Lyme disease
14 and its coinfections, despite further clear negative testing on April 22, 2019, and repeated normal
15 physical examinations. Respondent reported Patient B’s tests as a positive case of Lyme to the
16 Nevada Department of Health on May 3, 2019. During all seven (7) visits, Respondent continued
17 to recommend additional supplements on each visit to treat Lyme disease when the standard of
18 care for treatment is a course of antibiotics.

19 **C. Respondent’s Treatment of Patient C**

20 13. Patient C was a 45-year-old female when she presented to Respondent on
21 February 28, 2018, for medical care. No complaints were documented by the Respondent. Patient
22 C did not report a history of tick bites, nor did she live in an area endemic with ticks. Patient C’s
23 review of symptoms and physical examination were normal. Respondent ordered multiple blood
24 and stool tests, diagnosing Patient C with Candidiasis, and “other fatigue,” recommending a
25 “detox and drain” and supplements.

26 14. Despite Patient C testing negative for Lyme disease, Respondent reported Patient C
27 as a positive case of Lyme disease case to the Nevada Department of Health on March 15, 2018.
28 Subsequently, on March 19, 2018, Respondent notified Patient C that she had Lyme disease.

COUNTS IV-VI

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

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

23. 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.

24. Respondent failed to maintain proper medical records relating to the diagnosis, treatment, and care of Patients: A, B, and C, by failing to correctly document her clinical reasoning when ordering tests for Lyme disease and its coinfections as well as erroneously informing the Patients of positive test results on labs clearly indicated as negative.

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

COUNT VII-IX

NRS 630.301(7) – Violation of Patient Trust and Exploitation of Physician and Patient Relationship for Financial or Personal Gain

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(7) provides that “engaging in conduct that violates the trust of a patient and exploits the relationship between the physician and the patient for financial or other personal gain” is grounds for initiating discipline against a licensee.

28. As demonstrated by, but not limited to, the above-outlined facts, Respondent violated the trust of Patients: A, B, and C, and exploited the physician-patient relationship by erroneously informing them the Patients of positive test results for the motive of selling additional testing, treatments, and supplements despite clear negative lab testing.

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WHEREFORE, the Investigative Committee prays:

1. That the Board give Respondent notice of the charges herein against her and give her notice that she 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 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 5th day of October, 2022.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: 
IAN J. CUMINGS, J.D.
Deputy General Counsel
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Tel: (775) 688-2559
Email: icumings@medboard.nv.gov
Attorney for the Investigative Committee

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VERIFICATION

STATE OF NEVADA)
: ss.)
COUNTY OF WASHOE)

Bret W. Frey, 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 5th day of October, 2022.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: 
BRET W. FREY, M.D.
Chairman of the Investigative Committee