

1 BEFORE THE ARIZONA MEDICAL BOARD

2 In the Matter of

3 **ISSADA THONGTRANGAN, M.D.**

4 Holder of License No. 45920
5 For the Practice of Allopathic Medicine
6 In the State of Arizona.

Case No. MD-15-0073A

**ORDER FOR DECREE OF
CENSURE AND PROBATION; AND
CONSENT TO THE SAME**

7 Issada Thongtrangan, M.D. ("Respondent"), elects to permanently waive any right
8 to a hearing and appeal with respect to this Order for a Decree of Censure and Probation;
9 admits the jurisdiction of the Arizona Medical Board ("Board"); and consents to the entry of
10 this Order by the Board.

11 **FINDINGS OF FACT**

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

14 2. Respondent is the holder of license number 45920 for the practice of
15 allopathic medicine in the State of Arizona.

16 3. The Board initiated case number MD-15-0073A after receiving a self-report
17 from Respondent that he had inappropriately prescribed pain medication to two patients
18 without performing physical examinations or generating appropriate medical records. The
19 Board subsequently received a second report alleging that Respondent had been
20 involved in a sexual relationship with a patient. According to the complaint, Respondent
21 provided a patient with prescriptions for controlled substances in exchange for sexual
22 favors from the patient.

23 4. A Medical Consultant ("MC") reviewed Respondent's care and treatment of
24 five patients and found that Respondent deviated from the standard of care with regard to
25 all five patients.

1 a. The MC found that between September 2014 and January 2015,
2 Patient JC filled nine narcotic/barbiturate prescriptions written by Respondent. At
3 times, the prescriptions were dispensed as little as three days apart. The MC also
4 noted that during this time, JC was dispensed overlapping and duplicative
5 controlled substance prescriptions from other providers. The MC substantiated the
6 claim that Respondent failed to establish a legitimate treating physician/patient
7 relationship to include office visits or performance of a history and physical
8 examination.

9 b. With regard to Patient MiA, who is JC's sister, the MC found that
10 Respondent provided thirteen controlled substance prescriptions between July
11 2014 and December 2014, dispensed as little as five days apart. The MC also
12 found that MiA was dispensed overlapping and duplicative controlled substance
13 prescriptions from other prescribers. The MC noted that Respondent did not
14 establish a legitimate treating physician/patient relationship to include office visits
15 or performance of a history and physical examination.

16 c. With regard to Patient ZA, who is JC's niece, the MC found that
17 Respondent provided ten controlled substance prescriptions between August 2014
18 and December 2014, dispensed as little as seven days apart. The MC noted that
19 Respondent did not establish a legitimate treating physician/patient relationship to
20 include office visits or performance of a history and physical examination.

21 d. With regard to Patient BH, who is JC's brother, the MC found that
22 Respondent provided five controlled substance prescriptions between November
23 2014 and January 2015, dispensed as little as five days apart. The MC noted that
24 Respondent did not establish a legitimate treating physician/patient relationship to
25 include office visits or performance of a history and physical examination.

1 e. With regard to Patient MaA, who is JC's nephew, the MC found that
2 Respondent provided two controlled substance prescriptions over a twenty two day
3 interval. The MC noted that Respondent did not establish a legitimate treating
4 physician/patient relationship to include office visits or performance of a history and
5 physical exam.

6 5. The standard of care requires a physician to comply with state and federal
7 prescribing laws. Respondent deviated from the standard of care by failing to establish a
8 legitimate physician/patient treating relationship prior to prescribing multiple controlled
9 substances to five patients.

10 6. The standard of care requires a physician to formulate a chronic pain
11 management treatment plan on the basis of evaluation, pain history, substance abuse
12 history, physical exam, review of records, diagnostic studies and risk assessment.
13 Respondent deviated from the standard of care by failing to formulate a chronic pain
14 management treatment plan on the basis of evaluation, pain history, substance abuse
15 history, physical exam, review of records, diagnostic studies and risk assessment.

16 7. Actual patient harm occurred as perpetuation and facilitation of
17 nontherapeutic use of controlled substances (defined as misuse, abuse, addiction and/or
18 diversion) by JC and MiA, both of whom directly contacted the licensee with their requests
19 for prescriptions. Additionally there was the potential for drug abuse, addiction, diversion,
20 respiratory depression, non-fatal overdose, fatal overdose, analgesic overuse headache,
21 opioid induced hyperalgesia, and failure to diagnose a treatable pain condition.

22 8. The standard of care requires a physician to discuss safe use and risks
23 associated with use of controlled substances, and review either verbally or in writing the
24 elements of a standard opioid treating agreement. Respondent deviated from the
25 standard of care by failing to document that he discussed safe use and risks associated

1 with use of controlled substances, and by failing to review either verbally or in writing the
2 elements of a standard opioid treating agreement.

3 9. The standard of care requires a physician to properly monitor patients who
4 are prescribed controlled substances to determine efficacy, compliance, adverse effects
5 and utilization. Respondent deviated from the standard of care by failing to properly
6 monitor patients who are prescribed controlled substances to determine efficacy,
7 compliance, adverse effects and utilization.

8 10. Respondent attended a psychosexual evaluation at Pine Grove Behavioral
9 Health ("Pine Grove") from July 29-31, 2015, and subsequently entered inpatient treatment
10 with the same facility from September 14, 2015 through November 23, 2015. At the
11 completion of his treatment, Pine Grove determined that Respondent was safe to practice,
12 provided that he comply with treatment and practice recommendations, including the use
13 of a chaperone during patient appointments.

14 11. Additionally, Respondent completed 14 hours of online and 15.25 hours of
15 in-person Category I continuing medical education ("CME") regarding the prescribing of
16 controlled substances, and 24 hours of Category I CME in professional boundaries.

17 12. Respondent implemented the recommendations from Pine Grove, and on
18 February 3, 2016 Respondent entered into an Interim Consent Agreement formally
19 agreeing to implement the practice recommendations from Pine Grove.

20 **CONCLUSIONS OF LAW**

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

23 b. The conduct and circumstances described above constitute unprofessional
24 conduct pursuant to A.R.S. § 32-1401(27)(e)("[F]ailing or refusing to maintain adequate
25 records on a patient.").

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

4 d. The conduct and circumstances described above constitute unprofessional
5 conduct pursuant to A.R.S. § 32-1401(27)(z)("[E]ngaging in sexual conduct with a current
6 patient or with a former patient within six months after the last medical consultation unless
7 the patient was the licensee's spouse at the time of the contact or, immediately preceding
8 the physician-patient relationship, was in a dating or engagement relationship with the
9 licensee. For the purposes of this subdivision, "sexual conduct" includes: (i) Engaging in or
10 soliciting sexual relationships, whether consensual or nonconsensual; (ii) Making sexual
11 advances, requesting sexual favors or engaging in any other verbal conduct or physical
12 contact of a sexual nature; and (iii) Intentionally viewing a completely or partially disrobed
13 patient in the course of treatment if the viewing is not related to patient diagnosis or
14 treatment under current practice standards.>").

15 e. The conduct and circumstances described above constitute unprofessional
16 conduct pursuant to A.R.S. § 32-1401(27)(jj)("[K]nowingly making a false or misleading
17 statement to the board or on a form required by the board or in a written correspondence,
18 including attachments, with the board.>").

19 **ORDER**

20 IT IS HEREBY ORDERED THAT:

- 21 1. This Order supersedes all other Orders issued in this matter,
- 22 2. Respondent is issued a Decree of Censure.

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1 3. Respondent is placed on Probation for a period of 5 year(s)¹ with the
2 following terms and conditions:

3 **a. Practice Restriction:**

4 Respondent shall have a female chaperone present for all appointments with
5 female patients in all settings. The female chaperone must be an Arizona licensed
6 healthcare provider (i.e. registered nurse, licensed practical nurse or physician assistant)
7 employed by the Respondent, hospital or clinic and may not be a representative or relative
8 who accompanied the patient. Respondent shall instruct the female chaperone to
9 document her presence by signing, dating, and legibly printing her name on each patient's
10 chart at the time of the examination. Respondent shall instruct the female chaperone to
11 immediately report any inappropriate behavior to Respondent and the Board.

12 **b. Chart Reviews:**

13 Board staff or its agents shall conduct periodic chart reviews to monitor
14 Respondent's compliance with this Board Order.

15 **c. Acceptable Hours of Work:**

16 Respondent shall work no more than 55 hours per week, and shall be on an on-call
17 rotation with other physicians. Respondent shall not use his personal cell phone to make
18 patient calls. Respondent shall not provide treatment or prescribe medication for family
19 members, friends, or staff. Respondent shall not utilize his wife to assist in surgery.

20 **d. Re-Evaluation:**

21 Respondent shall return to Pine Grove within six months from his date of discharge
22 for a five-day re-evaluation, as recommended in Pine Grove's final report. Respondent
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25 ¹ Respondent's probation shall be retroactive to February 3, 2016.

1 shall implement any additional practice or treatment recommendations made by Pine
2 Grove during or after the re-evaluation.

3 **e. Continued Care Recommendations:**

4 Respondent shall continue treatment with his individual and couples therapists as
5 recommended in the Pine Grove final report.² Respondent shall comply with any and all
6 treatment recommendations, including taking any and all medications. Respondent shall
7 provide his individual and couples therapists with a copy of this and any subsequent Board
8 Orders. Respondent shall instruct his individual therapist to submit reports to the Board
9 regarding his diagnosis, prognosis, current medications, recommendation for continuing
10 care and treatment, and his ability to safely practice medicine. The reports shall be
11 submitted quarterly, the commencement of which shall be determined by Board staff.
12 Respondent shall pay the expenses of treatment and be responsible for paying for the
13 preparation of the quarterly reports. Respondent's individual and couples therapists shall
14 report to the Board immediately if there are any concerns regarding Respondent's ability to
15 safely practice. Respondent shall attend three meetings a week of Sex Addiction
16 Anonymous ("SAA"). Respondent shall promptly obtain an SAA sponsor and submit the
17 name of the sponsor to the Board in writing for approval. Respondent shall maintain an
18 attendance log of all SAA meetings attended and provide it to the Board upon request.

19 **f. Costs:**

20 Respondent shall be responsible for all costs associated with the implementation of
21 the practice and treatment recommendations made by Pine Grove.
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25 ² In the event that Respondent changes therapists, any future therapists shall be Board staff pre-approved.

1 **g. Notification:**

2 Respondent shall immediately provide a copy of this Order to all employers,
3 hospitals and free standing surgery centers where Respondent currently has or in the
4 future gains employment or privileges. Within 30 days of the effective date of this Order,
5 Respondent shall provide the Board with a signed statement of compliance with this
6 notification requirement.

7 **h. Obey All Laws:**

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

11 **b. Tolling:**

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

19 **c. Probation Termination:**

20 Respondent may request termination of the Probation after two years. Prior to the
21 termination of Probation, Respondent must submit a written request to the Board for
22 release from the terms of this Order. Respondent's request for release will be placed on
23 the next pending Board agenda, provided a complete submission is received by Board
24 staff no less than 14 days prior to the Board meeting. Respondent's request for release
25 must be accompanied by a recommendation from an evaluator approved by the Board or

1 its staff that Respondent is safe to practice without continued monitoring and he has
2 satisfied all the terms and conditions of the Order. The Board has the sole discretion to
3 determine whether all of the terms and conditions of this Order have been met or whether
4 to take any other action that is consistent with its statutory and regulatory authority.

5 4. The Board retains jurisdiction and may initiate new action against
6 Respondent based upon any violation of this Order. A.R.S. § 32-1401(27)(r).

7 DATED AND EFFECTIVE this 6th day of May, 2016.

9 ARIZONA MEDICAL BOARD

10 By Patricia E. McSorley
11 Patricia E. McSorley
12 Executive Director

13 **CONSENT TO ENTRY OF ORDER**

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

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

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

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

25 5. All admissions made by Respondent are solely for final disposition of this
matter and any subsequent related administrative proceedings or civil litigation involving

1 the Board and Respondent. Therefore, said admissions by Respondent are not intended
2 or made for any other use, such as in the context of another state or federal government
3 regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or
4 any other state or federal court.

5 6. Upon signing this agreement, and returning this document (or a copy thereof)
6 to the Board's Executive Director, Respondent may not revoke the consent to the entry of
7 the Order. Respondent may not make any modifications to the document. Any
8 modifications to this original document are ineffective and void unless mutually approved
9 by the parties.

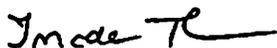
10 7. This Order is a public record that will be publicly disseminated as a formal
11 disciplinary action of the Board and will be reported to the National Practitioner's Data
12 Bank and on the Board's web site as a disciplinary action.

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

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

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

22 11. ***Respondent has read and understands the conditions of probation.***

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24 ISSADA THONGTRANGAN, M.D.

DATED: 3-29-2016

1 EXECUTED COPY of the foregoing mailed
2 this 6th day of May, 2016 to:

3 Robert J. Milligan
4 Milligan Lawless, PC
5 5050 N 40th Street, Suite 200
6 Phoenix, AZ 85015
7 Attorney for Respondent

8 ORIGINAL of the foregoing filed
9 this 6th day of May, 2016 with:

10 Arizona Medical Board
11 9545 E. Doubletree Ranch Road
12 Scottsdale, AZ 85258

13 Mary Baker
14 Board Staff

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