BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of **WILLIAM M. COCHRAN, M.D.** Holder of License No. **15469** For the Practice of Allopathic Medicine In the State of Arizona.	Board Case No. MD-07-0985A **FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER** (Letter of Reprimand)

The Arizona Medical Board ("Board") considered this matter at its public meeting on August 7, 2008. William Cochran, M.D., ("Respondent") appeared before the Board with legal counsel, Calvin Raup, for a formal interview pursuant to the authority vested in the Board by A.R.S. § 32-1451(H). The Board voted to issue Findings of Fact, Conclusions of Law and Order after due consideration of the facts and law applicable to this matter.

FINDINGS OF FACT

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

2. Respondent is the holder of License No. 15469 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-07-0985A after Board Staff conducted a pharmacy survey and chart review as a result of Respondent's request that the Board lift the pain management restriction from his 2003 Order ("Order").

4. Effective June 11, 2003, Respondent entered into a Consent Agreement resulting in an Order for Decree of Censure, Restriction and Probation for inappropriate prescribing of controlled substances and prescription-only medications. The Order prohibited Respondent from practicing pain management until applying for and receiving approval from the Board. Additionally, Respondent was restricted in the manner and

circumstances of his treatment of chemically dependent patients who require Schedule II and III controlled substances.

5. On March 4, 2007, Respondent requested the Board lift the restriction prohibiting him from practicing pain management. Following Respondent's request, Staff conducted a pharmacy survey. Based upon that survey, Staff reviewed multiple patient charts that revealed Respondent continuously prescribed opioids for chronic pain patients subsequent to and in violation of the June 11, 2003 Order. Specifically, from April 2006 through October 2006, Respondent prescribed opioids for chronic pain to five patients, including JF and HJ. Additionally, on November 20, 2006 and December 13, 2006, Respondent telephoned in a Hydrocodone (an opioid) prescription to a pharmacy for ZE, who was a chemically dependent patient seen by Respondent at a substance abuse treatment center. This is a violation of the Order requiring that schedule II and III prescriptions written by Respondent for chemically dependent patients be filled by the pharmacy at the treating clinic.

PATIENT JF

6. Respondent began treating JF in November 2005 for chronic pain with opioid prescriptions, including Tylenol with Codeine (an acetaminophen), Darvocet N-100, codeine sulfate, Hydrocodone and transdermal Fentanyl. There was no rationale in JF's record indicating Respondent's reasons for prescribing the excessive amounts of medications, which included eighty-eight days of 8000mg/day of an acetaminophen (double the recommended dosage). There also was no indication that Respondent monitored JF's liver functioning, which is recommended when prescribing acetaminophen.

7. On April 13, 2006, Respondent noted in the chart that JF understood he was under a practice restriction and he arranged for her treatment with another

physician. However, Respondent continued to prescribe opioids on April 13, 2006, May 17, 2006, June 13, 2006, July 6, 2006 and July 31, 2006, which included early refills.

8. The standard of care requires a physician to avoid excessive doses of acetaminophen containing products. If there is a compelling medical reason to prescribe in excess of the recommended dosages, the reasons should be documented and monitoring the patient's liver function should be performed.

9. Respondent deviated from the standard of care because he prescribed excessive doses of acetaminophen without adequate rationale or appropriate monitoring of JF's liver function.

10. Respondent's excessive prescribing could have led to hepatoxicity and irreversible liver damage.

PATIENT HJ

11. Respondent initially evaluated an eighty-five year-old female patient ("HJ") on May 23, 2006 for various complaints, including dementia and recent left forearm fracture. During that visit, Respondent assumed prescribing HJ's chronic medications, which included Hydrocodone and her psychoactive medications of Aricept and Lorazepam. Respondent also added Risperdal, another antipsychotic medication, without any evidence to support his reasons for doing so.

12. On July 6, 2006, Respondent saw HJ for a follow up visit. HJ's caregiver complained that the Hydrocodone was not effective; therefore, Respondent prescribed Percocet (an opioid) and replaced the Risperdal with Haloperidol for problems of agitation, confusion and delusions.

13. From July 24, 2006 through November 30, 2006, Respondent continually prescribed or allowed renewals for Hydrocodone or Percocet. At the same time he prescribed the opioids, Respondent also prescribed antipsychotic medications.

Additionally, Respondent added medication for insomnia, but discontinued the medication due to hypersomnolence. Respondent also added Rozerem, a sedative/hypnotic and Lexapro, an anti-depressant to HJ's medication regime. Additionally, there were no documented instructions in the record indicating Respondent provided HJ with instructions regarding ongoing use of the Rozerem, Lexapro, Lorazepam and Percocet all with known central nervous system depressant effects, which are more pronounced in the elderly; however, Respondent testified that HJ was completely uncommunicative.

14. The standard of care requires a physician to rationally manage medication in an elderly patient with dementia and take into account drug interactions, enhancement of central nervous system depressant effects, the patient's age, weight and nutritional status and to consult with a psychiatrist when multiple psychiatric diagnoses and/or psychoactive medications are involved.

15. Respondent deviated from the standard of care because he simultaneously prescribed to HJ opioid and multiple psychoactive medications with additive central nervous system depressant effects, without consulting a psychiatrist.

16. Respondent's inappropriate prescribing led to two reported episodes of medication induced hypersomnolence and could have led to respiratory depression, aspiration, brain damage and death.

CONCLUSIONS OF LAW

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

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

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 the provisions of this chapter").

ORDER

IT IS HEREBY ORDERED THAT:

1. Respondent is issued a Decree of Censure for excessive prescribing of acetaminophen without adequate rationale or appropriate monitoring, for prescribing opioid and multiple psychoactive mediations to an elderly patient resulting in medication induced hypersomnolence and for violating a Board Order.

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

A. **Respondent shall not practice chronic pain management that includes prescribing controlled substance medications for any ongoing chronic pain condition.** Respondent's allowed controlled substance prescribing is limited to management of acute pain to include not more than a 30 day prescription of opioids with no refills or renewals.

i. The Board may require any combination of Staff approved psychiatric and/or psychological evaluations or successful passage of the Special Purpose licensing Examination or other competency examination/evaluation or interview it finds necessary to assist it in determining Respondent's ability to safely and competently return to practicing chronic pain management that includes prescribing controlled substance medications for any ongoing chronic pain condition.

ii. After five years, Respondent may apply to the Board to request the practice restriction be lifted.

B. Chart Reviews

Board Staff or its agents shall conduct quarterly chart reviews. Based upon the chart review, the Board retains jurisdiction to take additional disciplinary or remedial action.

C. Obey All Laws

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

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.

E. Quarterly Declarations

Respondent shall submit quarterly declarations under penalty or perjury on forms provided by the Board stating whether there has been compliance with all the conditions of probation. The declarations must be submitted on or before the 15th of March, June, September and December of each year, beginning on or before June, 2008.

3. This Order is the final disposition of case number MD-07-0985A.

RIGHT TO PETITION FOR REHEARING OR REVIEW

Respondent is hereby notified that he has the right to petition for a rehearing or review. The petition for rehearing or review must be filed with the Board's Executive Director within thirty (30) days after service of this Order. A.R.S. § 41-1092.09(B). The petition for rehearing or review must set forth legally sufficient reasons for granting a rehearing or review. A.A.C. R4-16-103. Service of this order is effective five (5) days after date of mailing. A.R.S. § 41-1092.09(C). If a petition for rehearing or review is not filed, the Board's Order becomes effective thirty-five (35) days after it is mailed to Respondent.

Respondent is further notified that the filing of a motion for rehearing or review is required to preserve any rights of appeal to the Superior Court.

DATED this 12th day of December, 2008.

THE ARIZONA MEDICAL BOARD

By _____
LISA S. WYNN
Executive Director

ORIGINAL of the foregoing filed this 12th day of December, 2008 with:

Arizona Medical Board
9545 East Doubletree Ranch Road
Scottsdale, Arizona 85258

Executed copy of the foregoing mailed by U.S. Mail this 12th day of December, 2008, to:

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