

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

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

Case No. 25-6122-1

6 **Against:**

7 **CALVIN HENRY VAN REKEN, M.D.,**

8 **Respondent.**

FILED

JAN 27 2025

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 Alexander J. Hinman, Deputy General Counsel and attorney for the IC,
13 having a reasonable basis to believe that Calvin Henry Van Reken, M.D. (Respondent) violated the
14 provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC)
15 Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's
16 charges and allegations as follows:

17 1. Respondent was at all times relative to this Complaint a physician holding an active
18 license to practice medicine in the State of Nevada (License No. 4220). Respondent was originally
19 licensed by the Board on January 10, 1981, with a specialty in Internal Medicine.

20 2. Patient A² was a twenty-two (22) year-old female when she first presented to
21 Respondent's practice, Reno Sparks MedSpa.

22 3. Patient A was initially seen by Respondent in 2013 for cosmetic issues, including
23 acne treatment, at Respondent's Reno Med-Spa practice.

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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 Chowdhury H. Ahsan, M.D., Ph.D., FACC,
Ms. Pamela J. Beal, and Irwin B. Simon M.D., FACS.

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.

1 4. Patient A's cosmetic treatment included Botox injections for wrinkles, laser
2 treatment for the removal of a neck tattoo, and laser treatment for the removal of a skin
3 discoloration (birthmark) on her breast area.

4 5. Starting August 6, 2014, Respondent became the Primary Care Physician ("PCP")
5 for Patient A, and he began treating Patient A for multiple issues including chronic wrist/hand
6 pain due to tendinitis, chronic back pain, major depression, ADHD, bipolar disorder, and
7 continuing acne treatment. Patient A also saw Respondent for acute issues including acute upper
8 respiratory infections.

9 6. Respondent was Patient A's PCP from August 6, 2014, to July 30, 2019, when
10 "[he] terminated the doctor-patient relationship by certified mail leaving her time to find another
11 physician," as Patient A's medical insurance was no longer accepted by Respondent's medical
12 practice and Patient A had accrued sizeable medical debt.

13 7. Throughout the course of Respondent's treatment of Patient A, many, if not most,
14 of the medical issues Patient A saw Respondent for were psychiatric in nature.

15 8. Respondent is not a psychiatrist, rather, he is the sole practitioner of Reno Sparks
16 MedSpa, which offers, "state of the art technology to help you improve the appearance of your
17 skin," and he is certified in Internal Medicine and (previously) Geriatric Medicine. Despite this,
18 Respondent never consulted with a psychiatrist or referred Patient A to a physician specializing in
19 that field.

20 9. In 2018, Respondent wrote prescriptions for Patient A, which included, nine
21 hundred and forty-two (942) Oxycodone 10mg (a Schedule II controlled substance), six hundred
22 and forty-two (642) Dextroamphetamine 20mg (a Schedule II controlled substance), eight hundred
23 and ninety-five (895) Clonazepam 1mg (a Schedule IV controlled substance), and one hundred
24 and twenty (120) Zolpidem 10mg (a Schedule IV controlled substance). All of these medications
25 are controlled substances.

26 10. During the period of January 3, 2019, to August 11, 2019, Patient A filled
27 prescriptions written by Respondent for three hundred and twenty-five (325) Oxycodone 10mg,

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1 two hundred and forty (240) Dextroamphetamine 20mg, one hundred and eighty (180) Lorazepam
2 2mg, one hundred and twenty (120) Clonazepam 1mg, and twenty-one (21) Hydrocodone 10 mg.

3 11. During the approximately five (5) year period that Respondent was Patient A's
4 PCP, there were no documented drug toxicity tests, Patient Risk Assessments, nor is there
5 documentation of informed written consent for controlled substances.

6 12. Further, there is no documentation for a Risk of Abuse Assessment or a
7 Prescription Medication Agreement.

8 13. Despite this, Respondent continued to prescribe controlled substances for over
9 three hundred and sixty-five (365) days, he prescribed opiates and benzodiazepines together, and
10 he never completed a self-query of his prescriptions.

11 14. Additionally, there was evidence of prior opioid abuse and/or dependence and on
12 July 23, 2018, Patient A was prescribed Tramadol for use for pain associated with withdrawal
13 symptoms (withdrawal from oxycodone per the chart notations).

14 15. Despite the symptoms of withdrawal when not using oxycodone, the medication
15 was continued with no other interventions.

16 16. On January 10, 2020, Patient A self-referred herself to a psychiatrist with
17 complaints of an opioid addiction and depression. The psychiatrist diagnosed Patient A with
18 Opioid Use Disorder, and she was started on Buprenorphine. Patient A was also diagnosed with an
19 unspecified mood and anxiety disorder.

20 17. On September 17, 2020, Patient A's psychotherapist charted that Patient A had a
21 serious prescription pain pill addiction, costing her an estimated one hundred fifty dollar (\$150)
22 per day.

23 18. On September 10, 2021, Patient A began regular psychotherapy visits.

24 19. Respondent's treatment of Patient A resulted in, among other things, her
25 developing a severe opioid addiction requiring long-term psychiatric care and a treatment program
26 with Buprenorphine.

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COUNT I

NRS 630.301(4) - Malpractice

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

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

22. NAC 630.040 defines malpractice as “the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances.”

23. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when rendering medical services to Patient A, when Respondent prescribed substantial quantities of pain medications, benzodiazepines, and amphetamines over an extended period of time, ultimately leading to Patient A’s need for opioid addiction treatment and long-term psychiatric care.

24. Further, Respondent failed to use the reasonable care, skill or knowledge used under similar circumstances by failing to order and/or document a single:

- a. Drug Toxicity Test;
- b. Patient Risk Assessment;
- c. Informed written consent for controlled substances;
- d. Prescription Medication Agreement; and
- e. Risk of Abuse Assessment.

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

COUNT II

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

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

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COUNT IV

NRS 630.306(1)(p) - Unsafe or Unprofessional Conduct

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3 35. All of the allegations in the above paragraphs are hereby incorporated as if fully set
4 forth herein.

5 36. Engaging in any act that is unsafe or unprofessional conduct in accordance with
6 regulations adopted by the Board is grounds for disciplinary action against a licensee pursuant to
7 NRS 630.306(1)(p).

8 37. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote
9 prescriptions to Patient A for opiates, benzodiazepines, and CNS stimulants throughout the course
10 of his treatment of Patient A in a manner that deviated from the professional standards for the
11 prescribing these controlled substances.

12 38. Respondent's conduct was unsafe and unprofessional.

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

COUNT V

NRS 630.306(1)(e) - Practice Beyond Scope of License

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

19 41. NRS 630.306(1)(e) provides that practicing or offering to practice beyond the
20 scope permitted by law or performing services which the licensee knows or has reason to know
21 that he or she is not competent to perform or which are beyond the scope of his or her training
22 constitutes grounds for initiating disciplinary action.

23 42. Psychiatry is the medical specialty that focuses on the diagnosis, treatment, and
24 prevention of mental, emotional, and behavioral disorders. Learned psychiatrists are licensed by
25 the American Board of Psychiatry and Neurology, which requires, among other things, an
26 accredited psychiatry residency and the development of skills in the field.

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COUNT VII

NRS 630.306(1)(g) - Continual Failure to Exercise Skill or Diligence

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

51. Continual failure by the Respondent to exercise the skill or diligence or use the methods ordinarily exercised under the same circumstances by physicians in good standing practicing in the same specialty or field is grounds for disciplinary action against a licensee pursuant to NRS 630.306(1)(g)

52. Respondent continually failed to exercise skill or diligence as demonstrated by his continual prescribing of addictive medications to Patient A, over a period of years, such as Oxycodone, Dextroamphetamine, Lorazepam, Clonazepam, Hydrocodone, and Zolpidem without ever documenting drug toxicity tests, Patient Risk Assessments, a Prescription Medication Agreement, or a Risk of Abuse of Assessment. Further, Respondent prescribed these medications to treat conditions that necessitated diagnostics in areas outside of his specialties.

53. 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 27th day of January, 2025.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: Alexander J. Hinman
ALEXANDER J. HINMAN
Deputy General Counsel
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Reno, NV 89521
Tel: (775) 688-2559
Email: ahinman@medboard.nv.gov
Attorney for the Investigative Committee

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VERIFICATION

STATE OF NEVADA)
 : ss.
COUNTY OF CLARK)

Chowdhury 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 27th day of January, 2025.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: 

CHOWDHURY H. AHSAN, M.D., PH.D., FACC
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 28th day of January, 2025, I served a file-stamped copy of the foregoing **COMPLAINT** via USPS Certified Mail, postage pre-paid, to the following parties:

CALVIN HENRY VAN REKEN, M.D.
55 Foothill Road #1
Reno, NV 89511

Tracking No.: 9171 9690 0935 0254 6097 42

DATED this 28th day of January, 2025.



MERCEDES FUENTES
Legal Assistant
Nevada State Board of Medical Examiners