BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

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In the Matter of Charges and Complaint Against: **QUI HY THAI, M.D.,** **Respondent.**	**Case No. 25-30436-1**

FILED

MAR 24 2025

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
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COMPLAINT

The Investigative Committee[1] (IC) of the Nevada State Board of Medical Examiners (Board), by and through William P. Shogren, General Counsel and attorney for the IC, having a reasonable basis to believe that Qui Hy Thai, 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 license to practice medicine in the State of Nevada (License No. 11488). Respondent was originally licensed by the Board on July 1, 2005.

2. Patient A[2] was a sixty-one (61) year-old female when she first presented to Respondent's practice in Las Vegas, Nevada.

3. Starting on or about January 10, 2011, Respondent became the primary care provider for Patient A.

4. On or about October 2, 2014, Patient A presented to Respondent with complaints of right knee pain. Respondent recommended that Patient A try a nonsteroidal anti-inflammatory

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[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 Victor M. Muro, M.D., Chowdhury H. Ahsan, M.D., PhD., FACC, and Ms. Pamela J. Beal.

[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.

drug (NSAID) to manage her knee pain, and also prescribed an opioid, Tylenol #3 (acetaminophen and codeine), in case the NSAID did not adequately manage her pain.

5. On October 29, 2014, Patient A underwent an x-ray of her right knee, which demonstrated evidence of arthritis and/or calcium pyrophosphate dihydrate disease (CCPD).

6. On November 4, 2014, Patient A underwent laboratory bloodwork that revealed evidence of renal insufficiency, making her unable to tolerate long term pain management with NSAID therapy.

7. On December 18, 2014, March 3, 2015, and March 17, 2015, Respondent continued to recommend that Patient A use NSAIDs to manage her knee pain flare-ups, in addition to Tylenol #3.

8. Respondent continued to prescribe opioids from 2014 until at least October 2021 to manage Patient A's right knee pain. Over the course of this treatment, Patient A first prescribed Tylenol #3, then switched to Tylenol #4, then switched to Norco (acetaminophen and hydrocodone), and then to Percocet (oxycodone).

9. Respondents' medical records concerning Patient A do not mention exploration of non-pharmacologic options to treat Patient A's right knee inflammation and pain prior to prescribing opioids, such as referral to an orthopedic surgeon or referral to physical therapy. Patient A's medical records further do not mention if Respondent performed an arthrocentesis with joint fluid analysis to confirm the diagnosis of CPPD, or if Respondent referred Patient A to a rheumatologist or orthopedic specialist to perform the arthrocentesis with joint fluid analysis.

10. Additionally, the mainstay of CPPD treatment consists of anti-inflammatory agents to reduce the inflammation generated by deposition of the calcium pyrophosphate crystals. Opioids generally do not effectively treat joint inflammation resulting from arthritis and/or CPPD.

11. Starting on or about October 2, 2014, Respondent also began prescribing benzodiazepines to Patient A in order to manage her anxiety and/or stress.

12. Respondent's medical records concerning Patient A do not mention any referrals to counseling prior to prescribing benzodiazepines. Additionally, Respondent's medical records concerning Patient A do not mention a trial of selective serotonin reuptake inhibitors (SSRIs) prior

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to prescribing benzodiazepines, even though SSRIs are less likely to cause sedation, cognitive side effects, and/or risk of dependence than benzodiazepines.

13. Between October 2014 and October 2021, Respondent repeatedly prescribed benzodiazepines and opioids concomitantly to Patient A, an older adult, at least twenty (20) times. Respondent prescribed the opioid medications and NSAIDs for Patient A's right knee inflammation and pain and benzodiazepines for anxiety and/or stress. Patient A filled prescriptions from Respondent for both Percocet and alprazolam consistently between 2020 and 2021.

14. Concurrent use of benzodiazepines and opioids by older adults increases the risk of sedation and respiratory depression.

15. Additionally, between 2017 and 2021, Respondent prescribed opioids listed in schedule II, III, or IV to Patient A over several intervals greater than ninety (90) days without accessing the Nevada State Pharmacy Board's Prescription Monitoring Program (PMP) report.

16. Between 2011 and 2021, Respondent's records and notes concerning Patient A were typically handwritten and barely legible.

COUNT I

NRS 630.301(4) - Malpractice

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

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

19. 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."

20. 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 (1) concomitantly prescribed opioids and benzodiazepines, which are known to cause sedation and respiratory depression when used

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together, over an extended period of time to Patient A, an older adult; (2) prescribed opioids to treat Patient A's right knee inflammation and/or pain, despite the ineffectiveness of opioids for anti-inflammatory purposes, without first attempting more appropriate treatment for Patient A's inflammation; (3) did not document pursuit of non-pharmacologic options prior to prescribing NSAIDs and/or opioids; and (4) prescribed benzodiazepines to Patient A over an extended period of time for anxiety and/or stress, without first attempting a trial of SSRI medications and/or a referral to counseling.

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

COUNT II

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

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

23. Respondent is a practitioner as defined by NRS 639.0125(1), as a physician who holds a license to practice medicine in the State of Nevada.

24. NRS 630.306(1)(b)(3) provides that engaging in conduct that violates a provision of Chapter 639 of NRS, or a regulation adopted by the Pharmacy Board pursuant thereto, that is applicable to a licensee who is a practitioner, as defined in NRS 639.0125, is grounds for initiating discipline against a licensee.

25. NRS 639.23507(1) provides:

> Except as otherwise provided in subsection 2, a practitioner, other than a veterinarian, shall, before issuing an initial prescription for a controlled substance listed in schedule II, III or IV or an opioid that is a controlled substance listed in schedule V and at least once every 90 days thereafter for the duration of the course of treatment using the controlled substance, obtain a patient utilization report regarding the patient from the computerized program established by the Board and the Investigation Division of the Department of Public Safety pursuant to NRS 453.162. The practitioner shall:
> (a) Review the patient utilization report; and
> (b) Determine whether the patient has been issued another prescription for the same controlled substance that provides for ongoing treatment using the controlled substance. If the practitioner determines from the patient utilization report or from any other source that the patient has been issued such a

prescription, the practitioner shall not prescribe the controlled substance unless the practitioner determines that issuing the prescription is medically necessary.

26. Respondent violated NRS 639.23507(1), starting in 2017, by failing to obtain or review the patient utilization report for Patient A every ninety (90) days during Patient A's course of treatment using controlled substances listed in schedule II, III, or IV.

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

COUNT III

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

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

29. 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.

30. Respondent failed to maintain legible, accurate and complete medical records by maintaining handwritten and barely legible records relating to the diagnosis, treatment and care of Patient A.

31. 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;

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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

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

DATED this 24th day of March, 2025.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

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VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF CLARK)

Chowdhury H. Ahsan, M.D., PhD., 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 24th day of March, 2025.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____
CHOWDHURY H. AHSAN, M.D., PHD., FACC
Chairman of the Investigative Committee

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