# BEFORE THE BOARD OF MEDICAL EXAMINERS
# OF THE STATE OF NEVADA

* * * * *

| **In the Matter of Charges and Complaint Against: ORLANDO LAMAR WELLS, M.D., Respondent.** | **Case No. 23-28073-1** FILED NOV 16 2023 NEVADA STATE BOARD OF MEDICAL EXAMINERS |
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## COMPLAINT

The Investigative Committee[1] (IC) of the Nevada State Board of Medical Examiners (Board), by and through Donald K. White, Senior Deputy General Counsel and attorney for the IC, having a reasonable basis to believe that Orlandis Lamar Wells, 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. 10558). Respondent was originally licensed by the Board on July 7, 2003.

2. Patients A-I[2] were all patients of Respondent at various times while Respondent held an active license to practice medicine in the State of Nevada.

3. Patient A was a twenty-five (25) year-old female at the time of the events at issue and was a patient of Respondent from on or about October 6, 2015, to on or about October 6, 2016.

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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 Rachakonda D. Prabhu, M.D., Ms. Sandy Peltyn and Victor M. Muro, M.D.

[2] Patient A's through Patient I's true identities are not disclosed herein to protect their privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

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4. Patient B was a thirty-eight (38) year-old male at the time of the events at issue and was a patient of Respondent from on or about June 2, 2016, to on or about October 6, 2016.

5. Patient C was a twenty-eight (28) year-old female at the time of the events at issue and was a patient of Respondent from on or about June 2, 2016, to on or about October 20, 2016.

6. Patient D was a thirty (30) year-old male at the time of the events at issue and was a patient of Respondent from on or about May 26, 2016, to on or about September 19, 2016.

7. Patient E was a thirty (30) year-old female at the time of the events at issue and was a patient of Respondent from on or about June 17, 2016, to on or about October 3, 2016.

8. Patient F was a forty (40) year-old male at the time of the events at issue and was a patient of Respondent from on or about June 16, 2016, to on or about October 3, 2016.

9. Patient G was a thirty-five (35) year-old female at the time of the events at issue and was a patient of Respondent from on or about June 2, 2016, to on or about October 6, 2016.

10. Patient H was a twenty-nine (29) year-old male at the time of the events at issue and was a patient of Respondent from on or about March 8, 2016, to on or about May 5, 2016.

11. Patient I was a forty-one (41) year-old female at the time of the events at issue and was a patient of Respondent from on or about May 25, 2016, to on or about October 17, 2016.

12. Eight (8) of the nine (9) patients' records were nearly identical with regards to the physical exam and plan sections (demonstrating a lack of individual care for each of the nine (9) patients); Respondent occasionally prescribed methadone for all patients except Patient I as needed for pain and oxycodone for all patients as needed for pain, which is extremely dangerous and also demonstrates a failure to maintain proper medical records, as medical records when compared to prescriptions show these incongruencies; there is no indication that Respondent utilized urine drug screening to ensure compliance with the patients' pain medications; except for Patient H[3], and Respondent documented that the other eight (8) patients had nearly identical physical exams and diagnoses, resulting from the same straight leg tests and the FABER tests.

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[3] Upon information and belief, Respondent did not have access to Patient H's medical records and therefore he did not provide them.

**COUNTS I – IX (Patients A – I)**

**NRS 630.301(4) - Malpractice**

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

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

15. 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."

16. 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 Patients A-I, when he failed to comply with the *Guidelines for the Chronic Use of Opioid Analgesics*, the vast majority of his documentation was copied and pasted for nearly all patients except Patient H, Respondent failed to give these nine (9) patients individualized care (the plan in his medical records for all patients were identical), and at times he prescribed methadone as needed for pain and oxycodone as needed for pain, which is extremely dangerous due to elevated risk of overdose.

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

**COUNTS X – XVII (Patients A – G and I)**

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

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

19. 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.

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20. Respondent failed to maintain accurate and complete medical records relating to the diagnosis, treatment and care of Patients A – G and I, when he copied and pasted the medical records of these patients, resulting in nearly identical records for all nine (9) patients.

21. Respondent occasionally prescribed methadone for all patients except Patient I as needed for pain and oxycodone as needed for pain for all patients, which is extremely dangerous and also demonstrates a failure to maintain proper medical records, as medical records when compared to prescriptions show these incongruencies.

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

**COUNTS XVIII – XXVI (Patients A – I)**

**NRS 630.306(1)(b)(2) - Violation of Standards of Practice**

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

24. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

25. The Board adopted by reference the Model Policy in NAC 630.187.

26. Pursuant to NAC 630.230(1)(k), a licensee shall not engage in the practice of writing prescriptions for controlled substances to treat acute pain or chronic pain in a manner that deviates from the standards set forth in the Model Policy.

27. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote prescriptions to Patients A - I for opioid analgesics to treat chronic pain in a manner that deviated from the Model Policy when he did not provide individualized care to each of the nine (9) patients, prescribed methadone and oxycodone to be taken as needed which is extremely dangerous, failed to obtain informed consent from some patients, and inappropriately continued these nine (9) patients on relatively high doses of opioids with little or no justification in the medical records, which were copied and pasted resulting in nearly identical diagnoses and treatment plans.

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

**COUNTS XXVII – XXXV (Patients A – I)**

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

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

30. 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)

31. Respondent continually failed to exercise skill or diligence when he failed to comply with the *Guidelines for the Chronic Use of Opioid Analgesics*, the vast majority of his documentation was copied and pasted for all patients, Respondent failed to give these nine (9) patients individualized care (the plan in his medical records for all patients were identical), at times he prescribed methadone as needed, which is extremely dangerous due to elevated risk of overdose, failed to obtain informed consent from some patients, and inappropriately continued these nine (9) patients on relatively high doses of opioids with little or no justification in the medical records, which were copied and pasted resulting in nearly identical diagnoses and treatment plans.

32. 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);

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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

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

DATED this 16th day of November, 2023.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: ______________________________

DONALD K. WHITE
Senior Deputy General Counsel
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Email: dwhite@medboard.nv.gov
*Attorney for the Investigative Committee*

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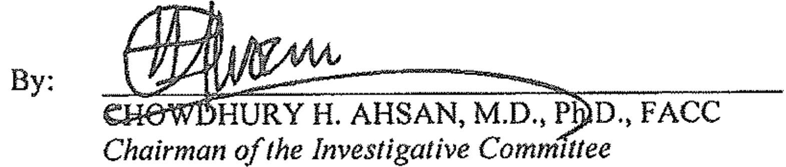
## VERIFICATION

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 16th day of November, 2023.

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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1 # BEFORE THE BOARD OF MEDICAL EXAMINERS
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| 5 **In the Matter of Charges and Complaint**<br>6 **Against:**<br>7 **ORLANDO LAMAR WELLS, M.D.,**<br>8 **Respondent.**<br>9 | **Case No. 23-28073-2** |
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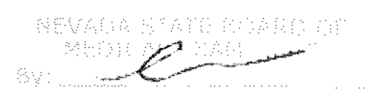
By:



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10 **COMPLAINT**

11 The Investigative Committee[1] (IC) of the Nevada State Board of Medical Examiners
12 (Board), by and through Donald K. White, Senior Deputy General Counsel and attorney for the IC,
13 having a reasonable basis to believe that Orlandis Lamar Wells, 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 medical doctor holding an
18 active license to practice medicine in the State of Nevada (License No. 10558). Respondent was
19 originally licensed by the Board on July 7, 2003.

20 **PATIENT A**

21 2. Patient A[2] was a twenty-five (25) year-old female at the time of the events at issue.

22 3. Respondent treated Patient A from in or about August 2016 to in or about
23 December 2016, at his office, namely Hormone Centers of Nevada.

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27 [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 Rachakonda D. Prabhu, M.D., Ms. Sandy
28 Peltyn and Victor M. Muro, M.D.

[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.

4. Although Patient A had earlier encounters with Respondent at another office, it appears that her initial visit to Respondent at Hormone Centers of Nevada was on or about September 12, 2016, wherein she complained of chronic pain.

5. Patient A was already taking 30 mg of oxycodone and 350 mg of carisoprodol for approximately two (2) years. In addition, she was prescribed 5 mg methadone "as needed" and 10 mg methadone "as needed" for over one (1) year.

6. Patient A visited Respondent three (3) more times, on or about October 13, 2016, on or about November 10, 2016, and on or about December 19, 2016.

7. Respondent's documentation for each visit for Patient A was virtually identical and fails to justify the continued prescriptions for high doses of opioids, nor did he create a plan to investigate the cause of Patient A's chronic pain.

8. Respondent's documentation does not reflect that he attempted to obtain Patient A's records from previous providers.

9. Respondent's documentation does not reflect that he utilized imaging studies to determine the cause of Patient A's chronic pain.

10. Respondent's documentation does not reflect that he attempted to utilize alternative treatment (non-opioid) for Patient A's chronic pain.

11. Respondent's documentation indicates, "drug screen appropriate for meds prescribed," but test results are not included in the records for Patient A.

12. Respondent provided inadequate attention to an initial assessment to determine if opioids were clinically indicated and to determine the risks associated with their use in a particular individual with pain with regard to Patient A's medical care.

13. Respondent provided inadequate monitoring of Patient A during the utilization of medications that have the strong potential for misuse.

14. Respondent provided inadequate attention to patient education and informed consent for Patient A's medical care.

15. Respondent failed to justify dose escalation without properly counseling Patient A of the potential risks or alternative treatments.



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16. Respondent excessively relied on opioids, particularly high dose opioids for chronic pain management with regard to Patient A.

17. Respondent did not make use of available tools for risk mitigation with regard to Patient A.

**COUNT I**

**NRS 630.301(4) - Malpractice**

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

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

20. 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."

21. 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 the records for each of Patient A's visits were nearly identical, when Respondent failed to obtain Patient A's medical records from previous providers, when Respondent failed to utilize imaging studies to determine the cause of Patient A's chronic pain, when Respondent failed to utilize alternative treatment options (non-opioid) for Patient A's chronic pain, and when Respondent failed to utilize drug screening to determine the appropriate prescriptions for Patient A.

22. 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 Proper Medical Records**

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

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24. 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.

25. Respondent failed to maintain accurate and complete medical records relating to the diagnosis, treatment and care of Patient A, by documenting for each visit virtually identical records and failing to justify continued prescriptions for high doses of opioids.

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

## COUNT III

### NRS 630.306(1)(b)(2) - Violation of Standards of Practice

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

28. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

29. The Board adopted by reference the Model Policy in NAC 630.187.

30. Pursuant to NAC 630.230(1)(k), a licensee shall not engage in the practice of writing prescriptions for controlled substances to treat acute pain or chronic pain in a manner that deviates from the standards set forth in the Model Policy.

31. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote prescriptions to Patient A for opioid analgesics to treat chronic pain in a manner that deviated from the Model Policy when the records for each of Patient A's visits were nearly identical, when Respondent failed to obtain Patient A's medical records from previous providers, failed to utilize imaging studies to determine the cause of Patient A's chronic pain, failed to utilize alternative treatment (non-opioid) for Patient A's chronic pain, and failed to utilize drug screening to determine the appropriate prescriptions for Patient A.

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

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## COUNT IV

**NRS 630.306(1)(c) – Unlawful Prescribing of Controlled Substance or Dangerous Drug**

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

34. NRS 630.306(1)(c) provides that administering, dispensing or prescribing any controlled substance, or any dangerous drug as defined in chapter 454 of NRS, to or for himself or herself or to others except as authorized by law, constitute grounds for initiating disciplinary action.

35. NRS 453.381(1) provides in part that, … a physician may prescribe controlled substances only for a legitimate medical purpose and in the usual course of his or her professional practice….

36. Respondent did not "prescribe controlled substances only for a legitimate medical purpose," making these prescriptions unlawful pursuant to NRS 630.306(1)(c).

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

**PATIENT B**

38. Patient B[3] was a forty-one (41) year old male at the time of the events at issue.

39. Respondent treated Patient B from on or about January 2, 2017, to on or about January 30, 2017, at his office, Hormone Centers of Nevada.

40. Patient B's January 2, 2017, progress note does not indicate that this was his first visit with Respondent.

41. The medical records for Patient B's two (2) separate visits are identical and they are strikingly similar to Patient A's medical record.

42. Respondent prescribed Patient B 30 mg oxycodone and 10 mg for diazepam as early as March 14, 2016, but there is no documentation supporting the prescribing of high doses of 180 MME/day of oxycodone in combination with the diazepam.

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[3] 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.



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43. Respondent had Patient B's MRI of the lumbar and cervical spine dated September 20, 2014, but no other previous records.

44. Respondent provided inadequate attention to Patient B's initial assessment in determining if opioids were clinically indicated nor determined the risks associated with their use in a particular individual with pain when he treated Patient B.

45. Respondent provided inadequate monitoring of Patient B during the utilization of medications that have the strong potential for misuse.

46. Respondent provided inadequate attention to patient education and informed consent for Patient B.

47. Respondent failed to justify dose escalation without adequate attention to the risks or alternative treatments with regard to Patient B.

48. Respondent excessively relied on opioids, particularly high dose opioids for chronic pain management with regard to Patient B.

49. Respondent did not make use of available tools for risk mitigation with regard to Patient B.

**COUNT V**

**NRS 630.301(4) - Malpractice**

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

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

52. 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."

53. 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 B when the records for both of Patient B's visits were identical, when Respondent obtained one (1) previous MRI from Patient B's medical records from

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previous providers, failed to utilize alternative treatment (non-opioid) for Patient B's chronic pain, and failed to utilize drug screening to determine the appropriate prescriptions for Patient B.

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

## COUNT VI

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

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

56. 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," constitutes grounds for initiating discipline against a licensee.

57. Respondent failed to maintain accurate and complete medical records relating to the diagnosis, treatment and care of Patient B, by documenting for both visits identical records and failing to justify continued prescriptions for high doses of opioids.

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

## COUNT VII

### NRS 630.306(1)(b)(2) - Violation of Standards of Practice

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

60. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

61. The Board adopted by reference the Model Policy in NAC 630.187.

62. Pursuant to NAC 630.230(1)(k), a licensee shall not engage in the practice of writing prescriptions for controlled substances to treat acute pain or chronic pain in a manner that deviates from the standards set forth in the Model Policy.

63. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote prescriptions for Patient B for opioid analgesics to treat chronic pain in a manner that deviated

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1 from the Model Policy. Respondent's deviations include but are not limited to when the records
2 for both of Patient B's visits were identical, when Respondent failed to obtain all but one (an
3 MRI) of Patient B's medical records from previous providers, when Respondent failed to utilize
4 alternative treatment (non-opioid) for Patient B's chronic pain, and when Respondent failed to
5 utilize drug screening to determine the appropriate prescriptions for Patient B.
6 64. By reason of the foregoing, Respondent is subject to discipline by the Board as
7 provided in NRS 630.352.
8 **COUNT VIII**
9 **NRS 630.306(1)(c) – Unlawful Prescribing of Controlled Substance or Dangerous Drug**
10 65. All of the allegations contained in the above paragraphs are hereby incorporated by
11 reference as though fully set forth herein.
12 66. NRS 630.306(1)(c) provides that administering, dispensing or prescribing any
13 controlled substance, or any dangerous drug as defined in chapter 454 of NRS, to or for himself or
14 herself or to others except as authorized by law, constitute grounds for initiating disciplinary
15 action.
16 67. NRS 453.381(1) provides in part that, ... a physician may prescribe controlled
17 substances only for a legitimate medical purpose and in the usual course of his or her professional
18 practice....
19 68. Respondent did not "prescribe controlled substances only for a legitimate medical
20 purpose," making these prescriptions unlawful pursuant to NRS 630.306(1)(c).
21 69. By reason of the foregoing, Respondent is subject to discipline by the Board as
22 provided in NRS 630.352.
23 **PATIENT C**
24 70. Patient C[4] was a forty (40) year-old female at the time of the events at issue.
25 71. Respondent treated Patient C from on or about September 22, 2016, to on or about
26 February 16, 2017, at his office, Hormone Centers of Nevada.
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[4] Patient C'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.

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1 72. Patient C visited Respondent at Hormone Centers of Nevada three (3) times, on or
2 about December 15, 2016, on or about January 19, 2017, and on or about February 16, 2017.
3 73. Patient C was prescribed 30 mg oxycodone as early as May 2014.
4 74. Respondent's documentation for each visit is identical, fail to justify continued
5 prescriptions for high doses of opioids, and they are identical to Patient A's notes.
6 75. Patient C's physical examination is identical to Patient A's.
7 76. A urine drug screen dated November 17, 2016, documented negative results for all
8 substances tested including oxycodone, which should have alerted Respondent to potential misuse
9 of oxycodone by Patient C.
10 77. Respondent's subsequent progress note dated December 15, 2016, failed to
11 mention the negative test results, and in the alternative stated, "drug screen appropriate for meds
12 prescribed." Respondent then prescribed an additional 30 mg oxycodone during this same visit.
13 78. Respondent's documentation does not reflect that he attempted to obtain Patient
14 C's records from previous providers.
15 79. Respondent's documentation does not reflect that he utilized imaging studies to
16 determine the cause of Patient C's chronic pain, nor any attempt by Respondent to consider
17 alternate treatments for Patient C's chronic pain.
18 80. When treating Patient C, Respondent provided inadequate attention to initially
19 assess and determine if opioids were clinically indicated or to determine the risks associated with
20 their use by Patient C.
21 81. Respondent provided inadequate monitoring of Patient C during the utilization of
22 medications that have the strong potential for misuse.
23 82. Respondent provided inadequate attention to patient education and informed
24 consent for Patient C.
25 83. Respondent failed to justify dose escalation without adequate attention to risks or
26 alternative treatments with regard to Patient C.
27 84. Respondent excessively relied on opioids, particularly high dose opioids for
28 chronic pain management with regard to Patient C.

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85. Respondent did not make use of available tools for risk mitigation with regard to Patient C when beginning a regimen of strong opioid medication.

**COUNT IX**

**NRS 630.301(4) - Malpractice**

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

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

88. 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."

89. 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 C when the records for Patient C's visits were identical for each visit and were identical to Patient A's records (including the physical examination); when Respondent failed to obtain Patient C's medical records from previous providers; when Respondent failed to utilize alternative treatment (non-opioid) for Patient C's chronic pain and failed to properly utilize drug screening to determine the appropriate prescriptions for Patient C when placing her on strong opioid medication.

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

**COUNT X**

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

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

92. 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.

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93. Respondent failed to maintain accurate and complete medical records relating to the diagnosis, treatment and care of Patient C, by documenting identical records for each visit (and documenting the identical records as he did for Patient A) and failing to justify continued prescriptions for high doses of opioids.

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

## COUNT XI

### NRS 630.306(1)(b)(2) - Violation of Standards of Practice

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

96. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

97. The Board adopted by reference the Model Policy in NAC 630.187.

98. Pursuant to NAC 630.230(1)(k), a licensee shall not engage in the practice of writing prescriptions for controlled substances to treat acute pain or chronic pain in a manner that deviates from the standards set forth in the Model Policy.

99. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote prescriptions to Patient C for opioid analgesics to treat chronic pain in a manner that deviated from the Model Policy when the records for each of Patient C's visits were identical (and identical to Patient A's records), when Respondent failed to obtain Patient C's medical records from previous providers, when Respondent failed to utilize alternative treatment (non-opioid) for Patient C's chronic pain, and when Respondent failed to properly utilize drug screening to determine the appropriate prescriptions for Patient C.

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

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## COUNT XII

**NRS 630.306(1)(c) – Unlawful Prescribing of Controlled Substance or Dangerous Drug**

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

102. NRS 630.306(1)(c) provides that administering, dispensing or prescribing any controlled substance, or any dangerous drug as defined in chapter 454 of NRS, to or for himself or herself or to others except as authorized by law, constitute grounds for initiating disciplinary action.

103. NRS 453.381(1) provides in part that, … a physician may prescribe controlled substances only for a legitimate medical purpose and in the usual course of his or her professional practice….

104. Respondent did not prescribe controlled substances only for a legitimate medical purpose making these prescriptions unlawful pursuant to NRS 630.306(1)(c) when the records for each of Patient C's visits were identical to each other and to Patient A's medical records, when Respondent failed to obtain Patient C's medical records from previous providers, failed to utilize alternative treatment (non-opioid) for Patient C's chronic pain, and failed to properly utilize drug screening to determine the appropriate prescriptions for Patient C.

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

### PATIENT D

106. Patient D[5] was a thirty-eight (38) year-old female at the time of the events at issue.

107. Respondent treated Patient D from on or about March 7, 2016, to on or about February 16, 2017, at his office, Hormone Centers of Nevada.

108. On March 7, 2016, Respondent prescribed Patient D 30 mg oxycodone and 350 mg carisoprodol which continued on a monthly basis until December 15, 2016.

109. Respondent also prescribed 10 mg diazepam to Patient D on March 7, 2016.

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[5] 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.



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110. Patient D's progress notes were nearly identical to the progress notes of Patients A, B, and C.

111. A urine drug screen collected on November 17, 2016, was negative for oxycodone and not addressed in this visit nor subsequent visits. The negative result should have alerted Respondent to potential misuse of oxycodone by Patient D.

112. Instead, Respondent's subsequent progress notes dated December 15, 2016, January 17, 2017, and February 16, 2017, state, "[drug] screen appropriate for meds prescribed."

113. Respondent prescribed 30 mg oxycodone tablets on the same day as the negative result, December 15, 2016.

114. Respondent's documentation does not reflect that he attempted to obtain Patient D's records from previous providers nor did Respondent utilize imaging studies to determine the cause of Patient D's chronic pain.

115. Respondent's documentation does not reflect that he attempted to utilize alternative treatment (non-opioid) for Patient D's chronic pain.

116. Respondent provided inadequate attention to initial assessment to determining if opioids are clinically indicated and to determine risks associated with their use in a particular individual with pain with regard to Patient D.

117. Respondent provided inadequate monitoring of Patient D during the utilization of medications that have the strong potential for misuse.

118. Respondent provided inadequate attention to patient education and informed consent for Patient D.

119. Respondent failed to justify dose escalation without adequate attention to risks or alternative treatments with regard to Patient D.

120. Respondent excessively relied on opioids, particularly high dose opioids for chronic pain management with regard to Patient D.

121. Respondent did not make use of available tools for risk mitigation with regard to Patient D.

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**COUNT XIII**

**NRS 630.301(4) - Malpractice**

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

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

124. 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."

125. 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 D when the records for Patient D's progress notes were nearly identical to the progress notes of Patients A, B and C, when Respondent failed to obtain Patient D's medical records from previous providers, failed to utilize alternative treatment (non-opioid) for Patient D's chronic pain, and failed to properly utilize drug screening to determine the appropriate prescriptions for Patient D.

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

**COUNT XIV**

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

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

128. 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.

129. Respondent failed to maintain accurate and complete medical records relating to the diagnosis, treatment and care of Patient D, by documenting progress notes for Patient C that were nearly identical to the progress notes for Patients A, B, and C, failing to justify continued

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prescriptions for high doses of opioids, and failing to accurately document the results of Patient D's urine drug screen.

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

## COUNT XV

### NRS 630.306(1)(b)(2) - Violation of Standards of Practice

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

132. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

133. The Board adopted by reference the Model Policy in NAC 630.187.

134. Pursuant to NAC 630.230(1)(k), a licensee shall not engage in the practice of writing prescriptions for controlled substances to treat acute pain or chronic pain in a manner that deviates from the standards set forth in the Model Policy.

135. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote prescriptions to Patient D for opioid analgesics to treat chronic pain in a manner that deviated from the Model Policy.

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

## COUNT XVI

### NRS 630.306(1)(c) – Unlawful Prescribing of Controlled Substance or Dangerous Drug

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

138. NRS 630.306(1)(c) provides that administering, dispensing or prescribing any controlled substance, or any dangerous drug as defined in chapter 454 of NRS, to or for himself or herself or to others except as authorized by law, constitute grounds for initiating disciplinary action.

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139. NRS 453.381(1) provides in part that, … a physician may prescribe controlled substances only for a legitimate medical purpose and in the usual course of his or her professional practice….

140. Respondent did not "prescribe controlled substances only for a legitimate medical purpose," making these prescriptions unlawful pursuant to NRS 630.306(1)(c).

141. 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;

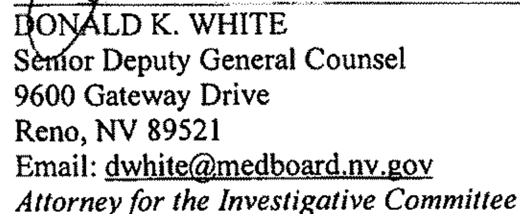
4. That the Board award fees and costs for the investigation and prosecution of this case as outlined in NRS 622.400;

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

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

DATED this 16th day of November, 2023.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: 

DONALD K. WHITE
Senior Deputy General Counsel
9600 Gateway Drive
Reno, NV 89521
Email: dwhite@medboard.nv.gov
*Attorney for the Investigative Committee*



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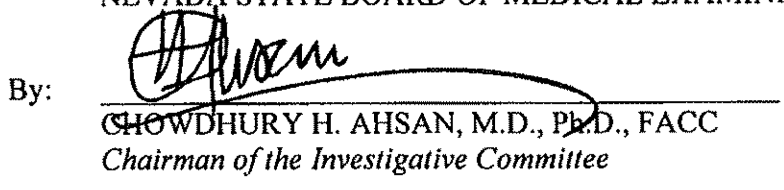
## VERIFICATION

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 16th day of November, 2023.

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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Nevada State Board of Medical Examiners
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BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

| In the Matter of Charges and Complaints Against: ORLANDIS LAMAR WELLS, M.D., Respondent. | Case Nos. 23-28073-1 & 23-28073-2 FILED JUN 07 2024 NEVADA STATE BOARD OF MEDICAL EXAMINERS |
|---|---|

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**SETTLEMENT AGREEMENT**

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Donald K. White, Senior Deputy General Counsel for the Board and attorney for the IC, and Orlandis Lamar Wells, M.D. (Respondent), a licensed physician in Nevada, assisted by his attorney, Maria Nutile, Esq., of the law firm of Nutile Law, hereby enter into this Settlement Agreement (Agreement) based on the following:[1]

**A. BACKGROUND**

1. Respondent is a medical doctor currently licensed in active status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act) to practice medicine in Nevada. His license was originally issued on July 7, 2003 (License No. 10558).

2. On November 16, 2023, in Case No. 23-28073-1, the IC filed a formal Complaint (Complaint) charging Respondent with violating the Medical Practice Act. Specifically, the Complaint alleges nine (9) violations of NRS 630.301(4), Malpractice (Counts I-IX); seven (7) violations of NRS 630.3062(1)(a) Failure to Maintain Proper Medical Records (Counts X-XVII); eight (8) violations of NRS 630.306(1)(b)(2) Violation of Standards of Practice, (Counts XVIII-

[1] All agreements and admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

XXVI); eight (8) violations of NRS 630.306(1)(g) Continual Failure to exercise Skill or Diligence (Counts XXVII-XXXV).

3. On November 16, 2023, in Case No. 23-28073-2, the IC filed a formal Complaint (Complaint) charging Respondent with violating the Medical Practice Act. Specifically, the Complaint alleges four (4) violations of NRS 630.301(4), Malpractice (Counts I, V, IX, XIII); four (4) violations of NRS 630.3062(1)(a) Failure to Maintain Proper Medical Records (Counts II, VI, X, XIV); four (4) violations of NRS 630.306(1)(b)(2) Violation of Standards of Practice, (Counts III, VII, XI, XV); four (4) violations of NRS 630.306(1)(c) Unlawful Prescribing of Controlled Substance or Dangerous Drug (Counts IV, VIII, XII, XVI). By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

4. Respondent was properly served with a copy of both Complaints, has reviewed and understands both Complaints, and has had the opportunity to consult with competent counsel concerning the nature and significance of the Complaints.

5. Respondent is hereby advised of his rights regarding the administrative matters, and of his opportunity to defend against the allegations in the Complaints. Specifically, Respondent has certain rights in the administrative matters as set out by the United States Constitution, the Nevada Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in NRS Chapter 233B and 622A. These rights include the right to a formal hearing on the allegations in the Complaints, the right to representation by counsel, at his own expense, in the preparation and presentation of his defense, the right to confront and cross-examine the witnesses and evidence against him, the right to written findings of fact, conclusions of law and orders reflecting the final decisions of the Board, and the right to judicial review of the Board's orders, if the decisions are adverse to him.

6. Respondent understands that, under the Board's charge to protect the public by regulating the practice of medicine, the Board may take disciplinary action against Respondent's license, including license probation, license suspension, license revocation and imposition of

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administrative fines, as well as any other reasonable requirement or limitation, if the Board concludes that Respondent violated one or more provisions of the Medical Practice Act.

7. Respondent understands and agrees that this Agreement, by and between Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the Board for consideration in open session at a duly noticed and scheduled meeting. Respondent understands that the IC shall advocate for the Board's approval of this Agreement, but that the Board has the right to decide in its own discretion whether or not to approve this Agreement. Respondent further understands and agrees that if the Board approves this Agreement, then the terms and conditions enumerated below shall be binding and enforceable upon him and the Board.

## B. TERMS & CONDITIONS

**NOW, THEREFORE,** in order to resolve the matters addressed herein, i.e., the matters with regard to the Complaints, Respondent and the IC hereby agree to the following terms and conditions:

1. **Jurisdiction**. Respondent is, and at all times relevant to the Complaints has been, a physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set forth in the Medical Practice Act.

2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement**. Respondent acknowledges he is represented by counsel and wishes to resolve the matters addressed herein with said counsel. Respondent agrees that if representation by counsel in this matter materially changes prior to entering into this Agreement and for the duration of this Agreement, that counsel for the IC will be timely notified of the material change. Respondent agrees that he knowingly, willingly and intelligently enters into this Agreement after deciding to have a full consultation with and upon the advice of legal counsel.

3. **Waiver of Rights**. In connection with this Agreement, and the associated terms and conditions, Respondent knowingly, willingly and intelligently waives all rights in connection with this administrative matter. Respondent hereby knowingly, willingly and intelligently waives all rights arising under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA, and any other legal rights that may be available to him or that

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1 may apply to him in connection with the administrative proceedings resulting from the Complaints
2 filed in these matters, including defense of the Complaints, adjudication of the allegations set forth
3 in the Complaints, and imposition of any disciplinary actions or sanctions ordered by the Board.
4 Respondent agrees to settle and resolve the allegations of the Complaints as set out by this
5 Agreement, without hearings or any further proceedings and without the right to judicial review.

6 4. **Acknowledgement of Reasonable Basis to Proceed**. As of the time of entering
7 into this Settlement Agreement, the allegations of the Complaints remain unproven. Respondent
8 acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in
9 conduct that is grounds for discipline pursuant to the Medical Practice Act. The IC acknowledges
10 Respondent is not admitting that the IC's claims/counts as alleged in the Complaints have merit
11 and Respondent is agreeing to resolve this matter to avoid the costs of hearings and potential
12 subsequent litigation. Respondent asserts if this matter were to proceed to hearing, he has
13 evidence, witnesses, expert witness(es) and defenses to the counts/claims alleged in the
14 Complaints, but for the purposes of resolving these matters and for no other purpose, Respondent
15 waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to
16 effectuate this Agreement.

17 5. **Consent to Entry of Order**. In order to resolve these Complaints pending against
18 Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent
19 engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act.
20 Accordingly, the following terms and conditions are hereby agreed upon:

21 a. In Case No. 23-28073-1, Respondent admits to Counts I – IV, four (4)
22 violations of NRS 630.301(4); Counts X - XIII, four (4) violations of NRS 630.3062(1)(a); Counts
23 XVIII – XXI, four (4) violations of NRS 630.306(1)(b)(2); and Counts XXVII – XXX, four (4)
24 violations of NRS 630.306(1)(g).

25 b. In Case No. 23-28073-2, Respondent admits to Counts I, V, IX, and XIII,
26 four (4) violations of NRS 630.301(4); and Counts IV, VIII, XII, and XVI, four (4) violations of
27 NRS 630.306(1)(c).

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1 c. Respondent's license to practice medicine in the State of Nevada shall be
2 revoked. The revocation is immediately stayed, and his license placed on probationary status for
3 twenty-four (24) months, from the Board's acceptance, adoption and approval of this Agreement
4 (Probationary Period). If the stay of revocation is lifted and Respondent's license is revoked
5 pursuant to this Agreement, Respondent, pursuant to NRS 622A.410, may not apply for a new
6 license for a period of one (1) year. For the first twelve (12) months of the Probationary Period,
7 Respondent shall not petition the Board for early release from probation or its conditions.
8 d. During the Probationary Period, Respondent may not supervise any
9 physician assistants or collaborate with any advanced practice registered nurses. Within fourteen
10 (14) days from the Board's acceptance and adoption of this Agreement, Respondent shall
11 terminate any current supervising agreements with physician assistants and any current
12 collaboration agreements with advanced practice registered nurses.
13 e. After the first year of the Probationary Period, Respondent may petition the
14 Board for early release from probation if he has complied with all of the terms of this Agreement
15 but only after providing proof to the Board that he has successfully completed twenty-two (22)
16 hours of Continuing Medical Education (CME) related to the subject of best practices in
17 prescribing controlled substances and the PROBE program.
18 f. During the Probationary Period, Respondent agrees to not reapply for a
19 license to prescribe controlled substances from the Nevada State Board of Pharmacy for at least
20 one year from the date of the Board's acceptance, adoption and approval of this Agreement, and
21 not until he successfully completes 22 hours Continued Medical Education related to the subject
22 of best practices in prescribing controlled substances.
23 g. Respondent will pay the costs and expenses incurred in the investigation
24 and prosecution of the above-referenced matter in the amount of ten thousand three hundred forty-
25 seven dollars and sixty-five cents ($10,347.65) on or before August 7, 2024, contingent upon the
26 Board's acceptance, adoption and approval of this Agreement.
27 h. Respondent shall pay a fine of twenty-five thousand dollars ($25,000.00) in
28 twenty-four (24) equal monthly payments of one thousand forty-one dollars and sixty-seven cents

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($1,041.67) beginning on September 7, 2024. The payment plan is based on the Board's acceptance, adoption and approval of this Agreement.

i. The Respondent shall perform twenty-two (22) hours of Continuing Medical Education (CME) related to the subject of best practices in prescribing controlled substances before he applies for a license to prescribe controlled substances from the Nevada State Board of Pharmacy, and these CME hours shall be in addition to the required CMEs for licensure.

j. The Respondent shall enroll in and complete PROBE: Ethics and Boundaries Program within his 24-month Probationary Period.

k. This Agreement shall be reported to the appropriate entities and parties as required by law, including, but not limited to, the National Practitioner Data Bank.

l. Respondent shall receive a Public Letter of Reprimand.

m. The remaining counts of the Complaints, any other claims arising from the Board's corresponding investigative case files, as well as Investigative Case Nos. 17-17194 and 18-17704 shall be dismissed with prejudice.

6. **Release from Liability**. In execution of this Agreement, Respondent understands and agrees that the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents are immune from civil liability for any decision or action taken in good faith in response to information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against any or all of the persons, government agencies or entities named in this paragraph arising out of, or by reason of, these investigations, this Agreement or the administration of the cases referenced herein.

7. **Procedure for Adoption of Agreement**. The IC and counsel for the IC shall recommend approval and adoption of the terms and conditions of this Agreement by the Board in

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resolution of these Complaints. In the course of seeking Board acceptance, approval and adoption of this Agreement, counsel for the IC may communicate directly with the Board staff and the adjudicating members of the Board.

Respondent acknowledges that such contacts and communications may be made or conducted ex-parté, without notice or opportunity to be heard on his part until the public Board meeting where this Agreement is discussed, and that such contacts and communications may include, but may not be limited to, matters concerning this Agreement, the Complaints and any and all information of every nature whatsoever related to these matters. The IC and its counsel agree that Respondent and/or Counsel for the Respondent may appear at the Board meeting where this Agreement is discussed and, if requested, respond to any questions that may be addressed to the IC or the IC's counsel.

8. **Effect of Acceptance of Agreement by Board**. In the event the Board accepts, approves and adopts this Agreement, the Board shall issue a final order, making this Agreement an order of the Board, and, pending full compliance with the terms herein, the case shall be closed and all remaining claims arising out of the Complaints shall be dismissed with prejudice.

9. **Effect of Rejection of Agreement by Board**. In the event the Board does not accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and effect except as to the following agreement regarding adjudications: (1) Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this Agreement shall disqualify any member of the adjudicating panel of the Board from considering these Complaints and from participating in disciplinary proceedings against Respondent, including adjudication of the cases; and (2) Respondent further agrees that he shall not seek to disqualify any such member absent evidence of bad faith.

10. **Binding Effect**. If approved by the Board, Respondent understands that this Agreement is a binding and enforceable contract upon Respondent and the Board.

11. **Forum Selection Clause**. The parties agree that in the event either party is required to seek enforcement of this Agreement in district court, the party's consent to such

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jurisdiction and agree that exclusive jurisdiction shall be in the Second Judicial District Court, State of Nevada, Washoe County.

12. **Attorneys' Fees and Costs**. The parties agree that in the event an action is commenced in district court to enforce any provision of this Agreement, the prevailing party shall be entitled to recover reasonable attorneys' fees and costs.

13. **Failure to Comply with Terms**. Should Respondent fail to comply with any term or condition of this Agreement once the Agreement has been accepted, approved and adopted by the Board, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order to Show Cause Hearing, which will be duly noticed. Failure to comply with the terms of this Agreement, including failure to pay any fines, costs, expenses or fees owed to the Board, is a failure to comply with an order of the Board, which may result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a).

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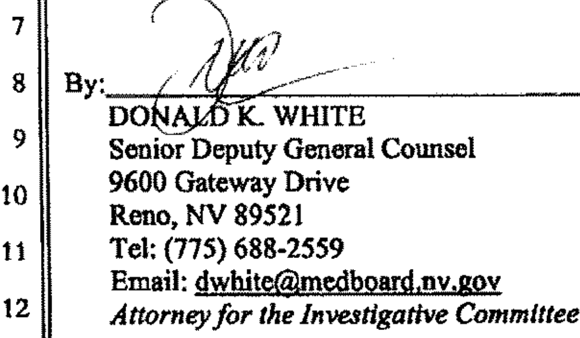
Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a condition of this Agreement may subject Respondent to civil collection efforts.

DATED this 15th day of May, 2024.

INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS



By: ______________________
DONALD K. WHITE
Senior Deputy General Counsel
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Tel: (775) 688-2559
Email: dwhite@medboard.nv.gov
*Attorney for the Investigative Committee*

DATED this 10th day of May, 2024.

NUTILE LAW

By: ______________________
MARIA NUTILE, ESQ.
BRIDGET KELLY, ESQ.
7395 S. Pecos Road, Suite 103
Las Vegas, NV 89120
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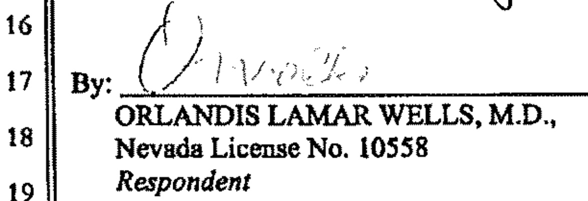
Email: maria@nutilelaw.com
bridget@nutilelaw.com
*Attorneys for Respondent*

DATED this 9th day of May, 2024.



By: ______________________
ORLANDIS LAMAR WELLS, M.D.,
Nevada License No. 10558
*Respondent*



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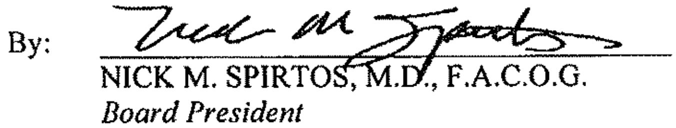
## ORDER

**IT IS HEREBY ORDERED** that, the foregoing Settlement Agreement (Case Nos. 23-28073-1 and 23-28073-2) was approved and accepted by the Nevada State Board of Medical Examiners on the 7th day of June, 2024.

DATED this 7th day of June, 2024.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: 

NICK M. SPIRTOS, M.D., F.A.C.O.G.
*Board President*