

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

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In the Matter of Charges and Complaint

Case No. 23-11289-1

Against:

FILED

STEPHEN PAUL DUBIN, M.D.,

OCT 31 2023

Respondent.

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: 

COMPLAINT

The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners (Board), by and through William P. Shogren, Deputy General Counsel and attorney for the IC, having a reasonable basis to believe that Stephen Paul Dubin, 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. 13772). Respondent was originally licensed by the Board on December 3, 2010.

2. The true identities of Patients A and B are not disclosed herein to protect their individual privacy, but their identities are disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

PATIENT A

3. Patient A was a fifty-three (53) year-old female at the onset of the events at issue.

4. Respondent assumed care of Patient A in April 2017 from a previous physician. Respondent continued to prescribe multiple controlled substances to Patient A, including

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 Victor M. Muro, M.D., Chowdhury H. Ahsan, M.D., Ph.D, FACC and Ms. Pamela J. Beal.

1 oxycodone, alprazolam, amphetamine-dexamphetamine, and zolpidem, from 2017 to 2021.
2 Patient A's health problems included chronic back and other musculoskeletal pain, attention-
3 deficit/hyperactivity disorder, and depression.

4 5. During Respondent's care of Patient A, Respondent prescribed controlled
5 substances to Patient A over several intervals greater than ninety (90) days without accessing the
6 Nevada State Pharmacy Board's Prescription Monitoring Program (PMP).

7 6. Respondent has had an active PMP account since on or about December 19, 2013.

8 7. Respondent prescribed alprazolam to Patient A between 2017 and 2021.
9 Alprazolam is typically used to treat acute anxiety and panic disorders. However, Respondent's
10 notes regarding Patient A only make one reference to anxiety, on June 30, 2021. There are
11 multiple notes including alprazolam as treatment of patient's back pain. Respondent's notes do
12 not document the reasoning for continued prescription of alprazolam for back pain.

13 8. Additionally, there are notes from October 19, 2019, stating that Patient A required
14 opiate therapy, but Respondent's notes regarding Patient A do not contain consistent metrics such
15 as level of pain or activities of daily living (AODL).

16 9. Respondent's notes list the prescription of azithromycin, medrol, bactrim, and
17 silvadene over several months without any documentation as to why and for how long they are
18 being prescribed.

19 **COUNT I**

20 **NRS 630.306(1)(b)(3) – Violation of Statutes and Regulations of the Nevada State**

21 **Board of Pharmacy**

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

24 11. Respondent is a practitioner as defined by NRS 639.0125(1), as a physician who
25 holds a license to practice medicine in the State of Nevada.

26 12. NRS 630.306(1)(b)(3) provides that engaging in conduct that violates a provision
27 of Chapter 639 of NRS, or a regulation adopted by the Pharmacy Board pursuant thereto, that is

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1 applicable to a licensee who is a practitioner, as defined in NRS 639.0125, is grounds for initiating
2 discipline against a licensee.

3 13. NRS 639.23507(1) provides:

4 Except as otherwise provided in subsection 2, a practitioner, other
5 than a veterinarian, shall, before issuing an initial prescription for a
6 controlled substance listed in schedule II, III or IV or an opioid that
7 is a controlled substance listed in schedule V and at least once every
8 90 days thereafter for the duration of the course of treatment using
9 the controlled substance, obtain a patient utilization report regarding
10 the patient from the computerized program established by the Board
11 and the Investigation Division of the Department of Public Safety
12 pursuant to NRS 453.162. The practitioner shall:

13 (a) Review the patient utilization report; and

14 (b) Determine whether the patient has been issued another
15 prescription for the same controlled substance that provides for
16 ongoing treatment using the controlled substance. If the practitioner
17 determines from the patient utilization report or from any other
18 source that the patient has been issued such a prescription, the
19 practitioner shall not prescribe the controlled substance unless the
20 practitioner determines that issuing the prescription is medically
21 necessary.

22 14. Respondent violated NRS 639.23507(1) by failing to obtain or review the patient
23 utilization report for Patient A every ninety (90) days during the course of Patient A's treatment
24 using various controlled substances, such as oxycodone.

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

27 COUNT II

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

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

3 17. NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate
4 and complete medical records relating to the diagnosis, treatment and care of a patient" constitute
5 grounds for initiating discipline against a licensee.

6 18. Respondent failed to maintain accurate and complete medical records relating to
7 the diagnosis, treatment and care of Patient A, by failing to correctly document his actions when
8 he treated Patient A. Respondent maintained inaccurate and incomplete records of Patient A when
9 he failed to document the reasoning for prescribing alprazolam for back pain, failed to document

1 consistent metrics for Patient A's opiate therapy, and failed to document the reasoning for
2 prescribing azithromycin, medrol, bactrim, and silvadene over several months.

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

5 **PATIENT B**

6 20. Patient B was a twenty-six (26) year-old male at the onset of the events at issue.

7 21. Respondent assumed care of Patient B on or about January 16, 2014.

8 22. Upon assuming care of Patient B, Respondent prescribed to Patient B alprazolam
9 for chronic anxiety and opioids, mainly consisting of oxycodone, for chronic back and
10 musculoskeletal pain. Respondent prescribed oxycodone to Patient B up until April 2018.

11 23. Respondent obtained multiple urine drug screens from Patient B, taken between
12 February 2015 and August 2016, which tested positive for opiates that were not being prescribed
13 by Respondent, including 6-MAM, a heroin metabolite, as well as morphine, codeine
14 hydrocodone, and THC.

15 24. Heroin is an inherently dangerous street drug, and its use is indicative of substance
16 use disorder.

17 25. Respondent's notes and records do not document that Respondent spoke with
18 Patient B regarding the positive tests for non-prescribed opiates, including 6-MAM, or Patient B's
19 apparent use of heroin.

20 26. Respondent's notes and records further do not document any discussion with
21 Patient B regarding goals of treatment for pain or substance use disorder.

22 27. During treatment of Patient B, Respondent prescribed controlled substances to
23 Patient B over several intervals greater than ninety (90) days without accessing the Nevada PMP.

24 **COUNT III**

25 **NRS 630.301(4) - Malpractice**

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

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1 substance abuse disorder and did not address a treatment plan with Patient B to mitigate Patient
2 B's apparent heroin use.

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

5 **COUNT V**

6 **NRS 630.306(1)(b)(3) – Violation of Statutes and Regulations of the Nevada State**

7 **Board of Pharmacy**

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

10 40. Respondent is a practitioner as defined by NRS 639.0125(1), as a physician who
11 holds a license to practice medicine in the State of Nevada.

12 41. NRS 630.306(1)(b)(3) provides that engaging in conduct that violates a provision
13 of Chapter 639 of NRS, or a regulation adopted by the Pharmacy Board pursuant thereto, that is
14 applicable to a licensee who is a practitioner, as defined in NRS 639.0125, is grounds for initiating
15 discipline against a licensee.

16 42. NRS 639.23507(1) provides:

17 Except as otherwise provided in subsection 2, a practitioner, other
18 than a veterinarian, shall, before issuing an initial prescription for a
19 controlled substance listed in schedule II, III or IV or an opioid that
20 is a controlled substance listed in schedule V and at least once every
21 90 days thereafter for the duration of the course of treatment using
22 the controlled substance, obtain a patient utilization report regarding
23 the patient from the computerized program established by the Board
24 and the Investigation Division of the Department of Public Safety
25 pursuant to NRS 453.162. The practitioner shall:

21 (a) Review the patient utilization report; and

22 (b) Determine whether the patient has been issued another
23 prescription for the same controlled substance that provides for
24 ongoing treatment using the controlled substance. If the practitioner
25 determines from the patient utilization report or from any other
26 source that the patient has been issued such a prescription, the
27 practitioner shall not prescribe the controlled substance unless the
28 practitioner determines that issuing the prescription is medically
29 necessary.

26 43. Respondent violated NRS 639.23507(1) by failing to obtain or review a patient
27 utilization report for Patient B every ninety (90) days, including between January 1, 2018 and
28 April 1, 2018, while prescribing to Patient B various controlled substances, such as oxycodone.

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

3 **COUNT VI**

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

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

7 46. NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate
8 and complete medical records relating to the diagnosis, treatment and care of a patient" constitute
9 grounds for initiating discipline against a licensee.

10 47. Respondent failed to maintain accurate and complete medical records relating to
11 the diagnosis, treatment and care of Patient A, by failing to correctly document his actions when
12 he treated Patient A. Respondent did not document in his notes any conversation with Patient B
13 regarding his apparent heroin usage, and did not document any sort of treatment plan with Patient
14 B, including but not limited to medication assisted treatment, referrals, therapy, or other
15 approaches to mitigate the danger of using heroin.

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

18 **WHEREFORE**, the Investigative Committee prays:

19 1. That the Board give Respondent notice of the charges herein against him and give
20 him notice that he may file an answer to the Complaint herein as set forth in
21 NRS 630.339(2) within twenty (20) days of service of the Complaint;

22 2. That the Board set a time and place for a formal hearing after holding an Early
23 Case Conference pursuant to NRS 630.339(3);

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

26 4. That the Board award fees and costs for the investigation and prosecution of this
27 case as outlined in NRS 622.400;

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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 31st day of October, 2023.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:



WILLIAM P. SHOGREN
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Attorney for the Investigative Committee

OFFICE OF THE GENERAL COUNSEL
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VERIFICATION


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STATE OF NEVADA)
 : ss.
COUNTY OF WASHOE)

Chowdury H. Ahsan, M.D., Ph.D., FACC, 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 31st day of October, 2023.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: 

CHOWDURY H. AHSAN, M.D., PH.D., FACC
Chairman of the Investigative Committee