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BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

In the Matter of Charges and Complaint
Against:
MATTHEW OBIM OKEKE, M.D.,
Respondent.

Case No. 24-22461-2

FILED
FEB 21 2024
NEVADA STATE BOARD OF
MEDICAL EXAMINERS
By: 

COMPLAINT

The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners (Board), by and through Sarah A. Bradley, J.D., MBA, Deputy Executive Director and attorney for the IC, having a reasonable basis to believe that Matthew Obim Okeke, 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-probation license to practice medicine the State of Nevada (License No. 14957). Respondent was originally licensed by the Board on October 8, 2003.²

Treatment of Patient A

2. Patient A³ was a twenty-six (26) year-old female at the time of the events at issue.
3. Beginning on January 1, 2018, prescribing practitioners in Nevada were required to before issuing an initial prescription for controlled substances listed in Schedules II, III, or IV, or an opioid that is a controlled substance listed in Schedule V, and at least once every ninety (90)

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., Chowdhury H. Ahsan, M.D., PhD., FACC, and Col. Eric D. Wade, USAF (Ret.) (Public Member).

² Respondent's original license number issued on October 8, 2003, was 10668. Respondent was issued license number 14957 on September 6, 2013.

³ 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.

1 days thereafter for the duration of the course of treatment of using the controlled substance, obtain
2 a patient utilization report (Patient Report) regarding the patient from the Prescription Monitoring
3 Program (PMP).

4 4. The current medications list for Patient A on January 18, 2018, as shown in
5 Respondent's medical records for Patient A, include among other medications, Norco 10-325 mg
6 30 quantity with 1 per day, Norco 7.5-325 mg 60 quantity with 1 per day, Norco 5-325 mg 30
7 quantity with 1 per day for 15 days only, Xanax 2 mg 60 quantity with 1 per day, Xanax 1 mg 60
8 quantity with 1 per day, and Xanax .5 mg 60 quantity with 1 per day.

9 5. The current medications list for Patient A on February 23, 2018, as shown in
10 Respondent's medical records for Patient A, include among other medications, Norco 10-325 mg
11 30 quantity with 1 per day, Norco 7.5-325 mg 60 quantity with 1 per day, Norco 5-325 mg 30
12 quantity with 1 per day for 15 days only, Xanax 2 mg 60 quantity with 1 per day, Xanax 1 mg 60
13 quantity with 1 per day, Xanax .5 mg 60 quantity with 1 per day, Klonopin 1 mg 60 quantity 1 per
14 day, and Klonopin .5 mg 60 quantity 1 per day.

15 6. The current medications list for Patient A on March 23, 2018, as shown in
16 Respondent's medical records for Patient A, include among other medications, Norco 10-325 mg
17 30 quantity with 1 per day, Norco 7.5-325 mg 60 quantity with 1 per day, Norco 5-325 mg 30
18 quantity with 1 per day, Xanax 2 mg 60 quantity with 1 per day, Xanax 1 mg 60 quantity with 1
19 per day, Xanax .5 mg 60 quantity with 1 per day, Klonopin 1 mg 60 quantity 1 per day, and
20 Klonopin .5 mg 60 quantity 1 per day.

21 7. It should be noted that Patient A's current medication list was changed on
22 March 23, 2018, from what was shown on February 23, 2018, because the limitation for Norco
23 5-325 mg for just fifteen (15) days only, was removed.

24 8. The current medications list for Patient A on April 20, 2018, as shown in
25 Respondent's medical records for Patient A, include among other medications, Norco 10-325 mg
26 30 quantity with 1 per day, Norco 7.5-325 mg 60 quantity with 1 per day, Norco 5-325 mg 60
27 quantity with 1 per day, Xanax 2 mg 60 quantity with 1 per day, Xanax 1 mg 60 quantity with 1

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1 per day, Xanax .5 mg 60 quantity with 1 per day, Klonopin 1 mg 60 quantity 1 per day, and
2 Klonopin .5 mg 60 quantity 1 per day.

3 9. It should be noted that Patient A's current medication list was changed on
4 April 20, 2018, from what was shown on March 23, 2018, because the quantity for Norco
5 5-325 mg was changed from thirty (30) to sixty (60).

6 10. The current medications list for Patient A on June 25, 2018, as shown in
7 Respondent's medical records for Patient A, include among other medications, Norco 10-325 mg
8 30 quantity with 1 per day, Norco 7.5-325 mg 60 quantity with 1 per day, Norco 5-325 mg 60
9 quantity with 1 per day, Xanax 2 mg 60 quantity with 1 per day, Xanax 1 mg 60 quantity with 1
10 per day, Xanax .5 mg 60 quantity with 1 per day, Klonopin 1 mg 60 quantity 1 per day, and
11 Klonopin .5 mg 60 quantity 1 per day.

12 11. The current medications list for Patient A on July 20, 2018, as shown in
13 Respondent's medical records for Patient A, include among other medications, Norco 10-325 mg
14 30 quantity with 1 per day, Norco 7.5-325 mg 60 quantity with 1 per day, Norco 5-325 mg 60
15 quantity with 1 per day, Xanax 2 mg 60 quantity with 1 per day, Xanax 1 mg 60 quantity with 1
16 per day, Xanax .5 mg 60 quantity with 1 per day, Klonopin 1 mg 60 quantity 1 per day, and
17 Klonopin .5 mg 60 quantity 1 per day.

18 12. The current medications list for Patient A on August 17, 2018, as shown in
19 Respondent's medical records for Patient A, include among other medications, Norco 10-325 mg
20 30 quantity with 1 per day, Norco 7.5-325 mg 60 quantity with 1 per day, Norco 5-325 mg 60
21 quantity with 1 per day, Xanax 2 mg 60 quantity with 1 per day, Xanax 1 mg 60 quantity with 1
22 per day, Xanax .5 mg 60 quantity with 1 per day, Klonopin 1 mg 60 quantity 1 per day, and
23 Klonopin .5 mg 60 quantity 1 per day.

24 13. The current medications list for Patient A on September 17, 2018, as shown in
25 Respondent's medical records for Patient A, include among other medications, Norco 10-325 mg
26 30 quantity with 1 per day, Norco 7.5-325 mg 60 quantity with 1 per day, Norco 5-325 mg 60
27 quantity with 1 per day, Xanax 2 mg 60 quantity with 1 per day, Xanax 1 mg 60 quantity with 1

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1 per day, Xanax .5 mg 60 quantity with 1 per day, Klonopin 1 mg 60 quantity 1 per day, and
2 Klonopin .5 mg 60 quantity 1 per day.

3 14. The current medications list for Patient A on October 15, 2018, as shown in
4 Respondent's medical records for Patient A, include among other medications, Norco 10-325 mg
5 30 quantity with 1 per day, Norco 7.5-325 mg 60 quantity with 1 per day, Norco 5-325 mg 60
6 quantity with 1 per day, Xanax 2 mg 60 quantity with 1 per day, Xanax 1 mg 60 quantity with 1
7 per day, Xanax .5 mg 60 quantity with 1 per day, Klonopin 1 mg 60 quantity 1 per day, and
8 Klonopin .5 mg 60 quantity 1 per day.

9 15. The current medications list for Patient A on November 9, 2018, as shown in
10 Respondent's medical records for Patient A, include among other medications, Norco 10-325 mg
11 30 quantity with 1 per day, Norco 7.5-325 mg 60 quantity with 1 per day, Norco 5-325 mg 60
12 quantity with 1 per day, Xanax 2 mg 60 quantity with 1 per day, Xanax 1 mg 60 quantity with 1
13 per day, Xanax .5 mg 60 quantity with 1 per day, Klonopin 1 mg 60 quantity 1 per day, and
14 Klonopin .5 mg 60 quantity 1 per day.

15 16. The current medications list for Patient A on December 10, 2018, as shown in
16 Respondent's medical records for Patient A, include among other medications, Norco 10-325 mg
17 30 quantity with 1 per day, Norco 7.5-325 mg 60 quantity with 1 per day, Norco 5-325 mg 60
18 quantity with 1 per day, Xanax 2 mg 60 quantity with 1 per day, Xanax .5 mg 60 quantity with 1
19 per day, Klonopin 1 mg 60 quantity 1 per day, and Klonopin .5 mg 60 quantity 1 per day.

20 17. It should be noted that Patient A's current medication list was changed on
21 December 10, 2018, from what was shown on November 9, 2018, because the Xanax 1 mg 60
22 quantity with 1 per day was removed.

23 18. The current medications list for Patient A on January 9, 2019, as shown in
24 Respondent's medical records for Patient A, include among other medications, Norco 10-325 mg
25 30 quantity with 1 per day, Norco 7.5-325 mg 60 quantity with 1 per day, Norco 5-325 mg 60
26 quantity with 1 per day, Xanax 2 mg 60 quantity with 1 per day, Xanax 1 mg 60 quantity with 1
27 per day, Xanax .5 mg 60 quantity with 1 per day, Klonopin 1 mg 60 quantity 1 per day, and
28 Klonopin .5 mg 60 quantity 1 per day.

1 19. It should be noted that Patient A's current medication list was changed on
2 January 9, 2019, from what was shown on December 10, 2018, because the Xanax 1 mg 60
3 quantity with 1 per day was added.

4 20. The current medications list for Patient A on February 5, 2019, as shown in
5 Respondent's medical records for Patient A, include among other medications, Norco 10-325 mg
6 30 quantity with 1 per day, Norco 7.5-325 mg 60 quantity with 1 per day, Norco 5-325 mg 60
7 quantity with 1 per day, Xanax 2 mg 60 quantity with 1 per day, Xanax 1 mg 60 quantity with 1
8 per day, Xanax .5 mg 60 quantity with 1 per day, Klonopin 1 mg 60 quantity 1 per day, and
9 Klonopin .5 mg 60 quantity 1 per day.

10 21. The current medications list for Patient A on March 4, 2019, as shown in
11 Respondent's medical records for Patient A, include among other medications, Norco 10-325 mg
12 30 quantity with 1 per day, Norco 7.5-325 mg 60 quantity with 1 per day, Norco 5-325 mg 60
13 quantity with 1 per day, Xanax 2 mg 60 quantity with 1 per day, Xanax 1 mg 60 quantity with 1
14 per day, Xanax .5 mg 60 quantity with 1 per day, Klonopin 1 mg 60 quantity 1 per day, and
15 Klonopin .5 mg 60 quantity 1 per day.

16 22. The current medications list for Patient A on April 4, 2019, as shown in
17 Respondent's medical records for Patient A, include among other medications, Norco 10-325 mg
18 30 quantity with 1 per day, Norco 7.5-325 mg 60 quantity with 1 per day, Norco 5-325 mg 60
19 quantity with 1 per day, Xanax 2 mg 60 quantity with 1 per day, Xanax 1 mg 60 quantity with 1
20 per day, Xanax .5 mg 60 quantity with 1 per day, Klonopin 1 mg 60 quantity 1 per day, and
21 Klonopin .5 mg 60 quantity 1 per day.

22 23. The current medications list for Patient A on May 2, 2019, as shown in
23 Respondent's medical records for Patient A, include among other medications, Norco 10-325 mg
24 30 quantity with 1 per day, Norco 7.5-325 mg 60 quantity with 1 per day, Norco 5-325 mg 60
25 quantity with 1 per day, Xanax 2 mg 60 quantity with 1 per day, Xanax 1 mg 60 quantity with 1
26 per day, Xanax .5 mg 60 quantity with 1 per day, Klonopin 1 mg 60 quantity 1 per day, and
27 Klonopin .5 mg 60 quantity 1 per day.

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1 24. The current medications list for Patient A on May 20, 2019, as shown in
2 Respondent's medical records for Patient A, include among other medications, Norco 10-325 mg
3 30 quantity with 1 per day, Norco 7.5-325 mg 60 quantity with 1 per day, Norco 5-325 mg 60
4 quantity with 1 per day, Xanax 2 mg 60 quantity with 1 per day, Xanax 1 mg 60 quantity with 1
5 per day, Xanax .5 mg 60 quantity with 1 per day, Klonopin 1 mg 60 quantity 1 per day, and
6 Klonopin .5 mg 60 quantity 1 per day.

7 25. The current medications list for Patient A on June 26, 2019, as shown in
8 Respondent's medical records for Patient A, include among other medications, Norco 10-325 mg
9 30 quantity with 1 per day, Norco 7.5-325 mg 60 quantity with 1 per day, Norco 5-325 mg 60
10 quantity with 1 per day, Xanax 2 mg 60 quantity with 1 per day, Xanax 1 mg 60 quantity with 1
11 per day, Xanax .5 mg 60 quantity with 1 per day, Klonopin 1 mg 60 quantity 1 per day, and
12 Klonopin .5 mg 60 quantity 1 per day.

13 26. The current medications list for Patient A on July 22, 2019, as shown in
14 Respondent's medical records for Patient A, include among other medications, Norco 10-325 mg
15 30 quantity with 1 per day, Norco 7.5-325 mg 60 quantity with 1 per day, Norco 5-325 mg 60
16 quantity with 1 per day, Xanax 2 mg 60 quantity with 1 per day, Xanax 1 mg 60 quantity with 1
17 per day, Xanax .5 mg 60 quantity with 1 per day, Klonopin 1 mg 60 quantity 1 per day, and
18 Klonopin .5 mg 60 quantity 1 per day.

19 27. The standard of care for prescribing controlled substances is to avoid the use of
20 benzodiazepines (such as clonazepam and alprazolam) with opioids (such as hydrocodone-
21 acetamin, oxycodone-acetaminophen, and tramadol).

22 28. There is an increased potential for respiratory depression with the use of opioids
23 and benzodiazepines at the same time.

24 29. Respondent asserts that he has not prescribed opioids to Patient A since
25 September 25, 2013.⁴

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28 ⁴ From the records received by the Board Investigator in this matter, it appears that Patient A first began to receive psychiatric care from Respondent on September 9, 2013. Only Respondent's care of Patient A from January 2018 to July 2019 will be addressed in this Complaint.

1 30. However, Respondent did prescribe Patient A benzodiazepines from January 2018
2 to July 2019, and Respondent knew or should have known that Patient A was being prescribed
3 opioids by another prescribing provider at that same time.

4 31. Patient A's Patient Report from the PMP confirms that she was receiving both
5 benzodiazepines and opioids at the same time. Further, the medical records of Patient A reflect
6 the use of both benzodiazepines and opioids at the same time in her "current medications" list as
7 cited above in factual allegations ¶ 4 to 26.

8 32. It is concerning that multiple types and strengths of benzodiazepines
9 (five (5) different types) and opioids (three (3) different types) are reflected in Patient A's medical
10 records throughout the her treatment timeline with Respondent.

11 33. Patient A's Patient Report from the PMP does not support that she was actually
12 taking five (5) different benzodiazepines and three (3) different opioids at the same time. Instead,
13 it appears that the multiple types and strengths of benzodiazepines and opioids in Patient A's
14 medical records is a failure by Respondent to ensure that Patient A's medical records correctly
15 reflected what medications she was actually taking at the time of each visit.

16 34. Patient A's other medications contained in her medical records throughout this time
17 period also appear to be inaccurate showing additional discrepancies such as three (3) different
18 strengths of Adderall each taken once per day, Bactrim DS 800-160 mg being taken by Patient A
19 from January 18, 2018, through July 22, 2019,⁵ two (2) different strengths of Ritalin each taken
20 once per day, and two (2) different strengths of Zoloft each taken once per day.

21 35. The discrepancies noted in factual allegation at ¶ 32 to 34 constitute a failure by
22 Respondent to ensure that Patient A's medical records correctly reflected what medications she
23 was actually taking at the time of each visit.

24
25 ⁵ Bactrim DS 800-160 mg is an antibiotic used to treat infections. Upon information and belief, it is unlikely
26 that Patient A would take an antibiotic for more than a year without a history of infections or other medical issues
27 being noted. Patient A's medical records maintained by Respondent reflect no history of urinary tract infections or
28 other conditions that may warrant the use of an antibiotic. There is a note about Patient A having a urinary tract
infection in January 2019 in the records maintained by another health care provider providing care to Patient A during
this same time period. However, Respondent's records reflect no such note, just continuing use of antibiotics by
Patient A at every visit with Respondent during this time period. Upon information and belief, the reference to
Patient A's use of Bactrim DS 800-160 mg from January 18, 2018, to July 22, 2019, is an example of Respondent's
failure to maintain clear, legible, accurate, and complete medical records for Patient A.

1 36. Upon information and belief, Respondent copied and pasted progress notes from
2 visit to visit for Patient A, which led to a failure to maintain clear, legible, accurate, and complete
3 medical records for Patient A.

4 37. Upon information and belief, Respondent's care of Patient A showed a lack of
5 diligence in both documentation, review, and management of her medications which fell below
6 the standard of care.

7 38. In his response to the Board Investigator regarding Patient A, Respondent stated "I
8 check the PMP regularly."

9 39. If the statement in ¶ 38 was true, Respondent should have been aware of Patient
10 A's concurrent use of benzodiazepines and opioids.

11 40. However, the PMP records show that Respondent did not conduct a query of
12 Patient A's prescription history in the PMP to obtain her Patient Report at any time from
13 January 2018 to July 2019.

14 41. The quantities of controlled substances prescribed to Patient A by Respondent did
15 not always match the progress notes in Patient A's medical records.

16 42. At times, Respondent provided Patient A with prescriptions that were more than a
17 thirty (30) day supply, even though he was seeing her monthly to manage her medications.

18 43. Respondent was out of the United States from November 8, 2019, to
19 December 8, 2019.

20 **Treatment of Patient B**

21 44. Patient B⁶ was a forty-seven (47) year-old male at the time of the events at issue.

22 45. Respondent wrote a prescription for a Schedule III controlled substance, Suboxone,
23 for Patient B on November 8, 2019.

24 46. There is no progress note correlating to a visit on November 8, 2019, when Patient
25 B received the prescription from Respondent.

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⁶ Patient B's true identity is not disclosed herein to protect his privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

1 47. Upon information and belief, Respondent did not examine Patient B on
2 November 8, 2019, prior to giving him the prescription for the Schedule III controlled substance,
3 which is a violation of the standard of care.

4 48. The prescription for Patient B was a paper prescription dated November 8, 2019,
5 that contained a signature from Respondent.⁷

6 49. Respondent was out of the country on November 8, 2019.

7 50. Respondent stated in his response to the Board investigator that “I have never seen
8 this patient in any setting that I can remember. I did not give him any prescription. I do not have
9 a record of seeing him or treating him.”

10 51. Upon information and belief, Respondent allowed another person in his office to
11 either sign his name to the prescription for Patient B or Respondent pre-signed the prescription for
12 Patient B prior to leaving the country.

13 52. PMP records show that Respondent did not check Patient B’s Patient Report from
14 the PMP until February 2020.

15 53. If Respondent’s statement to the Board investigator as contained in ¶ 50 was true
16 and Patient B was never his patient, it would be a violation of law for Respondent to check
17 Patient B’s Patient Report in the PMP in February 2020.

18 54. PMP records do not show that Respondent conducted queries of Patient B in the
19 PMP prior to prescribing controlled substances to him or every ninety (90) days after prescribing
20 controlled substances to him as required by Nevada law.

21 55. A review of Patient B’s Patient Report from the PMP shows that Patient B was
22 given a refill for Valium too early.

23 56. Respondent gave Patient B a thirty (30) day supply of Valium (quantity 60, 5 mg)
24 on April 11, 2019, April 24, 2019, and May 9, 2019.

25 57. According to Patient B’s Patient Report from the PMP, all three (3) of these
26 prescriptions, in addition to others, were written by Respondent.

27
28 ⁷ Please note that the prescription provided to Patient B contains a signature that looks very much like
Respondent’s signature as seen in other medical records in this matter and other Board matters. This is unlike the
prescriptions provided to Patients C, D, and E that contain Respondent’s handwritten name, but do not look like his
signature.

Treatment of Patient C

58. Patient C⁸ was a fifty-three (53) year-old male at the time of the events at issue.

59. Respondent wrote a prescription for Patient C for controlled substances on November 27, 2019.

60. There is no progress note correlating to a visit on November 27, 2019, when Patient C received the prescription from Respondent.

61. Upon information and belief, Respondent did not examine Patient C on November 27, 2019, prior to giving him the prescription which is a violation of the standard of care.

62. The prescription for Patient C was a paper prescription dated November 27, 2019, that contained a signature from Respondent and/or Respondent's handwritten name.⁹

63. Respondent was out of the country on November 27, 2019.

64. Upon information and belief, Respondent allowed another person in his office to either sign his name to the prescription for Patient C or Respondent pre-signed the prescription for Patient C prior to leaving the country.

65. PMP records show that Respondent did not check Patient C's Patient Report from the PMP until February 2020.

66. PMP records do not show that Respondent conducted queries of Patient C in the PMP prior to prescribing controlled substances to him or every ninety (90) days after prescribing controlled substances to him as required by Nevada law.

Treatment of Patient D

67. Patient D¹⁰ was a seventy-four (74) year-old female at the time of the events at issue.

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⁸ Patient C's true identity is not disclosed herein to protect his privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

⁹ The signature for Respondent on this prescription looks different than other signatures for Respondent shown in other documents. It is possible that Respondent's name was simply written on the prescription by another staff member. For example, the signature from Respondent on the paper prescription for Patient B looks different than that on the prescription for Patient C.

¹⁰ Patient D'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.

1 68. Respondent wrote a prescription for Patient D for controlled substances on
2 November 27, 2019.

3 69. Respondent is referenced in some documents from Sana Behavioral Health (Sana)
4 as the attending physician for Patient D during her stay at Sana.

5 70. Respondent's name is signed on the Interdisciplinary Team Meeting note dated
6 November 26, 2019.

7 71. However, Respondent was out of the country on both November 26, 2019, and
8 November 27, 2019.

9 72. Sana records support that Patient D was actually seen by ML, M.D. and DP, APRN
10 while at Sana.

11 73. Upon information and belief, Respondent did not examine Patient D on
12 November 27, 2019, prior to giving her the prescription which is a violation of the standard of
13 care.

14 74. The prescription for Patient D was a paper prescription dated November 27, 2019,
15 that contained a signature from Respondent and/or Respondent's handwritten name.¹¹

16 75. Delegating signatory approval for Patient D for the prescription and/or Patient D's
17 medical records at Sana is a violation of the standard of care.

18 76. Upon information and belief, Respondent allowed another person in his office to
19 either sign his name to the prescription for Patient D or Respondent pre-signed the prescription for
20 Patient D prior to leaving the country.

21 77. PMP records do not show that Respondent conducted queries of Patient D in the
22 PMP prior to prescribing controlled substances to her or every ninety (90) days after prescribing
23 controlled substances to her as required by Nevada law.

24 **Treatment of Patient E**

25 78. Patient E¹² was a fifty-five (55) year-old female at the time of the events at issue.

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27 ¹¹ The signature for Respondent on this prescription looks different than other signatures for Respondent
28 shown in other documents. It is possible that Respondent's name was simply written on the prescription by another
staff member. For example, the signature from Respondent on the paper prescription for Patient B looks different
than that on the prescription for Patient D.

¹² Patient E'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.

1 79. Respondent wrote a prescription for Patient E for Klonopin on November 15, 2019.

2 80. Respondent is referenced in some documents from Sana as the attending physician
3 for Patient E during her stay at Sana.

4 81. Upon a review of the Patient Report from the PMP for Patient E, Patient E also
5 received and filled another prescription for Klonopin from DP, APRN on November 15, 2019.

6 82. Both prescriptions for Patient E are for a quantity of 60, 1 mg tablets for 30 days.

7 83. Respondent was out of the country on November 15, 2019.

8 84. Sana records support that Patient E was actually seen by ML, M.D. and DP, APRN
9 while at Sana.

10 85. Upon information and belief, Respondent did not examine Patient E on
11 November 15, 2019, prior to giving her the prescription which is a violation of the standard of
12 care.

13 86. The prescription for Patient E was a paper prescription dated November 15, 2019,
14 that contained a signature from Respondent and/or Respondent's handwritten name.¹³

15 87. Delegating signatory approval for Patient E for the prescription is a violation of the
16 standard of care.

17 88. Upon information and belief, Respondent allowed another person in his office to
18 either sign his name to the prescription for Patient E or Respondent pre-signed the prescription for
19 Patient E prior to leaving the country.

20 89. PMP records do not show that Respondent conducted queries of Patient E in the
21 PMP prior to prescribing controlled substances to her or every ninety (90) days after prescribing
22 controlled substances to her as required by Nevada law.

23 90. In response to the Board investigator regarding Patient C, D, and E, Respondent
24 concedes that he traveled on the days that prescriptions were provided to those patients and stated
25 that "I would guess that they used my name to fill a prescription" and that he "did not authorize
26 the prescription in any way."

27 _____
28 ¹³ The signature for Respondent on this prescription looks different than other signatures for Respondent
shown in other documents. It is possible that Respondent's name was simply written on the prescription by another
staff member. For example, the signature from Respondent on the paper prescription for Patient B looks different
than that on the prescription for Patient E.

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

3 **COUNTS VI-X**

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

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

7 100. 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.

10 101. Respondent failed to maintain complete medical records relating to his care of
11 Patient A by failing to ensure that her medical records were clear, legible, accurate, and complete
12 with regard to the medications that she was taking at each visit.

13 102. Respondent failed to maintain complete medical records relating to the diagnosis,
14 treatment and care of Patients A through E, by failing to completely and correctly document his
15 medical care and treatment for Patients A through E and/or by over-reliance on templated material
16 in the medical records for Patients A through E and/or by over-reliance on copy and paste for his
17 patients’ medical records from visit to visit, causing the medical records for Patients A through E
18 to not be timely, legible, accurate, and complete.

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

21 **COUNTS XI-XVI**

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

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

26 105. NRS 639.23507 requires that a prescribing practitioner before issuing an initial
27 prescription for controlled substances listed in schedule II, III, or IV, or an opioid that is a
28 controlled substance listed in schedule V, and at least once every ninety (90) days thereafter for

1 the duration of the course of treatment using the controlled substance, obtain a patient utilization
2 report (Patient Report) regarding the patient from the PMP.

3 106. Respondent failed to obtain Patient Reports for Patients A through E as required by
4 NRS 639.23507.

5 107. Respondent also failed to self-query his prescribing history in the PMP as required
6 by Nevada law.

7 108. This conduct violates NRS 630.306(1)(b)(3).

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

10 **COUNTS XVII-XX**

11 **NRS 630.3062(1)(h) - Fraudulent, Illegal, Unauthorized, or Otherwise Inappropriate**

12 **Prescribing of Controlled Substances Listed in Schedule II, III, or IV**

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

15 111. By pre-signing paper prescription pads and providing them to office staff and/or
16 other practitioners so that Respondent's name, Nevada State Board of Pharmacy registration
17 number, and Board license number could be used to prescribe medications to Patients B through E
18 while Respondent was out of the country, Respondent engaged in fraudulent, illegal,
19 unauthorized, or otherwise inappropriate prescribing of controlled substances listed in schedule II,
20 III, or IV.

21 112. This conduct violates NRS 630.3062(1)(h).

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

24 **COUNTS XXI-XXIV**

25 **NRS 630.306(2)(b)(1) - Engaging in Conduct Which is Intended to Deceive**

26 114. 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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1 115. By stating in writing “I check the PMP regularly” in a written response to the
2 Board’s investigator regarding Patient A when records from the PMP show that Respondent never
3 queried Patient A’s Patient Report in the PMP, Respondent engaged in deceptive conduct to the
4 Board and/or IC.

5 116. By stating in writing that he did not prescribe medications and/or authorize other
6 people to prescribe medications to Patients C, D, and E under his name and “I would guess that
7 they used my name to fill a prescription” and that he “did not authorize the prescription in any
8 way,” which is not supported by the records in this case, Respondent engaged in deceptive
9 conduct to the Board and/or IC.

10 117. This conduct violates NRS 630.3062(1)(h).

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

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

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

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

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

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

23 5. That the Board make, issue and serve on Respondent its findings of fact,
24 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 21st day of February, 2024.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: 

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Attorney for 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 22nd day of February, 2024, I served a file-stamped copy of the foregoing **COMPLAINT and PATIENT DESIGNATION** via USPS Certified Mail, postage pre-paid, to the following parties:

MATTHEW OBIM OKEKE, M.D.
c/o Liborius Agwara, Esq.
Law Offices of Libo Agwara, Ltd.
2785 E. Desert Inn Rd., Ste. 280
Las Vegas, NV 89121

Tracking No.: 9171 9690 0935 0241 6158 93

DATED this 22nd day of February, 2024.



MERCEDES FUENTES
Legal Assistant
Nevada State Board of Medical Examiners