

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. 24-22461-3

6 **Against:**

7 **MATTHEW OBIM OKEKE, M.D.,**

8 **Respondent.**

FILED

FEB 23 2024

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: *D. Walker-Coleman*

9
10 **COMPLAINT**

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

20 2. Patient A³ was a 28 year-old female at start of the events at issue in this
21 Complaint.⁴

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23 ¹ The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal
24 Complaint was authorized for filing, was composed of Board members Bret W. Frey, M.D., Carl N. Williams, Jr.,
M.D., and Col. Eric D. Wade, USAF (Ret.) (Public Member).

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

26 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.

27 ⁴ The earliest record regarding Patient A that was provided to the Board investigator in connection with this
28 investigation is dated January 20, 2014, when Patient A was 28 years old. The earliest documentation of a romantic
relationship between Patient A and Respondent is a trip they took from September 29, 2019, through October 6, 2019.
Patient A was 34 years old at that time. This Complaint will focus on events that occurred from 2019 through March
2022, when patient was 34 years old through 36 years old. Patient A told the Board investigator that she first saw
Respondent as a patient in 2013, but the records provided by Respondent do not corroborate that. Instead, as

1 3. On January 20, 2014, Respondent saw Patient A for a psychiatric evaluation and
2 diagnosed her with generalized anxiety disorder and major depressive disorder.

3 4. In 2014, 2015, 2018, 2019, and 2021, Respondent provided psychiatric care to
4 Patient A.⁵

5 5. Respondent asserts that he had a romantic and/or sexual relationship with Patient A
6 starting at the end of 2013, before he saw her as a patient in January 2014.

7 6. Respondent engaged in active medication management of Patient A's medications
8 during twenty-one (21) visits dated January 20, 2014, January 29, 2014, March 5, 2014,
9 March 31, 2014, July 11, 2014, August 15, 2014, September 12, 2014, October 16, 2014,
10 November 14, 2014, December 29, 2014, January 29, 2015, June 5, 2018, September 30, 2018,
11 January 28, 2019, February 28, 2019, March 19, 2019, April 10, 2020, March 16, 2021,
12 April 16, 2021, May 19, 2021, and June 14, 2021.

13 7. Respondent and Patient A had a bona fide physician-patient relationship.

14 8. Respondent and Patient A's bona fide physician-patient relationship overlapped
15 with Respondent and Patient A's personal relationship that was romantic and/or sexual in nature.

16 9. In a Residential Lease Agreement dated June 19, 2019 (Residential Lease),
17 Respondent is listed as the Tenant of a residential property located in Las Vegas, Nevada.

18 10. Respondent signed the Residential Lease as the Tenant on June 21, 2019.

19 11. In paragraph 14 of the Residential Lease, Patient A is listed as an occupant of the
20 premises.

21 12. In a Residential Lease Agreement Addendum dated June 8, 2020, Respondent
22 added Patient A to his residential lease.

23 13. The document states "Tenant hereby to add girl friend [. . .] as signer to sign all
24 document related to this lease property."

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26 previously stated in this footnote, the first record received by the Board investigator from Respondent regarding his
care of Patient A is dated January 20, 2014.

27 ⁵ Upon information and belief, it appears that Patient A saw another provider at Grand Desert Medical during
the years and months when she did not see Respondent for psychiatric care because Respondent provided only the
28 records for visits with Patient A for the dates listed in this Complaint. This statement is supported by a review of
Patient A's Patient Report in the PMP which shows that, while Respondent provided multiple prescriptions to
Patient A for controlled substances during the time period at issue in this Complaint, he was not the only prescriber of
these medications for her.

1 14. Both Patient A and Respondent signed the Residential Lease Agreement
2 Addendum.

3 15. Text messages between Patient A and Respondent dated March 29, 2021, show
4 Patient A wishing Respondent a happy birthday with both of them declaring love for each other.

5 16. Text messages that same day also mention a “‘dessert’ anniversary” for
6 Respondent and Patient A that would be on March 30.

7 17. The Board investigator received copies of multiple text messages between
8 Respondent and Patient A that appear to be dated between February 2021, through June 2021.

9 18. These text messages between Patient A and Respondent include declarations of
10 love and appreciation for each other.

11 19. These text messages allude to a sexual relationship between Patient A and
12 Respondent.

13 20. These text messages include a request from Patient A to Respondent asking him to
14 “pls send the RX In,” and Respondent replied, “I sent the meds”.

15 21. These text messages include a message from Respondent to Patient A saying, “First
16 action was to wire the funds to your account” and later “\$5G sent.”

17 22. These text messages include a reference to a trip to Costa Rica that Patient A and
18 Respondent were intending to take.

19 23. The Board investigator received additional information regarding the trip to Costa
20 Rica including an email receipt for plane tickets for both Respondent and Patient A to/from Costa
21 Rica as well as a receipt for a hotel stay in Costa Rica.

22 24. According to the information received by the Board investigator, Respondent and
23 Patient A took a trip to Costa Rica from September 29, 2019, to October 6, 2019.

24 25. The Board investigator received information regarding multiple electronic fund
25 transfers via Zelle from Respondent to Patient A.

26 26. Romantic or sexual interactions between physicians and patients that occur
27 concurrently with the patient-physician relationship violate the standard of care for the practice of
28 psychiatry.

27. Romantic or sexual interactions between physicians and patients that occur concurrently with the patient-physician relationship detract from the goals of the patient-physician relationship.

28. Romantic or sexual interactions between physicians and patients that occur concurrently with the patient-physician relationship may exploit the vulnerability of the patient, compromise the physician's ability to make objective judgements and decisions about the patient's health care, and ultimately may be detrimental to the patient's well-being.

29. It is a violation of the standard of care for a physician to prescribe medications to a patient that he or she has a romantic and/or sexual relationship with.

30. According to Patient A's Patient Report from the Nevada State Board of Pharmacy's Prescription Monitoring Program (PMP), Respondent provided nine (9) prescriptions for controlled substances to Patient A from March 2, 2019, through March 2, 2022.⁶

31. Specifically, Respondent provided the following prescriptions to Patient A during this time period:

Medication	Quantity	Days	Date Written	Date Filled
Dextroamp-Amphetamin 30 mg Tablet	90	30	3/19/2019	3/20/2019
Dextroamp-Amphetamin 30 mg Tablet	90	30	4/18/2019	4/22/2019
Zolpidem Tartrate 10 mg Tablet	30	30	4/10/2020	4/10/2020
Dextroamp-Amphetamin 30 mg Tablet	60	30	3/16/2021	3/18/2021
Dextroamp-Amphetamin 30 mg Tablet	60	30	4/16/2021	4/16/2021
Dextroamp-Amphetamin 30 mg Tablet	60	30	5/19/2021	5/19/2021
Dextroamp-Amphetamin 30 mg Tablet	60	30	6/14/2021	6/17/2021
Alprazolam .5 mg Tablet	30	30	6/30/2021	6/30/2021
Dextroamp-Amphetamin 30 mg Tablet	60	30	7/19/2021	7/19/2021

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⁶ Respondent may have prescribed medications to Patient A prior to 2019 in conjunction with her appointments in 2014, 2015, and 2018, but the Board investigator's access to PMP records is limited to the preceding three (3) years. The Board investigator's query of Patient A's Patient Report from the PMP for this investigation was from March 2, 2019 to March 2, 2022.

1 32. Respondent’s prescribing of controlled substances for Patient A, as listed above,
2 overlapped with Respondent and Patient A’s personal relationship that was romantic and/or sexual
3 in nature.

4 33. Patient A’s prescription for Zolpidem Tartrate (Ambien) 10 mg Tablets,
5 30 quantity, for 30 days, was written on April 10, 2020, and there is not sufficient justification for
6 this prescription in her medical records for her telemedicine appointment with Respondent on this
7 day.

8 34. Under “Assessment,” her medical records indicate “[i]nsomnia, unspecified
9 G47.00.”

10 35. However, there is nothing listed in the “Chief Complaint” section or other portion
11 of Patient A’s medical records for April 10, 2020, that indicates that Patient A was experiencing a
12 symptom that warranted her need to receive a prescription for a controlled substance to help with
13 sleep.

14 36. Respondent also does not make any note in Patient A’s medical records regarding
15 his decision to prescribe Ambien to Patient A on April 10, 2020.

16 37. A review of Patient A’s medical records maintained by Respondent show other
17 concerns with regard to the completeness and accuracy of those records, including but not limited
18 to the following:

19 A. In a progress note dated January 29, 2014, Patient A’s medical records
20 outlined symptoms of attention deficit hyperactivity disorder (ADHD) and states in the “Chief
21 Complaint” section that Patient A often loses “pencils, toys, assignments,” and that her “grades
22 are poor.”

23 B. Upon information and belief, this error is due to Respondent using a
24 template for symptoms of attention deficit hyperactivity disorder (ADHD) in a child/adolescent.

25 C. Similarly, on that same day, January 29, 2014, Respondent assesses
26 Patient A with, “Attention Deficit Disorder of Childhood Without Hyperactivity 314.00.”

27 D. This is inaccurate given that Patient A was a 28-year old female on that day.

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1 E. These same errors are included in Patient A's medical records for an
2 appointment with Respondent on March 16, 2021, in the "Chief Complaint" section.⁷

3 F. Upon information and belief, these errors are included due to Respondent's
4 use of a template and his failure to review that template to ensure that only accurate information
5 about Patient A's medical condition and symptoms are included in her medical records.

6 G. Use of templates is not helpful if Patient A's medical records are not
7 updated with interim information that accurately reflect Patient A's symptoms, diagnoses, and
8 treatment plan.

9 38. According to Patient A's Patient History Report in the PMP, Respondent only
10 queried Patient A's prescription history twice. Both queries regarding Patient A occurred on the
11 same day, March 18, 2022.

12 39. Respondent was prescribing dextroamphetamine-amphetamine (Adderall) to
13 Patient A in daily quantities of 60 mg to 90 mg per day during the time period at issue in this
14 complaint.

15 40. The Federal Drug Administration has found that only in rare cases is it necessary to
16 prescribe more than 40 mg per day to a patient.

17 41. Respondent does not address this issue and/or his decision to prescribe Adderall to
18 Patient A at these higher levels in her medical records.

19 **COUNT I**

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

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

23 43. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating
24 disciplinary action against a licensee.

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28 ⁷ These same errors are not seen in Patient A's medical records for other visits with Respondent in 2014,
2015, 2019, 2020, and 2021. Upon information and belief, these errors highlight a copy and paste error and/or an
over-reliance on templates in Patient A's medical records.

COUNT VII

**NRS 630.3062(1)(h) – Fraudulent, Illegal, Unauthorized, or Otherwise Inappropriate
Prescribing of Controlled Substances Listed in Schedule II, III, or IV**

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

70. By prescribing medications to Patient A while he was engaged in a romantic and/or sexual relationship with Patient A, Respondent engaged in fraudulent, illegal, unauthorized, or otherwise inappropriate prescribing of controlled substances listed in schedule II, III, or IV.

71. This conduct violates NRS 630.3062(1)(h).

72. 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 him and give him notice that he 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 23rd day of February, 2024.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: Sarah A. Bradley
SARAH A. BRADLEY, J.D., MBA
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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 23 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 26th 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 6159 78

DATED this 26th day of February, 2024.



MERCEDES FUENTES
Legal Assistant
Nevada State Board of Medical Examiners