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BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of
CHRISTOPHER PUCA, M.D.
License No. 22330
For the Practice of Allopathic Medicine
In the State of Arizona.

Case No. MD-07-1081A

**CONSENT AGREEMENT FOR
LETTER OF REPRIMAND AND
PROBATION**

CONSENT AGREEMENT

By mutual agreement and understanding, between the Arizona Medical Board ("Board") and Christopher Puca, M.D. ("Respondent"), the parties agreed to the following disposition of this matter.

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

2. By entering into this Consent Agreement, Respondent voluntarily relinquishes any rights to a hearing or judicial review in state or federal court on the matters alleged, or to challenge this Consent Agreement in its entirety as issued by the Board, and waives any other cause of action related thereto or arising from said Consent Agreement.

3. This Consent Agreement is not effective until approved by the Board and signed by its Executive Director.

4. The Board may adopt this Consent Agreement or any part thereof. This Consent Agreement, or any part thereof, may be considered in any future disciplinary action against Respondent.

1 5. This Consent Agreement does not constitute a dismissal or resolution of
2 other matters currently pending before the Board, if any, and does not constitute any
3 waiver, express or implied, of the Board's statutory authority or jurisdiction regarding
4 any other pending or future investigation, action or proceeding. The acceptance of this
5 Consent Agreement does not preclude any other agency, subdivision or officer of this
6 State from instituting other civil or criminal proceedings with respect to the conduct that
7 is the subject of this Consent Agreement.

8 6. All admissions made by Respondent are solely for final disposition of this
9 matter and any subsequent related administrative proceedings or civil litigation involving
10 the Board and Respondent. Therefore, said admissions by Respondent are not
11 intended or made for any other use, such as in the context of another state or federal
12 government regulatory agency proceeding, civil or criminal court proceeding, in the
13 State of Arizona or any other state or federal court.

14 7. Upon signing this agreement, and returning this document (or a copy
15 thereof) to the Board's Executive Director, Respondent may not revoke the acceptance
16 of the Consent Agreement. Respondent may not make any modifications to the
17 document. Any modifications to this original document are ineffective and void unless
18 mutually approved by the parties.

19 8. If the Board does not adopt this Consent Agreement, Respondent will not
20 assert as a defense that the Board's consideration of this Consent Agreement
21 constitutes bias, prejudice, prejudgment or other similar defense.

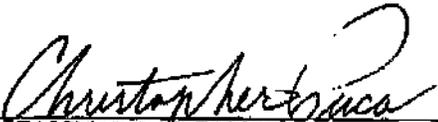
22 9. This Consent Agreement, once approved and signed, is a public record
23 that will be publicly disseminated as a formal action of the Board and will be reported to
24 the National Practitioner Data Bank and to the Arizona Medical Board's website.
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10. If any part of the Consent Agreement is later declared void or otherwise unenforceable, the remainder of the Consent Agreement in its entirety shall remain in force and effect.

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

12. Respondent has read and understands the conditions of probation.


CHRISTOPHER PUCCA, M.D.

DATED: November 5, 2008

1 **FINDINGS OF FACT**

2 1. The Board is the duly constituted authority for the regulation and control of
3 the practice of allopathic medicine in the State of Arizona.

4 2. Respondent is the holder of license number 22330 for the practice of
5 allopathic medicine in the State of Arizona.

6 3. The Board initiated case number MD-07-1081A after receiving a complaint
7 regarding Respondent's care and treatment of a forty-six year-old male patient ("DL").

8 4. From November 21, 2002 through December 5, 2007, Respondent treated
9 DL's complaints of chronic orthopedic pain with opioids. Initially, Respondent's
10 management of DL's chronic pain and DL's response to treatment was relatively stable.
11 However, from March 10, 2006 through March 9, 2007, Respondent provided DL with
12 seventeen early refills of Morphine Sulphate Instant Release (MSIR) that resulted in DL
13 obtaining more than 900 MSIR 30 mg tablets which was in excess of Respondent's
14 previously written instructions.

15 5. Additionally, Respondent did not recognize signs suggestive of DL's non-
16 compliance and aberrant drug seeking behavior. Specifically, Respondent wrote DL
17 three prescriptions for a month's supply of #60 Alprazolam 1 mg twice per day in a three
18 week period. DL's urine drug test results of February 21, 2007 reported unexpected
19 findings of controlled substances not prescribed by Respondent, Propoxyphene and
20 Methadone. Further, although Respondent did receive conflicting reports and
21 information from DL's family members concerning DL's condition and drug use, certain
22 of DL's family members did express concern to Respondent regarding DL's well being.

23 6. On April 20, 2007, DL was admitted for twelve days of psychiatric
24 hospitalization for suicidal ideation and inpatient detoxification. Respondent visited DL
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1 at the hospital. One day after his release, DL was transported to the emergency
2 department as a result of an overdose. DL was given Narcan and was admitted for a
3 four day psychiatric assessment. DL was subsequently discharged with court ordered
4 supervision and with a diagnosis that included a DSM IV diagnosis of opiate
5 dependence defined as a maladaptive pattern of substance use leading to clinically
6 significant impairment or distress. After visiting DL at the hospital, Respondent resumed
7 prescribing opioids and benzodiazepines over the next six months without coordinating
8 care with a psychiatrist or addictionologist.

9
10 7. In December 2007, Respondent recognized the severity of DL's mental
11 health issues and recommended detoxification and a transfer to an appropriate
12 specialist. Shortly thereafter, DL required emergency treatment for altered mental status
13 followed by symptoms of withdrawal. DL was admitted for a twelve day psychiatric
14 hospitalization for major depressive disorder and underwent repeat detoxification.

15 8. The standard of care requires a physician to write prescriptions in a
16 manner that provides the intended quantity of controlled substances.

17 9. Respondent deviated from the standard of care because he did not write
18 prescriptions in a manner that provided DL with the intended quantity of controlled
19 substances. Respondent wrote seventeen early refills for MSIR in one year, and wrote
20 three one month supplies of Alprazolam over three weeks.

21 10. The standard of care when prescribing opioids for chronic non-malignant
22 pain requires a physician to monitor for and recognize signs suggestive of non-
23 compliance and aberrant drug seeking.

24 11. Respondent deviated from the standard of care because he did not
25 recognize that DL consistently exhausted a one month supply of MSIR approximately
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1 every 23 days for one year, DL's accelerated non-compliance and possible drug abuse,
 2 and two unexpected controlled substances on a urine drug screen. Additionally,
 3 although he did receive conflicting reports about DL's well-being from various family
 4 members, Respondent failed to consider the concerns expressed by some of DL's
 5 family members.

6 12. The standard of care requires a physician to recognize when a specialist
 7 referral, consultation or transfer is necessary.

8 13. Respondent deviated from the standard of care because he continued to
 9 prescribe opioids without coordination of care with a psychiatrist or addictionologist,
 10 despite DL's recent psychiatric hospitalization and his diagnosis of opiate dependence/
 11 addiction.

12 14. DL had repeat opioid overdose requiring emergency room treatment with
 13 Narcan and repeat extended psychiatric hospitalization and inpatient detoxification in
 14 December 2007. DL could have suffered respiratory depression, aspiration, brain
 15 damage, or death secondary to accidental or intentional overdose.

16 15. In mitigation, upon Respondent's recognition of the severity of DL's mental
 17 health issues, Respondent recommended detoxification and a transfer to an appropriate
 18 specialist.

19
 20 **CONCLUSIONS OF LAW**

21 1. The Board possesses jurisdiction over the subject matter hereof and over
 22 Respondent.

23 2. The conduct and circumstances described above constitute
 24 unprofessional conduct pursuant to A.R.S. § 32-1401(27)(q) ("[a]ny conduct or practice
 25 that is or might be harmful or dangerous to the health of the patient or the public.") and
 26

1 A.R.S. § 32-1401(27)(II)(c)conduct that the board determines is gross negligence,
2 repeated negligence or negligence resulting in harm to or death of a patient.”).

3 **ORDER**

4 **IT IS HEREBY ORDERED THAT:**

5 1. Respondent is issued a Letter of Reprimand for writing multiple early refills
6 of controlled substances, for failure to recognize signs of accelerated opioid non-
7 compliance and possible drug abuse, and for failure to recognize the necessity of
8 referral or close coordination of care with a psychiatrist or addictionologist.

9 2. Respondent is placed on probation for **two years** with the following terms
10 and conditions:

11 a. **Continuing Medical Education**

12 Respondent shall within **six months** of the effective date of this Order
13 obtain **15 – 20 hours** of Board Staff pre-approved Category I Continuing Medical
14 Education (CME) in **pain management/opioid prescribing** and provide Board Staff
15 with satisfactory proof of attendance. The CME hours shall be in addition to the hours
16 required for the biennial renewal of medical license.

17 b. **Chart Reviews**

18 Board Staff or its agents shall conduct periodic chart reviews in regard to
19 patient care provided after the date of this order. Based upon the chart reviews, the
20 Board retains jurisdiction to take additional disciplinary or remedial action.

21 c. **Obey All Laws**

22 Respondent shall obey all state, federal and local laws, all rules governing
23 the practice of medicine in Arizona, and remain in full compliance with any court ordered
24 criminal probation, payments and other orders.

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d. Tolling

In the event Respondent should leave Arizona to reside or practice outside the State or for any reason should Respondent stop practicing medicine in Arizona, Respondent shall notify the Executive Director in writing within ten days of departure and return or the dates of non-practice within Arizona. Non-practice is defined as any period of time exceeding thirty days during which Respondent is not engaging in the practice of medicine. Periods of temporary or permanent residence or practice outside Arizona or of non-practice within Arizona, will not apply to the reduction of the probationary period.

3. This Order is the final disposition of case number MD-07-1081A.

DATED AND EFFECTIVE this 4th day of December, 2008.



ARIZONA MEDICAL BOARD

By [Signature]
Lisa S. Wynn
Executive Director

ORIGINAL of the foregoing filed this 4th day of December, 2008 with:

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

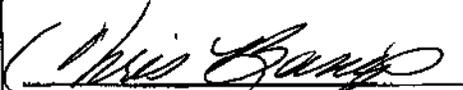
EXECUTED COPY of the foregoing mailed this 4th day of December, 2008 to:

Paul Giancola
Snell & Wilmer, LLP
400 E. Van Buren
Phoenix, Arizona 85004-2202

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EXECUTED COPY of the foregoing mailed
this 15 day of November, 2008 to:

Christopher Puca, M.D.
Address of Record


Investigational Review