

1 **BEFORE THE ARIZONA MEDICAL BOARD**

2 In the Matter of-

3 **MICHAEL S. SNYDER, M.D.**

4 Holder of License No. 17687
5 For the Practice of Medicine
6 In the State of Arizona.

Case No. MD-11-0615A

**ORDER FOR SURRENDER OF
LICENSE AND CONSENT TO THE
SAME**

7 Michael S. Snyder, M.D. ("Respondent") elects to permanently waive any right to a
8 hearing and appeal with respect to this Order for Surrender of License; admits the
9 jurisdiction of the Arizona Medical Board ("Board"); and consents to the entry of this Order
10 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 17687 for the practice of
15 allopathic medicine in the State of Arizona.

16 3. The Board initiated case number MD-11-0615A after receiving notification of
17 the suspension of Respondent's DEA registration based upon alleged dangerous
18 prescribing to multiple patients. The medical records for patients DF, JH, and RC were
19 randomly selected for detailed review by a Medical Consultant (MC). The MC also
20 performed a cursory review of Respondent's prescribing to patients PC and LC.

21 4. In the case of patient DF. Respondent prescribed opioids for subjective
22 complaints of chronic low back pain and whiplash injury, despite frequent early refill
23 requests, repetitive problems with DUI, and urine drug tests positive for marijuana and
24 negative for the prescribed Methadone.

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1 5. In the absence of an adequate pain history, targeted physical exam or record
2 review, Respondent treated JH with escalating dosages of opioid for unverified knee pain.
3 Within a few weeks of establishing care, the dose was increased 500% from JH's self-
4 reported, unverified, previous dose. A review of the Controlled Substance Prescription
5 Monitoring Program (CSPMP) supports that Respondent provided frequent early refills of
6 MSContin and Oxycodone.

7 6. RC is a 16 year-old with a history of hypoxemia and subjective complaints of
8 migraine and chronic low back pain. Respondent instituted high dose opioids in the
9 absence of any documented history, diagnostic work up, record review, or physical exam.
10 Despite a grossly abnormal urine drug test, including presence of an illegal drug and
11 presence of prescription opioids outside of the treatment plan, Respondent continued
12 prescribing over a six month period.

13 7. Respondent treated husband and wife PC and LC with chronic opioid
14 medications for subjective chronic pain complaints. He also prescribed transmucosal
15 Fentanyl for management of acute headache/migraine. Poor medical recordkeeping was
16 identified by the MC's review, as well as inadequacies in obtaining adequate pain history,
17 physical exam, evaluation and monitoring.

18 8. The standard of care prior to prescribing long-term opioid medications for
19 chronic non-malignant pain requires a physician to perform an appropriate evaluation of
20 the pain problem, including a pain history, targeted physical exam, review of past medical
21 records, and risk assessment.

22 9. Respondent deviated from the standard of care in his care of patients DF, JH
23 and RC by failing to review past medical records, obtain diagnostic studies, and perform a
24 physical exam.

25

1 10. The standard of care when controlled substances with the potential for abuse
2 are prescribed for chronic non-malignant pain requires a physician to monitor for efficacy,
3 adverse effects, and to closely monitor for, recognize, and follow up on problems
4 suggestive of non-compliance and/or aberrant drug seeking.

5 11. Respondent deviated from the standard of care in his care of patients DF,
6 JH, and RC by failing to follow up on abnormal urine drug tests and early refills.

7 12. The standard of care requires a physician to avoid prescribing high dose
8 immediate release opioids in opioid non-tolerant patients including those with only as
9 needed (PRN) prior exposure as it is contraindicated in the management of acute pain
10 including headache/migraine.

11 13. Respondent deviated from the standard of care by instituting high dose
12 Fentanyl lozenge to LC, PC, and their daughter RC who is an opioid non-tolerant teenage
13 patient with hypoxemia, for management of acute headache/migraine

14 14. Respondent's conduct resulted in the perpetuation of substance abuse due
15 to his failure to address abnormal findings of urine drug tests in patients RC and DF.

16 15. In all the patients, the potential harm caused by Respondent's conduct
17 included perpetuation of addiction, hypoventilation, hypoxemia, respiratory depression,
18 accidental overdose, aspiration, brain damage, coma and death.

19 16. Respondent admits to the acts described above and that they constitute
20 unprofessional conduct pursuant to A.R.S. §32-1401(27)(e) ("[f]ailing or refusing to
21 maintain adequate records on a patient."); A.R.S. §32-1401(27)(q) ("[a]ny conduct that is
22 or might be harmful or dangerous to the health of the patient or the public.") and A.R.S.
23 §32-1401(27)(p) ("[s]anctions imposed by an agency of the federal government, including
24 restricting, suspending, limiting or removing a person from the practice of medicine or
25 restricting that person's ability to obtain financial remuneration.").

CONCLUSIONS OF LAW

- 1
- 2 1. The Board possesses jurisdiction over the subject matter hereof and over
- 3 Respondent.
- 4 2. The Board possesses statutory authority to enter into a consent agreement
- 5 with a physician and accept the surrender of an active license from a physician who
- 6 admits to having committed an act of unprofessional conduct. A.R.S. § 32-1451(T)(2).

7 ORDER

8 IT IS HEREBY ORDERED THAT Respondent immediately surrender License

9 Number 17687, issued to Michael S. Snyder, M.D. for the practice of allopathic medicine in

10 the State of Arizona, and return his wallet card and certificate of licensure to the Board.

11

12 DATED and effective this 17th day of June, 2012.

13 ARIZONA MEDICAL BOARD

14

15 By: [Signature]

16 Lisa S. Wynn
Executive Director

17

18 CONSENT TO ENTRY OF ORDER

- 19 1. Respondent has read and understands this Consent Agreement and the
- 20 stipulated Findings of Fact, Conclusions of Law and Order ("Order"). Respondent
- 21 acknowledges he has the right to consult with legal counsel regarding this matter.
- 22 2. Respondent acknowledges and agrees that this Order is entered into freely
- 23 and voluntarily and that no promise was made or coercion used to induce such entry.
- 24 3. By consenting to this Order, Respondent voluntarily relinquishes any rights
- 25 to a hearing or judicial review in state or federal court on the matters alleged, or to

1 challenge this Order in its entirety as issued by the Board, and waives any other cause of
2 action related thereto or arising from said Order.

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

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

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

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

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

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

24
25 Michael S. Snyder, M.D.

Dated: 5/13/12

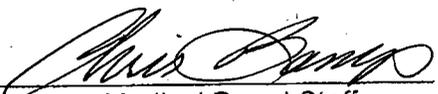
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EXECUTED COPY of the foregoing mailed by
US Mail this 7th day of June 2012 to:

Michael S. Snyder, M.D.
Address of Record

ORIGINAL of the foregoing filed this
7th day of June 2012 with:

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


Arizona Medical Board Staff