

1 6. AHN, an 18 year-old female, was an opioid naïve pregnant employee of
2 Arizona Go Green with reported scoliosis and increased back pain during pregnancy.

3 7. JO, a 19 year-old male, had pain reportedly related to a motor vehicle
4 accident two weeks earlier and was diagnosed by Respondent to have lumbosacral and
5 cervical strain.

6 8. DSS, an 18 year-old male, was an opioid naïve patient with lumbar disc
7 disease that reportedly worsened over the years since a reported, non-specific high school
8 soccer injury.

9 9. The MC found that Respondent failed to document any attempt to verify the
10 diagnoses or to obtain medical records, imaging, diagnostic work up or specialty
11 consultation. Respondent failed to consider any non-opioid management other than
12 cannabis, and failed to review the Controlled Substance Prescription Monitoring Program
13 (CSPMP); perform urine drug testing; counsel the patients regarding precautions, risks
14 and safe opioid use; or obtain a standard opioid treating agreement.

15 10. The MC observed that the prescriptions were written with an allowance for a
16 daily dose of up to 180mg Oxycontin, despite the report that both AHN and DSS were
17 opioid naïve, and that AHN was pregnant. In addition, Respondent issued the prescriptions
18 without verification of the previous doses or last use of opioids provided to JC and JO to
19 determine if they were opioid tolerant. Additionally, Respondent did not document any
20 discussions of the risks or precautions when utilizing high dose opioids for subjective
21 unverified complaints to treat the four patients.

22 11. The standard of care prior to prescribing long term opioid medications for
23 chronic non-malignant pain requires a physician to perform a pain history and physical
24 exam, medical record review, risk assessment for opioid use, diagnostic evaluation,
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1 consideration of a multidisciplinary approach, verification of a medical diagnosis , and
2 compliance monitoring through urine drug testing and CSPMP review.

3 12. Dr. Eisenberg deviated from the standard of care by performing an extremely
4 limited pain history and physical exam, by failing to perform a medical record review or risk
5 assessment for opioid use, by failing to perform a diagnostic evaluation or consider a
6 multidisciplinary approach outside of cannabis and daily opioid, by failing to verify a
7 medical diagnosis appropriately treated with daily high dose opioid, and by failing to
8 monitor for compliance by urine drug testing or review of the CSPMP.

9 13. The standard of care requires a physician to avoid unnecessary prescribing
10 of daily opioids in pregnancy, to counsel the patient regarding the risks to the newborn,
11 and to inform the obstetrician and pediatrician so that a treatment plan is in place for
12 treatment of neonatal withdrawal.

13 14. Dr. Eisenberg deviated from the standard of care by prescribing daily high
14 dose opioids to an opioid naïve pregnant teenager for subjective back pain without
15 considering non-pharmacologic alternatives or non-opioid medications, by failing to
16 counsel AHN as to the risks to her newborn, and by failing to contact the obstetrician for
17 guidance on his decision to treat AHN in this manner.

18 15. The potential harm from Respondent's deviations from the standard of care
19 includes increased risk that AHN could experience a spontaneous abortion, as well as
20 premature birth. In addition, her baby potentially could suffer from low birth weight and
21 neonatal abstinence syndrome, including difficulty breathing upon birth, extreme
22 drowsiness, poor feeding, irritability, sweating, tremors, vomiting and diarrhea. Seizures
23 and death have also been reported in severe, untreated withdrawal cases. The potential
24 harm identified to patients JC, JO, AHN, and DSS includes constipation, fecal impaction,
25 narcotic bowel syndrome, bowel obstruction, respiratory depression, cognitive impairment,

1 opioid misuse, abuse, diversion, addiction, accidental overdose, aspiration, brain damage,
2 and death.

3 **CONCLUSIONS OF LAW**

4 1. The Board possesses jurisdiction over the subject matter hereof and over
5 Respondent.

6 2. The conduct and circumstances described above constitute unprofessional
7 conduct pursuant to A.R.S. § 32-1401(27)(q) ("[a]ny conduct or practice that is or might be
8 harmful or dangerous to the health of the patient or the public.").

9 3. The conduct and circumstances described above constitute unprofessional
10 conduct pursuant to A.R.S. § 32-1401 (27)(e) ("[f]ailing or refusing to maintain adequate
11 records on a patient.").

12 4. If the Board finds that it can take rehabilitative or disciplinary action without
13 the presence of the doctor at a formal interview it may enter into a consent agreement with
14 the doctor to limit or restrict the doctor's practice or to rehabilitate the doctor in order to
15 protect the public and ensure the doctor's ability to safely engage in the practice of
16 medicine. A.R.S. § 32-1451(F).

17 5. The Board finds that a practice restriction is needed in order to protect the
18 public.

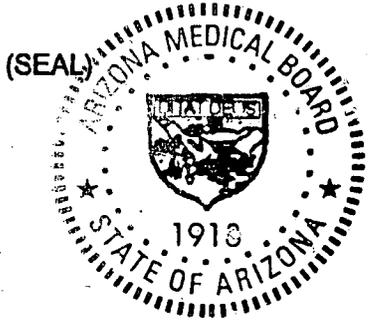
19 **ORDER**

20 IT IS HEREBY ORDERED THAT:

- 21 1. Respondent is issued a Decree of Censure.
22 2. Respondent is prohibited from prescribing, administering, or dispensing any
23 Controlled Substances for a period of five years.

24 DATED AND EFFECTIVE this 5th day of April, 2012.

25



ARIZONA MEDICAL BOARD

By

Lisa S. Wynn
Executive Director

CONSENT TO ENTRY OF ORDER

7 1. Respondent has read and understands this Consent Agreement and the
8 stipulated Findings of Fact, Conclusions of Law and Order ("Order"). Respondent
9 acknowledges he has the right to consult with legal counsel regarding this matter.

10 2. Respondent acknowledges and agrees that this Order is entered into freely
11 and voluntarily and that no promise was made or coercion used to induce such entry.

12 3. By consenting to this Order, Respondent voluntarily relinquishes any rights to
13 a hearing or judicial review in state or federal court on the matters alleged, or to challenge
14 this Order in its entirety as issued by the Board, and waives any other cause of action
15 related thereto or arising from said Order.

16 4. The Order is not effective until approved by the Board and signed by its
17 Executive Director.

18 5. All admissions made by Respondent are solely for final disposition of this
19 matter and any subsequent related administrative proceedings or civil litigation involving
20 the Board and Respondent. Therefore, said admissions by Respondent are not intended
21 or made for any other use, such as in the context of another state or federal government
22 regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or
23 any other state or federal court.

24 6. Upon signing this agreement, and returning this document (or a copy thereof)
25 to the Board's Executive Director, Respondent may not revoke the consent to the entry of
the Order. Respondent may not make any modifications to the document. Any

1 modifications to this original document are ineffective and void unless mutually approved
2 by the parties.

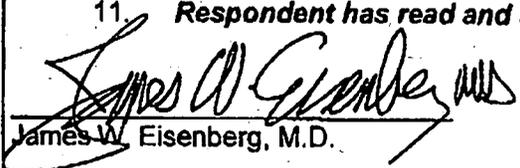
3 7. This Order is a public record that will be publicly disseminated as a formal
4 disciplinary action of the Board and will be reported to the National Practitioner's Data
5 Bank and on the Board's web site as a disciplinary action.

6 8. If any part of the Order is later declared void or otherwise unenforceable, the
7 remainder of the Order in its entirety shall remain in force and effect.

8 9. If the Board does not adopt this Order, Respondent will not assert as a
9 defense that the Board's consideration of the Order constitutes bias, prejudice,
10 prejudgment or other similar defense.

11 10. Any violation of this Order constitutes unprofessional conduct and may result
12 in disciplinary action. A.R.S. § § 32-1401(27)(r) ("[v]iolating a formal order, probation,
13 consent agreement or stipulation issued or entered into by the board or its executive
14 director under this chapter") and 32-1451.

15 11. **Respondent has read and understands the conditions of the restriction.**

16 
17 James W. Eisenberg, M.D.

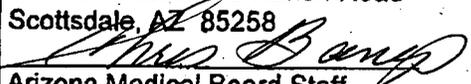
DATED: 3/14/12

18
19 EXECUTED COPY of the foregoing mailed
this 14 day of March, 2012 to:

20 James W. Eisenberg, M.D.
21 Address of Record

22 ORIGINAL of the foregoing filed
23 this 14 day of March, 2012 with:

24 Arizona Medical Board
9545 E. Doubletree Ranch Road
25 Scottsdale, AZ 85258


Arizona Medical Board Staff