

1 **A. Respondent's Prescribing of Controlled Substances to Patient A.**

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

4 5. The Prescription Monitoring Program (PMP) Patient Report for Patient A shows
5 that Patient A first received a prescription for a controlled substance (Vyvanse 30 mg capsules)
6 from Respondent on August 5, 2019.

7 6. According to Patient A's Patient Report in the PMP, Respondent did not query
8 Patient A's prescription drug history at any time from October 19, 2018, through
9 October 19, 2021.

10 7. On or about November 15, 2021, Respondent obtained Patient A's Patient Report
11 from the PMP for the first time.

12 8. Respondent did not conduct queries of Patient A in the PMP prior to prescribing
13 controlled substances to her, or every ninety (90) days after prescribing controlled substances to
14 her as required by Nevada law.

15 **B. Respondent's Medical Records for Patient A.**

16 9. From Patient A's PMP Patient Report, it appears that Respondent saw Patient A
17 regularly (generally monthly) from August 5, 2019, through July 13, 2021.

18 10. However, the records provided to the Board investigator regarding Patient A are for
19 July 15, 2020, August 18, 2020, September 22, 2020, October 20, 2020, February 25, 2021,
20 April 16, 2021, May 3, 2021, and June 2, 2021.

21 11. Patient A's medical records reflect urine analysis testing being done in
22 Respondent's office on July 15, 2020, September 22, 2020, and February 25, 2021. However, in
23 her response to the Board's investigator on November 15, 2021, Respondent indicated "during
24 each visit, patient had her urine checked randomly for drug screening." This statement is not
25 supported by the medical records provided to the Board for Patient A.

26 12. Further, in her response to the Board's investigator on November 15, 2021,
27 Respondent indicated Patient A's in-office "toxicology reports were consistent." Again, this
28 statement is not supported by the medical records provided to the Board for Patient A.

1 13. Respondent notes in Patient A’s medical records on February 25, 2021, that
2 Patient A’s “in office urine toxicology was negative for any controlled substance.” However,
3 Respondent was prescribing Vyvanse 30 mg capsules to Patient A, with instructions for Patient A
4 to take one capsule daily by mouth. If Patient A was taking her medications as prescribed, Patient
5 A’s urine analysis testing on February 25, 2021, should have been positive for a controlled
6 substance, specifically Vyvanse. Respondent did not document that she asked Patient A about the
7 urine analysis results or otherwise discussed this issue with Patient A on February 25, 2021.

8 14. Respondent further did not document the results for urine analysis testing on
9 July 15, 2020, with regard to Patient A’s use of controlled substances.

10 15. On August 18, 2020, Patient A had a telemedicine visit with Respondent.
11 Respondent’s notes in Patient A’s medical records for this visit includes that a physical
12 examination was performed on Patient A. Specifically, Respondent notes that Patient A’s heart
13 had “regular, rate and rhythm,” Patient A’s abdomen had “normoactive bowel sounds present” and
14 “abdomen is soft and nontender to palpation,” among other descriptions indicating that
15 Respondent physically examined Patient A on that day.

16 16. Upon information and belief, the physical examination information included in
17 Patient A’s medical records for the August 18, 2020, visit, is the same as the information included
18 in the medical records for Patient A’s July 15, 2020, visit, and appears that Respondent carried the
19 same information over into the August 18, 2020, medical record.

20 17. On October 20, 2020, Patient A had a telemedicine visit with Respondent.
21 Respondent’s notes in Patient A’s medical records for this visit includes that a physical
22 examination was performed of Patient A. Specifically, Respondent notes that Patient A’s heart
23 had “regular, rate and rhythm,” Patient A’s abdomen had “normoactive bowel sounds present” and
24 “abdomen is soft and nontender to palpation,” among other descriptions indicating that
25 Respondent physically examined Patient A on that day.

26 18. Upon information and belief, the physical examination information included in
27 Patient A’s medical records for the October 20, 2020, visit, is the same as the information

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1 included in the medical records for Patient A's September 22, 2020, visit, and appears that
2 Respondent carried the same information over into the October 20, 2020, medical record.

3 19. Patient A's current medications list should have been updated by Respondent at
4 each patient visit. For example, multiple medications were listed as "current medications" on
5 each of the medical records provided to the Board's investigator for appointments dated
6 July 15, 2020, August 18, 2020, September 22, 2020, October 20, 2020, February 25, 2021,
7 April 16, 2021, May 3, 2021, and June 2, 2021.

8 20. Specifically, amoxicillin 875 mg, 20 qty., and azithromycin 500 mg, 5 qty., are
9 listed as "current medications" for Patient A at each visit for which the Board investigator
10 received medical records.

11 21. It is unlikely that Patient A would be prescribed two different antibiotics to take at
12 the same time during a one (1) year period.

13 22. Similarly, Patient A's medical records from July 15, 2020, August 18, 2020,
14 September 22, 2020, October 20, 2020, April 16, 2021, May 3, 2021, and June 2, 2021, all include
15 the following as current medications: (1) metoprolol su-hydrochlorothiazide 50-12.5 mg, quantity
16 30, (2) metoprolol succinate 50 mg, 30 quantity, (3) metoprolol succinate 100 mg, 90 quantity,
17 and (4) metoprolol ta-hydrochlorothiazide 50-25 mg, quantity 30.³

18 23. Upon information and belief, these medications are similar and treat the same
19 conditions (high blood pressure) and Patient A would not be prescribed all four (4) of these
20 medications for use at the same time.

21 24. It is not clear in Patient A's plan of care in her medical records what her current
22 treatment medications should be.

23 **COUNT I**

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

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

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28 ³ Patient A's medical records for February 25, 2021, include the following as current medications: (1)
metoprolol su-hydrochlorothiazide 50-12.5 mg, quantity 30, (2) metoprolol succinate 100 mg, 90 quantity, and (3)
metoprolol ta-hydrochlorothiazide 50-25 mg, quantity 30. For this record only, metoprolol succinate 50 mg, 30
quantity, is not included as a "current medication" for Patient A.

COUNT III

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

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

36. 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.

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

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

39. 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 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

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

DATED this 9th day of May, 2024.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: 
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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 9th day of May, 2024.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:



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