

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

3 * * * * *

4
5 **In the Matter of Charges and Complaint**

Case No. 24-35350-1

6 **Against:**

FILED

7 **CHINYERE LAWRENTIA OKEKE, M.D.,**

FEB 13 2024

8 **Respondent.**

**NEVADA STATE BOARD OF
MEDICAL EXAMINERS**
By: _____

9
10 **COMPLAINT**

11 The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners
12 (Board), by and through Sarah A. Bradley, Deputy Executive Director and attorney for the IC,
13 having a reasonable basis to believe that Chinyere Lawrentia Okeke, M.D., (Respondent) violated
14 the provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code
15 (NAC) Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the
16 IC's charges and allegations as follows:

17 1. Respondent was at all times relative to this Complaint a medical doctor holding an
18 active license to practice medicine in the State of Nevada (License No. 14416). Respondent was
19 originally licensed by the Board on June 19, 2012.

20 2. Patient A² was a 25 year-old female at the time of the events at issue in this
21 Complaint.

22 3. Respondent prescribed controlled substances to Patient A during the time of the
23 events at issue in this Complaint.

24 4. The first record that the Board received showing Respondent's care of Patient A is
25 May 9, 2018.

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27 ¹ The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal
28 Complaint was authorized for filing, was composed of Board members Bret W. Frey, M.D., Chowdhury H. Ahsan,
M.D., Ph.D., FACC, and Col. Eric D. Wade, USAF (Ret.) (Public Member).

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. At the start of the events covered in this
Complaint, Patient A was 25 years old. She turned 26 in May 2018, and 27 in May 2019.

1 5. In 2018, Respondent subsequently saw Patient A on June 18, 2018, July 16, 2018,
2 August 15, 2018, and September 13, 2018.

3 6. In 2019, Respondent saw Patient A on January 7, 2019, February 4, 2019,
4 March 22, 2019, April 15, 2019, May 13, 2019, May 31, 2019, June 24, 2019, July 22, 2019,
5 July 29, 2019, and August 27, 2019.

6 7. According to the Prescription Monitoring Program (PMP) Patient Report for
7 Patient A, Respondent prescribed thirty (30) hydrocodone-acetaminophen 5-325 mg for fifteen
8 (15) days for Patient A and this prescription was written on January 10, 2018, and filled on
9 January 10, 2018.

10 8. According to the PMP Patient Report for Patient A, Respondent prescribed thirty
11 (30) hydrocodone-acetaminophen 5-325 mg for fifteen (15) days for Patient A and this
12 prescription was written on January 10, 2018, and filled on January 24, 2018.

13 9. According to the PMP Patient Report for Patient A, Respondent prescribed thirty
14 (30) hydrocodone-acetaminophen 5-325 mg for fifteen (15) days for Patient A and this
15 prescription was written on February 7, 2018, and filled on February 7, 2018.

16 10. According to the PMP Patient Report for Patient A, Respondent prescribed thirty
17 (30) hydrocodone-acetaminophen 5-325 mg for fifteen (15) days for Patient A and this
18 prescription was written on February 26, 2018, and filled on February 26, 2018.

19 11. According to the PMP Patient Report for Patient A, Respondent prescribed sixty
20 (60) hydrocodone-acetaminophen 5-325 mg for thirty (30) days for Patient A and this prescription
21 was written on March 13, 2018, and filled on March 13, 2018.

22 12. According to the PMP Patient Report for Patient A, Respondent prescribed sixty
23 (60) hydrocodone-acetaminophen 5-325 mg for (30) days for Patient A and this prescription was
24 written on April 11, 2018, and filled on April 11, 2018.

25 13. According to the PMP Patient Report for Patient A, Respondent checked Patient
26 A's Patient Report on May 9, 2018.

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1 14. At that time, Patient A's Patient Report would have shown active prescriptions for
2 dextroamphetamine-amphetamine 20 mg (2 per day) and alprazolam 1 mg (2 per day) from
3 another prescribing practitioner.

4 15. According to the PMP Patient Report for Patient A, Respondent checked
5 Patient A's Patient Report on June 18, 2018.

6 16. At that time, Patient A's Patient Report would have shown active prescriptions for
7 clonazepam .50 mg (2 per day) and methylphenidate 10 mg (2 per day) from another prescribing
8 practitioner.

9 17. According to the PMP Patient Report for Patient A, Respondent prescribed sixty
10 (60) hydrocodone-acetaminophen 5-325 mg for thirty (30) days for Patient A and this prescription
11 was written on June 18, 2018, and filled on June 18, 2018.

12 18. According to the PMP Patient Report for Patient A, Respondent checked
13 Patient A's Patient Report on July 16, 2018.

14 19. At that time, Patient A's Patient Report would have shown active prescriptions for
15 dextroamphetamine-amphetamine 20 mg (2 per day) and clonazepam 1 mg (2 per day) from
16 another prescribing practitioner.

17 20. According to the PMP Patient Report for Patient A, Respondent prescribed sixty
18 (60) hydrocodone-acetaminophen 5-325 mg for thirty (30) days for Patient A and this prescription
19 was written on July 16, 2018, and filled on July 16, 2018.

20 21. According to the PMP Patient Report for Patient A, Respondent prescribed sixty
21 (60) hydrocodone-acetaminophen 5-325 mg for thirty (30) days for Patient A and this prescription
22 was written on August 15, 2018, and filled on August 15, 2018.

23 22. According to the PMP Patient Report for Patient A, Respondent prescribed sixty
24 (60) hydrocodone-acetaminophen 5-325 mg for thirty (30) days for Patient A and this prescription
25 was written on September 13, 2018, and filled on September 13, 2018.

26 23. According to the PMP Patient Report for Patient A, Respondent prescribed sixty
27 (60) hydrocodone-acetaminophen 5-325 mg for thirty (30) days for Patient A and this prescription
28 was written on October 10, 2018, and filled on October 11, 2018.

1 24. According to the PMP Patient Report for Patient A, Respondent prescribed sixty
2 (60) hydrocodone-acetaminophen 5-325 mg for thirty (30) days for Patient A and this prescription
3 was written on December 6, 2018, and filled on December 6, 2018.

4 25. According to the PMP Patient Report for Patient A, Respondent prescribed sixty
5 (60) hydrocodone-acetaminophen 5-325 mg for thirty (30) days for Patient A and this prescription
6 was written on January 7, 2019, and filled on January 7, 2019.

7 26. According to the PMP Patient Report for Patient A, Respondent prescribed sixty
8 (60) hydrocodone-acetaminophen 5-325 mg for thirty (30) days for Patient A and this prescription
9 was written on February 4, 2019, and filled on February 4, 2019.

10 27. According to the PMP Patient Report for Patient A, Respondent checked
11 Patient A's Patient Report on March 22, 2019.

12 28. At that time, Patient A's Patient Report would have shown active prescriptions for
13 clonazepam 1 mg (2 per day) and oxycodone-acetaminophen 10-325 (3 per day approximately)
14 from other prescribing practitioners.

15 29. According to the PMP Patient Report for Patient A, Respondent prescribed sixty
16 (60) tramadol Hcl 50 mg for thirty (30) days for Patient A and this prescription was written on
17 March 22, 2019, and filled on March 22, 2019.

18 30. According to the PMP Patient Report for Patient A, Respondent checked
19 Patient A's Patient Report on April 15, 2019.

20 31. At that time, Patient A's Patient Report would have shown active prescriptions for
21 clonazepam 1 mg (2 per day), oxycodone-acetaminophen 10-325 (3 per day approximately), and
22 methylphenidate 20 mg (2 per day) from other prescribing practitioners.

23 32. According to the PMP Patient Report for Patient A, Respondent prescribed sixty
24 (60) hydrocodone-acetaminophen 5-325 mg for thirty (30) days for Patient A and this prescription
25 was written on April 15, 2019, and filled on April 15, 2019.

26 33. According to the PMP Patient Report for Patient A, Respondent prescribed sixty
27 (60) hydrocodone-acetaminophen 5-325 mg for thirty (30) days for Patient A and this prescription
28 was written on May 13, 2019, and filled on May 13, 2019.

1 34. According to the PMP Patient Report for Patient A, Respondent prescribed ninety
2 (90) tramadol hcl 50 mg for thirty (30) days for Patient A and this prescription was written on
3 May 31, 2019, and filled on May 31, 2019.

4 35. According to the PMP Patient Report for Patient A, Respondent prescribed sixty
5 (60) hydrocodone-acetaminophen 5-325 mg for thirty (30) days for Patient A and this prescription
6 was written on June 24, 2019, and filled on June 24, 2019.

7 36. According to the PMP Patient Report for Patient A, Respondent checked
8 Patient A's Patient Report on July 1, 2019.

9 37. At that time, Patient A's Patient Report would have shown active prescriptions for
10 clonazepam 1 mg (2 per day) and dextroamphetamine-amphetamine 20 mg (2 per day) from
11 another prescribing practitioner.

12 38. According to the PMP Patient Report for Patient A, Respondent prescribed sixty
13 (60) hydrocodone-acetaminophen 5-325 mg for thirty (30) days for Patient A and this prescription
14 was written on July 22, 2019, and filled on July 25, 2019.

15 39. According to the PMP Patient Report for Patient A, Respondent checked
16 Patient A's Patient Report on July 29, 2019.

17 40. At that time, Patient A's Patient Report would have shown active prescriptions for
18 clonazepam 1 mg (2 per day) and dextroamphetamine-amphetamine 20 mg (2 per day) from
19 another prescribing practitioner.

20 41. According to the PMP Patient Report for Patient A, Respondent checked
21 Patient A's Patient Report on August 27, 2019.

22 42. At that time, Patient A's Patient Report would have shown active prescriptions for
23 clonazepam 1 mg (2 per day) and dextroamphetamine-amphetamine 20 mg (2 per day) from
24 another prescribing practitioner.

25 43. According to the PMP Patient Report for Patient A, Respondent prescribed sixty
26 (60) hydrocodone-acetaminophen 5-325 mg for thirty (30) days for Patient A and this prescription
27 was written on August 27, 2019, and filled on August 27, 2019.

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1 44. According to the PMP Patient Report for Patient A, Respondent prescribed sixty
2 (60) hydrocodone-acetaminophen 5-325 mg for thirty (30) days for Patient A and this prescription
3 was written on September 27, 2019, and filled on September 27, 2019.

4 45. According to the PMP Patient Report for Patient A, Respondent prescribed ninety
5 (90) tramadol hcl 50 mg for thirty (30) days for Patient A and this prescription was written on
6 October 23, 2019, and filled on October 23, 2019.

7 46. According to the PMP Patient Report for Patient A, Respondent prescribed ninety
8 (90) tramadol hcl 50 mg for thirty (30) days for Patient A and this prescription was written on
9 November 22, 2019 and filled on November 22, 2019.

10 47. According to the PMP Patient Report for Patient A, Respondent prescribed twenty-
11 one (21) tramadol hcl 50 mg for seven (7) days for Patient A and this prescription was written on
12 December 20, 2019, and filled on December 20, 2019.

13 48. According to the PMP Patient Report for Patient A, Respondent prescribed sixty-
14 nine (69) tramadol hcl 50 mg for twenty-three (23) days for Patient A and this prescription was
15 written on December 20, 2019, and filled on December 24, 2019.

16 49. The standard of care for prescribing controlled substances is to avoid the use of
17 benzodiazepines (such as clonazepam and alprazolam) with opioids (such as hydrocodone-
18 acetaminophen, oxycodone-acetaminophen, and tramadol).

19 50. There is an increased potential for respiratory depression with the use of opioids
20 and benzodiazepines at the same time.

21 51. Respondent asserts that she did not prescribe both benzodiazepines and opioids to
22 Patient A at the same time.³

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26 ³ Patient A's Patient Report from the PMP does show that a prescription of alprazolam 1 mg tablet (60 pills,
27 2 per day) was provided to Patient A by Respondent on November 9, 2018, filled on November 12, 2018. This
28 appears to be an entry error at the pharmacy where this medication was filled because Patient A saw another provider
with the same last name as Respondent's for psychiatric care during the time at issue in this Complaint. Patient A
saw the other provider on the day that the prescription for alprazolam was written and medical records provided to the
IC do not show a visit with Respondent on that day. Therefore, information regarding these prescriptions is not
included in the factual allegations contained in this Complaint.

1 52. However, Respondent did prescribe Patient A opioids during the dates noted above,
2 and Respondent knew, or should have known, that Patient A was being prescribed
3 benzodiazepines by another prescribing provider at that same time.

4 53. Respondent completed eight (8) queries of the PMP to obtain Patient A's Patient
5 Report during the dates noted above.

6 54. PMP records do not show that Respondent conducted queries of Patient A in the
7 PMP prior to prescribing controlled substances to her, or every ninety (90) days after prescribing
8 controlled substances to her as required by Nevada law.

9 55. While those eight (8) queries were not done frequently enough according to the
10 requirements of Nevada law, those queries still should have provided Respondent with some
11 information about Patient A's other medications, specifically the benzodiazepines that she was
12 receiving from other providers.

13 56. During the period from January 2018 through December 2019, Patient A's Patient
14 Report in the PMP shows consistent, monthly prescriptions for both opioid and benzodiazepine
15 medications.

16 57. During the period from January 2018 through December 2019, Respondent failed
17 to meet the standard of care when she prescribed opioid medications to Patient A.

18 58. Respondent failed to maintain clear, accurate, legible, and complete medical
19 records for Patient A during the period from January 2019 through December 2019.

20 59. Specifically, Respondent failed to ensure that Patient A's medication list was
21 accurate and complete. For example, at each visit with Patient A, Respondent does not include
22 Patient A's prescription for alprazolam or clonazepam that was provided by another prescribing
23 practitioner in Patient A's medication list.

24 60. In her review of Patient A's PMP Patient Report, Respondent should have noticed
25 that Patient A was receiving a benzodiazepine that was not on her medication list.

26 61. Respondent should have asked Patient A about these other medications and/or
27 updated Patient A's medication list to include these other medications, particularly given the
28 serious concern regarding concurrent use of benzodiazepines and opioids.

1 62. Patient A's records do not reflect that this was discussed with Patient A or that
2 Patient A's medication list was updated to accurately reflect the medications that she was being
3 prescribed.

4 63. Patient A's current medication list contained in her medical records included both
5 gabapentin 300 mg and Lyrica 200 mg for the time period addressed in this Complaint.

6 64. When asked whether Patient A was taking both of these medications at the same
7 time, Respondent indicated that Patient A did not tolerate Lyrica and she instead prescribed
8 Patient A gabapentin. However, both medications remained on Patient A's current medication list
9 in her medical records for the time period at issue.

10 65. Patient A's current medication list contained in her medical records included both
11 Norco 5-325 mg and Norco 7.5-325 mg for the time period addressed in this Complaint.

12 66. When asked whether Patient A was taking both of these doses of Norco at the same
13 time, Respondent indicated that Patient A was weaned from the higher Norco dose to the lower
14 Norco dose. However, both medications remained on Patient A's current medication list in her
15 medical records for the time period at issue.

16 67. Tramadol was also listed as a current medication for Patient A in her medical
17 records for the time period at issue. Yet, in her response to the Board regarding this investigation,
18 Respondent indicated that Patient A was weaned from the higher Norco dose, to the lower Norco
19 dose, to a dose of Tramadol 50 mg TID prn as of March 2020. Patient A's medical records do not
20 make this clear because all three (3) medications are listed as current medications during the time
21 period at issue.

22 68. In addition, in 2019, Patient A's Patient Report from the PMP showed both Norco
23 5-325 mg and Tramadol Hcl 50 mg being prescribed to Patient A at the same time.

24 69. Prior to receiving Tramadol Hcl mg from Respondent in March 2019, Patient A
25 was taking two (2) Norco 5-325 mg tablets per day.

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1 70. Yet, in March 2019 and May 2019, Patient A's Patient Report showed that
2 Patient A was continuing to take two (2) Norco 5-325s each day even though three (3) Tramadol
3 Hcl 50 mg tablets were added each day. In other words, her dose of Norco 5-325 did not decrease
4 when the Tramadol Hcl 50 mg tablets were added.

5 71. Patient A's current medications list should have been updated by Respondent at
6 each visit.

7 72. It is not clear in Patient A's plan of care in her medical records what her current
8 treatment medications should be.

9 **COUNT I**

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

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

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

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

18 76. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed
19 to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when
20 rendering medical services to Patient A.

21 77. Specifically, Respondent prescribed opioids to Patient A while Patient A was also
22 receiving benzodiazepines from another provider at the same time and Respondent knew or should
23 have known about Patient A's benzodiazepines prescriptions.

24 78. Patient A's medical records do not reflect that Respondent talked to Patient A
25 about this issue and/or considered it in her plan of care for Patient A.

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

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COUNT II

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

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

81. 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.

82. Respondent failed to maintain complete medical records relating to the diagnosis, treatment and care of Patient A, by failing to correctly document her actions and/or ensure that Patient A’s current medication list and plan of care were fully updated and accurate when she treated Patient A, causing Patient A’s medical records not to be timely, legible, accurate, and complete.

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

COUNT III

**NRS 630.306(1)(b)(3) - Violation of Statutes and Regulations of the
Nevada State Board of Pharmacy**

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

85. NRS 639.23507 requires that a prescribing practitioner before issuing an initial prescription for controlled substances listed in schedule II, III, or IV, or an opioid that is a controlled substance listed in schedule V, and at least once every ninety (90) days thereafter for the duration of the course of treatment using the controlled substance, obtain a patient utilization report (Patient Report) regarding the patient from the PMP.

86. Respondent failed to obtain Patient Reports for Patient A as required by NRS 639.23507.

87. This conduct violates NRS 630.306(1)(b)(3).

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

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

4 1. That the Board give Respondent notice of the charges herein against her and give
5 her notice that she may file an answer to the Complaint herein as set forth in
6 NRS 630.339(2) within twenty (20) days of service of the Complaint;

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

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

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

13 5. That the Board make, issue and serve on Respondent its findings of fact,
14 conclusions of law and order, in writing, that includes the sanctions imposed; and

15 6. That the Board take such other and further action as may be just and proper in these
16 premises.

17 DATED this 13th day of February, 2024.

18 INVESTIGATIVE COMMITTEE OF THE
19 NEVADA STATE BOARD OF MEDICAL EXAMINERS

20 By: Sarah A. Bradley

21 SARAH A. BRADLEY, J.D., MBA
22 Deputy Executive Director
23 9600 Gateway Drive
24 Reno, NV 89521
25 Tel: (775) 688-2559
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27 *Attorney for the Investigative Committee*
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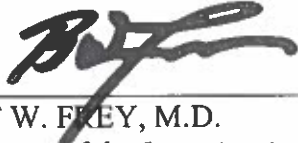
VERIFICATION

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 13th day of February, 2024.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: 

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

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CERTIFICATE OF SERVICE

I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 13th day of February, 2024, I served a file-stamped copy of the foregoing **COMPLAINT**, via USPS Certified Mail, postage pre-paid, to the following parties:

CHINYERE LAWRENTIA OKEKE, M.D.
3110 S. Durango Srive, Suite #200
Las Vegas, NV 89117 9171 9690 0935 0241 6158 00
Tracking No.: _____

DATED this 13th day of February, 2023.



MERCEDES FUENTES
Legal Assistant
Nevada State Board of Medical Examiners