

1 **BEFORE THE ARIZONA MEDICAL BOARD**

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3 In the Matter of

4 **AJMAL A. SULTAN, M.D.**

5 Holder of License No. 46001  
6 For the Practice of Medicine  
In the State of Arizona.

Case No. MD-12-1300A

**FINDINGS OF FACT, CONCLUSIONS  
OF LAW AND ORDER FOR DECREE  
OF CENSURE AND PROBATION**

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8 The Arizona Medical Board ("Board") considered this matter at its public meeting on  
9 October 2, 2013. Ajmal A. Sultan, M.D., ("Respondent") appeared with legal counsel  
10 Stephen Myers before the Board for a Formal Interview pursuant to the authority vested in  
11 the Board by A.R.S. § 32-1451(H). The Board voted to issue Findings of Fact, Conclusions  
12 of Law and Order after due consideration of the facts and law applicable to this matter.

13 **FINDINGS OF FACT**

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

16 2. Respondent is the holder of license number 46001 for the practice of  
17 allopathic medicine in the State of Arizona.

18 3. The Board initiated case number MD-12-1300A after receiving a report from  
19 the Physician Health Program (PHP) Contractor indicating that he had been contacted by  
20 Respondent who stated he had just completed substance abuse treatment at Sierra  
21 Tucson.

22 4. On August 3, 2012, Respondent was admitted for treatment at Sierra  
23 Tucson, and he successfully completed treatment on September 1, 2012. The discharge  
24 summary included diagnoses of opiate dependency, early remission; adjustment disorder  
25 with anxiety; and a past history of prior chemical dependency with amphetamines for many

1 years, in remission. Sierra Tucson recommended residential extended care or a 90-day  
2 outpatient plan to include weekly individual therapy and 12-step meetings. Respondent  
3 elected to attend a 90-day outpatient plan.

4 5. The treatment records demonstrate that Respondent began using  
5 amphetamines in 2001 during medical school. In 2003, Respondent attended inpatient  
6 treatment for amphetamine abuse in Florida. After successful discharge, he entered the  
7 Florida Physician Resource Network (PRN) for monitoring purposes. He completed  
8 residency, practiced in Florida for a short time, and then moved to Missouri where he  
9 worked in a pain management clinic while participating in the Florida PRN.

10 6. Respondent later suffered a ruptured disc with back pain, and he was  
11 prescribed Percocet by his treating physician. When his prescription ran out he prescribed  
12 Percocet in a family member's name and picked up the medication from the pharmacy for  
13 his own use. The pharmacist contacted the Missouri Drug Enforcement Agency (DEA)  
14 regarding Respondent. The DEA presented to Respondent's practice and Respondent  
15 admitted that he self-prescribed the medication. Respondent later surrendered his DEA  
16 registration and in July 2012, he resigned from the pain management clinic.

17 7. After resigning from the Missouri practice, Respondent moved to Arizona  
18 and admitted himself to treatment at Sierra Tucson in August 2012.

19 8. After his discharge from Sierra Tucson, Respondent sought out the services  
20 of the Board's PHP Contractor, who opined that Respondent is safe to practice with PHP  
21 monitoring. On December 20, 2012, Respondent entered into an Interim Consent  
22 Agreement for PHP participation.

23 9. Board staff noted that Respondent was issued an Arizona medical license on  
24 February 8, 2012, and that he answered "no" to the confidential application question in  
25

1 which he was asked if he had been treated in the last five years for a drug or alcohol  
2 addiction or participated in a rehabilitation program.

3 10. Therefore, Board staff determined that Respondent was dishonest in his  
4 responses on his initial licensure application in that he failed to disclose that he had been  
5 treated for substance abuse in 2003.

6 11. During the course of the investigation, Board staff learned that Respondent  
7 failed to disclose action taken against his Florida medical license on his Arizona license  
8 application. Additionally, Respondent failed to disclose that the State of Virginia had  
9 issued him a license on January 17, 2012. Board staff received information from the  
10 Virginia Board indicating that there is currently an investigation pending against  
11 Respondent regarding his truthfulness on his Virginia license application.

12 12. In addition, Respondent was issued a Missouri medical license in April of  
13 2011. Board staff reviewed Respondent's Missouri license application and found that  
14 Respondent failed to disclose his previous Florida post graduate training permit  
15 disciplinary action. Board staff also became aware that there is currently a pending  
16 Missouri Board investigation regarding Respondent.

17 13. On February 20, 2013, Board staff received a report from PHP indicating  
18 that Respondent was not in compliance with the terms and conditions of the December 12,  
19 2012 Interim Order to participate in PHP. Specifically, he has not attended any relapse  
20 prevention weekly sessions nor has he contacted PHP regarding his inability to attend. On  
21 April 15, 2013, Board staff received an addendum to the PHP non-compliance report,  
22 which indicated that Respondent began attending relapse prevention group therapy  
23 sessions on February 25, 2013, and remains in compliance with this requirement.

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1 **CONCLUSIONS OF LAW**

- 2 1. The Board possesses jurisdiction over the subject matter hereof and over  
3 Respondent.
- 4 2. The Board has received substantial evidence supporting the Findings of Fact  
5 described above and said findings constitute unprofessional conduct or other  
6 grounds for the Board to take disciplinary action.
- 7 3. The conduct and circumstances described above constitute unprofessional  
8 conduct pursuant to A.R.S. § 32-1401(27)(f) (“[h]abitual intemperance in the  
9 use of alcohol or habitual substance abuse.”)
- 10 4. The conduct and circumstances described above constitute unprofessional  
11 conduct pursuant to A.R.S. § 32-1401(27)(s) (“[v]iolating or attempting to  
12 violate, directly or indirectly, or assisting in or abetting the violation of or  
13 conspiring to violate any provision of this chapter.” In this case Respondent  
14 violated A.R.S. §32-1427(B) “[e]ach application submitted pursuant to this  
15 section shall contain the oath of the applicant that: 1. All of the information  
16 contained in the application and accompanying evidence or other credentials  
17 submitted are true.”).

18 **ORDER**

19 IT IS HEREBY ORDERED THAT:

- 20
- 21 A. Respondent is issued a Decree of Censure.
- 22 B. Respondent is placed on Probation for **five years** with the following

23 terms and conditions:

- 24 1. **Participation.** Respondent shall promptly enroll in and participate in the  
25 Board's Physician Health Program (PHP) monitoring service which is administered by a

1 private contractor ("Monitor").

2       2.     **Relapse Prevention Group.** Respondent shall attend the Monitor's relapse  
3 prevention group therapy sessions one time per week for the duration of this Order, unless  
4 excused by the relapse prevention group facilitator for good cause. Individual relapse  
5 therapy may be substituted for one or more of the group therapy sessions, if Monitor pre-  
6 approves substitution. The relapse prevention group facilitators or individual relapse  
7 prevention therapist shall submit monthly reports to the Monitor regarding attendance and  
8 progress.

9       3.     **12 Step or Self-Help Group Meetings.** If applicable, Respondent shall  
10 attend ninety 12-step meetings or other self-help group meetings appropriate for  
11 substance abuse and approved by the Monitor, for a period of ninety days. Upon  
12 completion of the ninety meetings in ninety days, Respondent shall participate in a 12-step  
13 recovery program or other self-help program appropriate for substance abuse as  
14 recommended by the Monitor. Respondent shall attend a minimum of three 12-step or  
15 other self-help program meetings per week... Two meetings per month must be Caduceus  
16 meetings. Respondent must maintain a log of all self-help meetings.

17       4.     **Approved Primary Care Physician.** Respondent shall promptly obtain a  
18 primary care physician and shall submit the name of the physician to the Monitor in writing  
19 for approval. The approved primary care physician ("PCP") shall be in charge of providing  
20 and coordinating Respondent's medical care and treatment. Except in an *Emergency*,  
21 Respondent shall obtain medical care and treatment only from the PCP and from health  
22 care providers to whom the PCP refers Respondent. Respondent shall promptly provide  
23 a copy of this Order to the PCP. Respondent shall also inform all other health care  
24 providers who provide medical care or treatment that Respondent is participating in PHP.  
25 "*Emergency*" means a serious accident or sudden illness that, if not treated immediately,

1 may result in a long-term medical problem or loss of life.

2       5.     **Medication.** Except in an *Emergency*, Respondent shall take no *Medication*  
3 unless the PCP or other health care provider to whom the PCP refers Respondent  
4 prescribes the *Medication*. Respondent shall not self-prescribe any *Medication*.  
5 "*Medication*" means a prescription-only drug, controlled substance, and over-the counter  
6 preparation, other than plain aspirin, plain ibuprofen, and plain acetaminophen. If a  
7 controlled substance is prescribed, dispensed, or administered to Respondent by any  
8 person other than PCP, Respondent shall notify the PCP in writing within 48 hours and  
9 notify the Monitor immediately.

10       6.     **No Alcohol or Poppy Seeds.** Respondent shall not consume alcohol, any  
11 food, or other substance containing poppy seeds or alcohol.

12       7.     **Biological Fluid Collection.** Respondent shall provide the Monitor in  
13 writing with one telephone number that shall be used to contact Respondent on a 24 hour  
14 per day/seven day per week basis to submit to biological fluid collection. For the purposes  
15 of this section, telephonic notice shall be deemed given at the time a message to appear is  
16 left at the contact telephone number provided by Respondent. Respondent authorizes any  
17 person or organization conducting tests on the collected samples to provide testing results  
18 to the Monitor. Respondent shall comply with all requirements for biological fluid  
19 collection.

20       8.     **Out of State Travel and/or Unavailability at Home/Office Telephone**  
21 **Number.** Respondent shall provide the Monitor with written notice of any plans to travel  
22 out of state.

23       9.     **Payment for Services.** Respondent shall pay for all costs, including Monitor  
24 costs associated with participating in PHP at the time service is rendered, or within 30  
25 days of each invoice sent to the Respondent. An initial deposit of two months monitoring

1 fees is due upon entering the program. Failure to pay either the initial monitoring deposit  
2 or monthly fees 60 days after invoicing will be reported to the Board by the contractor and  
3 may result in disciplinary action up to and including revocation.

4 10. **Interviews.** Respondent shall appear in person before the Monitor for  
5 interviews upon request, upon reasonable notice.

6 11. **Address and Phone Changes, Notice.** Respondent shall immediately notify  
7 the Monitor in writing of any change in office or home addresses and telephone numbers.

8 12. **Relapse, Violation.** In the event of chemical dependency relapse by  
9 Respondent or Respondent's use of drugs or alcohol in violation of the Order, Respondent  
10 shall promptly enter into an Interim Order for Practice Restriction and Consent to the  
11 Same that requires, among other things, that Respondent not practice medicine until such  
12 time as Respondent successfully completes long-term inpatient treatment for chemical  
13 dependency designated by the Monitor and obtains affirmative approval from the Board or  
14 the Executive Director to return to the practice of medicine. Prior to approving  
15 Respondent's request to return to the practice of medicine, Respondent may be required  
16 to submit to witnessed biological fluid collection or undergo any combination of physical  
17 examination, psychiatric or psychological evaluation. **In no respect shall the terms of**  
18 **this paragraph restrict the Board's authority to initiate and take disciplinary action**  
19 **for violation of this Order.**

20 13. **Notice Requirements.** Respondent shall immediately provide a copy of this  
21 Order to all current and future employers and all hospitals and free standing surgery  
22 centers where Respondent has privileges. Within 30 days of the date of this Order,  
23 Respondent shall provide the Monitor with a signed statement of compliance with this  
24 notification requirement. Respondent is further required to notify, in writing, all employers,  
25 hospitals and free standing surgery centers where Respondent currently has or in the

1 future gains employment or privileges, of a chemical dependency relapse.,

2 14. **Out-of-State.** In the event Respondent resides or practices as a physician  
3 in a state other than Arizona, Respondent shall participate in the rehabilitation program  
4 sponsored by that state's medical licensing authority or medical society. Respondent shall  
5 cause the monitoring state's program to provide written quarterly reports to the Monitor  
6 regarding Respondent's attendance, participation, and monitoring. The monitoring state's  
7 program and Respondent shall immediately notify the Monitor if Respondent: a) is non-  
8 compliant with any aspect of the monitoring requirements; b) relapses; c) tests positive for  
9 controlled substances; d) has low specific gravity urine drug test(s), missed and/or late  
10 urine drug tests, or otherwise rejected urine drug tests; and e) is required to undergo any  
11 additional treatment.

12 15. Respondent shall immediately obtain a treating psychiatrist approved by the  
13 Monitor and shall remain in treatment with the psychiatrist until further order. Respondent  
14 shall instruct the psychiatrist to release to the Monitor, upon request, all records relating to  
15 Respondent's treatment, and to submit quarterly written reports to the Monitor regarding  
16 diagnosis, prognosis, medications, and recommendations for continuing care and  
17 treatment of Respondent. Respondent shall provide the psychiatrist with a copy of this  
18 order. Respondent shall pay the expenses of all the psychiatric care and for the  
19 preparation of the quarterly reports. After **twelve months**, Respondent may submit a  
20 written request to the Board requesting termination of the requirement that Respondent  
21 remain in treatment with a psychiatrist. The decision to terminate will be based, in part,  
22 upon the treating psychiatrist's recommendation for continued care and treatment.

23 16. This Order supersedes all previous consent agreements and stipulations  
24 between the Board and/or the Executive Director and Respondent.

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1 17. The Monitor shall perform periodic chart reviews during the probationary  
2 period at Respondent's expense.

3 18. At the end of the five year probationary period, the Board shall review  
4 Respondent's compliance with this Order.

5 19. The Board retains jurisdiction and may initiate new action based upon any  
6 violation of this Order.  
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9 **RIGHT TO PETITION FOR REHEARING OR REVIEW**

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

17 Respondent is further notified that the filing of a motion for rehearing or review is  
18 required to preserve any rights of appeal to the Superior Court.  
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21 DATED and effective this 12<sup>th</sup> day of December, 2013.

22 ARIZONA MEDICAL BOARD

23 By: Patricia E. McSorley  
24 Patricia E. McSorley  
25 Interim Acting Executive Director

1 EXECUTED COPY of the foregoing mailed by  
2 US Mail this 12<sup>th</sup> day of December, 2013 to:

3 Stephen Myers, Esq.  
4 Myers & Jenkins  
5 One East Camelback Road, Suite 500  
6 Phoenix, AZ 85012  
7 Attorney for Respondent

8 ORIGINAL of the foregoing filed this  
9 12<sup>th</sup> day of December 2013 with:

10 The Arizona Medical Board  
11 9545 East Doubletree Ranch Road  
12 Scottsdale, AZ 85258

13 Mary Bobel  
14 Arizona Medical Board Staff