



1 treatment plan and rationale for dosage adjustments. KQ was seen on a monthly basis  
2 and there were signs of aberrant drug taking behavior in early 2010 including refills in  
3 three weeks instead of four, and a report that the medications were stolen on April 26,  
4 2010. After this episode, a urine drug screen was obtained that was consistent with the  
5 medications prescribed.

6 6. KQ was subsequently seen every 1-2 weeks to ensure compliance with the  
7 treatment plan. On June 3, 2010, the monthly visits resumed and KQ's medications  
8 included oxycodone, fentanyl patches, vicoprofen, and lortab.

9 7. In October of 2010, KQ had an overdose of medications and presented to  
10 the clinic somnolent and incoherent. She refused hospital admission. She was seen two  
11 days later and denied a suicide attempt despite taking all of her medications. Respondent  
12 restarted KQ's pain medications and gave her a two week supply. The caregiver was to  
13 dispense the medication to control KQ's intake and Respondent suggested that KQ see a  
14 psychiatrist.

15 8. In November 2010, KQ established care with a psychiatrist. In February of  
16 2011, KQ reported that her drugs were stolen. The following month, KQ was noted to be in  
17 severe pain, vomiting, and had five fentanyl patches on.

18 9. Respondent dismissed KQ from his practice in May of 2011 due to lost or  
19 stolen medications and medication overdosing. He gave KQ four weeks to locate a new  
20 physician and then continued prescribing her medications.

21 10. In August, the patient was seen every two weeks and appeared to take lower  
22 doses of narcotics. By October 2011, the psychiatrist indicated that KQ's depression was  
23 well controlled.

24 11. On December 13, 2011, KQ was seen in the emergency department for  
25 abdominal pain and she reported that she was out of her medications. She received

1 Percocet and was seen by Respondent on December 30, 2011. She reported that her  
2 medications were stolen and she obtained prescriptions for oxycodone, lortab, and  
3 vicoprofen.

4 12. On January 3, 2012, KQ was admitted to the hospital with an apparent  
5 significant drug overdose. After stabilization, she was discharged on January 14, 2012.

6 13. The Medical Consultant (MC) found that Respondent's medical records prior  
7 to September 2009 contained inadequate assessment of pain and function with not  
8 enough clinical data to understand the rationale for dosage. The MC observed that later  
9 medical records inconsistently document pain relief and function. The MC noted that while  
10 receiving chronic narcotic therapy, KQ required early refills, had medications stolen  
11 multiple times and overdosed on her medications. The MC further observed that after  
12 Respondent attempted to dismiss KQ from his practice, he continued very high dose  
13 narcotic therapy for an irresponsible patient with a chaotic home environment.

14 14. The standard of care requires a physician to discontinue prescribing high  
15 dose narcotics in a patient who cannot responsibly take the medication.

16 15. Respondent deviated from the standard of care by continuing to prescribe  
17 high dose narcotics to a patient who could not responsibly take the medication.

18 16. The standard of care requires a physician to avoid treating a fibromyalgia  
19 patient with high dose narcotic therapy.

20 17. Respondent deviated from the standard of care by treating a fibromyalgia  
21 patient with high dose narcotic therapy.

22 18. The standard of care in the case of high risk patients requires clear evidence  
23 that the use of chronic narcotic therapy outweigh the risks.

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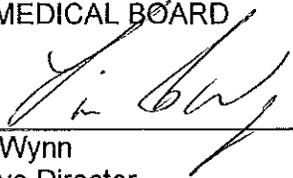
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- 2. Respondent is placed on probation for three months with the following terms and conditions:
  - a. Respondent shall within 10 days of the effective date of this order, enter a contract with a Board pre-approved monitoring company ("Monitor") to provide all monitoring services. Respondent shall bear all costs of monitoring requirements and services.
  - b. The Monitor shall conduct monthly, random chart reviews beginning in October 2012 and continuing until December 31, 2012.
- 3. Respondent has requested cancellation of his license effective January 1, 2013. Therefore, the Board shall cancel his license on January 1, 2013, provided that, as of that date, Respondent is not under investigation by the Board, and the Board has not commenced any disciplinary proceeding against him.

DATED AND EFFECTIVE this 4<sup>th</sup> day of OCTOBER, 2012.

ARIZONA MEDICAL BOARD  
By   
Lisa S. Wynn  
Executive Director

**CONSENT TO ENTRY OF ORDER**

- 1. Respondent has read and understands this Consent Agreement and the stipulated Findings of Fact, Conclusions of Law and Order ("Order"). Respondent acknowledges he has the right to consult with legal counsel regarding this matter.
- 2. Respondent acknowledges and agrees that this Order is entered into freely and voluntarily and that no promise was made or coercion used to induce such entry.

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

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

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

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

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

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

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

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

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

6  
7 Paul D. Dlugie, M.D.  
8 Paul D. Dlugie, M.D.

DATED: Sept. 5, 2012

9 EXECUTED COPY of the foregoing mailed  
10 this 4<sup>th</sup> day of October, 2012 to:

11 Paul J. Giancola  
12 Snell & Wilmer  
13 One Arizona Center  
14 400 E. Van Buren Street  
15 Phoenix, Arizona 85004

16 ORIGINAL of the foregoing filed  
17 this 4<sup>th</sup> day of October, 2012 with:

18 Arizona Medical Board  
19 9545 E. Doubletree Ranch Road  
20 Scottsdale, AZ 85258

21 Mary Baker  
22 Arizona Medical Board Staff  
23  
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