

1 waiver, express or implied, of the Board's statutory authority or jurisdiction regarding any
2 other pending or future investigation, action or proceeding. The acceptance of this
3 Consent Agreement does not preclude any other agency, subdivision or officer of this
4 State from instituting other civil or criminal proceedings with respect to the conduct that is
5 the subject of this Consent Agreement.

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

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

17 8. If the Board does not adopt this Consent Agreement, Respondent will not
18 assert as a defense that the Board's consideration of this Consent Agreement constitutes
19 bias, prejudice, prejudgment or other similar defense.

20 9. This Consent Agreement, once approved and signed, is a public record that
21 will be publicly disseminated as a formal action of the Board and will be reported to the
22 National Practitioner Data Bank and to the Arizona Medical Board's website.

23 10. If any part of the Consent Agreement is later declared void or otherwise
24 unenforceable, the remainder of the Consent Agreement in its entirety shall remain in force
25 and effect.

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

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6
7 M. L. Grams, M.D.
8 MARK L. GRAMS, M.D.

DATED: 22 April 2009

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1 **FINDINGS OF FACT**

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

4 2. Respondent is the holder of license number 11869 for the practice of
5 allopathic medicine in the State of Arizona.

6 3. The Board initiated case numbers MD-06-0136A and MD-06-0506A after
7 receiving a notification from two hospitals that Respondent's clinical privileges were
8 suspended.

9 4. On January 20, 2006, a hospital notified the Board that it suspended
10 Respondent's clinical privileges due to a serious concern regarding specific management
11 of a case in the emergency department. As a result, five patients' charts were reviewed
12 and deviations were found in four. Patient BN presented to the emergency room 17 weeks
13 pregnant, complaining of abdominal pain, and with a history of renal stones. BN's blood
14 urea nitrogen was 67 and her creatinine was 6.7, indicating renal failure. Respondent
15 diagnosed her with dehydration and urinary tract infection. Subsequently, she had renal
16 failure that required dialysis. Patient DM underwent surgery for peritonsillar abscess and
17 saw Respondent post operatively complaining of bleeding from his throat. Respondent
18 treated him with saline, two units of blood and discharged him. Several hours later DM
19 experienced cardiac arrest and died. Patient JE presented to the emergency department
20 with a history of hypotension, congestive heart failure and falling twice within three days.
21 Respondent noted JE was unsteady, diagnosed him with acute fall and discharged him. JE
22 returned the next day in cardiac arrest and later died. Patient HM presented to the
23 emergency department after falling out a tree. Respondent assumed care at 8:00 p.m.,
24 ordered x-rays and inserted staples in HM's scalp. There was no indication that
25 Respondent performed a physical exam or reviewed the x-rays he ordered. During

1 Respondent's care, HM received four liters of fluid; however, there was no documented
2 output. Another physician later assumed care and the nurses attempted to stand HM up
3 and discovered he was paraplegic. The physician reviewed the x-rays Respondent
4 ordered that revealed obliteration of the spinal canal at T5. HM was transferred to another
5 hospital where he died.

6 5. On July 7, 2006, another hospital notified the Board that it suspended
7 Respondent's clinical privileges for prescription writing errors and for inadequate patient
8 care. As a result, patients' charts were reviewed and deviations were found in all the
9 charts. Specifically, Respondent prescribed 20 mg daily of Norvasc for patient RJ;
10 however, Norvasc does not come in 20 mg tablets and the recommended dose is 2.5 mg.
11 For patient BD, Respondent instructed him to take Percocet when he had pain and to rest;
12 however, there was no time interval included in the instructions. For patient EB
13 Respondent prescribed 40 mg of Amitriptyline; however, it does not come in 40 mg tablets.
14 For three-year old patient JP, Respondent prescribed 500 mg of Amoxicillin every eight
15 hours, which was considered an excessive dosage.

16 6. When a patient presents pregnant with a history of renal stones and
17 abdominal pain; post operative bleeding sufficient to warrant a blood transfusion; with a
18 history of hypotension and congestive heart failure; and following a fall, the standard of
19 care requires a physician to admit the patient for evaluation and treatment; to evaluate the
20 patient and order laboratory tests to determine the cause of the bleeding; to admit the
21 patient for observation and order an electrocardiogram; and to examine the patient, review
22 the x-rays and monitor the patient's fluid status. The standard of care also requires a
23 physician to prescribe the appropriate dose of medication to a patient and to use clear
24 instructions on how to take the medications.

1 7. Respondent deviated from the standard of care because he did not evaluate
2 and treat BN; he did not evaluate DM and order laboratory tests to determine the cause of
3 his bleeding; he did not admit JE for observation or order an electrocardiogram; and he did
4 not examine HM, review his x-rays or monitor his fluid status. Respondent also deviated
5 from the standard of care because he did not prescribe the appropriate dose of
6 medications to RJ, EB and JP and he did not give BD clear instructions on when to take
7 the Percocet.

8 8. As a result of Respondent's delay in diagnosis and treatment, BN suffered
9 renal failure; DM died; and HM became paralyzed and subsequently died. Additionally, RJ,
10 EB, JP and BD could have potentially overdosed.

11 9. A physician is required to maintain adequate legible medical records
12 containing, at a minimum, sufficient information to identify the patient, support the
13 diagnosis, justify the treatment, accurately document the results, indicate advice and
14 cautionary warnings provided to the patient and provide sufficient information for another
15 practitioner to assume continuity of the patient's care at any point in the course of
16 treatment. A.R.S. § 32-1401(2). Respondent's records were inadequate because there
17 was no documented output of fluids for HM and no time interval included in the instructions
18 for BD and for prescription writing errors for RJ, EB, and JP.

19 10. On December 15, 2006, the Board ordered Respondent to undergo an
20 assessment at the Physician Assessment and Clinical Education ("PACE") program and a
21 neuropsychological evaluation. On January 11, 2007, Respondent entered into an Interim
22 Consent Agreement for Practice Restriction ("Practice Restriction") prohibiting him
23 Respondent from practicing clinical medicine. Respondent subsequently completed Phase
24 I of the PACE evaluation on February 16, 2007. PACE noted that Respondent suffered
25 from numerous physical health problems and depression. PACE recommended that

1 Respondent see his primary care physician or cardiologist and undergo treatment for
2 depression. PACE stated that once Respondent complied with the recommendations, he
3 should return for Phase II to further evaluate his clinical skills and knowledge of
4 emergency medicine. On May 12, 2007, Respondent underwent a psychiatric evaluation
5 and psychotherapy was recommended. Subsequently, Respondent notified Board Staff
6 that he was unable to complete Phase II of PACE due to financial reasons.

7 CONCLUSIONS OF LAW

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

10 2. The conduct and circumstances described above constitute unprofessional
11 conduct pursuant to A.R.S. § 32-1401(27)(e) (“[f]ailing or refusing to maintain adequate
12 records on a patient.”); A.R.S. § 32-1401(27)(q) (“[a]ny conduct or practice that is or might
13 be harmful or dangerous to the health of the patient or the public.”); A.R.S. § 32-
14 1401(27)(r) (“[v]iolating a formal order, probation, consent agreement or stipulation issued
15 or entered into by the board or its executive director under the provisions of this chapter.”)
16 and A.R.S. § 32-1401(27)(ll) (“[c]onduct that the board determines is gross negligence,
17 repeated negligence or negligence resulting in harm to or the death of a patient.”).

18 ORDER

19 IT IS HEREBY ORDERED THAT License Number 11869, issued to Mark L. Grams,
20 M.D. for the practice of allopathic medicine in the State of Arizona, is revoked. However,
21 this revocation is stayed with the following terms and conditions:

22 1. Practice Restriction

23 Respondent’s practice is restricted in that he shall not practice clinical
24 medicine or any medicine involving direct patient care, and is prohibited from prescribing
25 any form of treatment including prescription medications, until Respondent applies to the

1 Board and receives the Board's approval to return to practice. Prior to requesting approval
2 to return to the practice of medicine, Respondent shall complete the following terms and
3 conditions:

4 a. Respondent shall satisfactorily complete Phase II of PACE.
5 Respondent is responsible for all expenses related to the evaluation and/or treatment. Any
6 and all reports, assessments or other documents generated by PACE shall be forwarded
7 by PACE to the Board for review.

8 b. Respondent shall complete a comprehensive medical evaluation with
9 a Board approved evaluator. Respondent is responsible for all expenses related to the
10 evaluation and/or treatment. Respondent shall sign consent to release all confidential
11 evaluation and or/treatment records to the Board.

12 c. Obey All Laws

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

16 2. Upon any alleged violation of this Order, Respondent shall be given notice
17 and an opportunity to be heard on the alleged violations. Thereafter, the Board shall
18 revoke Respondent's license.

19 3. This Order is the final disposition of case numbers MD-06-0136A and MD-
20 06-0506A.

21 DATED AND EFFECTIVE this 4th day of June, 2009.

22 ARIZONA MEDICAL BOARD

23 (SEAL)



24 By Amade Beck
25 Lisa S. Wynn
Executive Director

1 ORIGINAL of the foregoing filed
this 4th day of June, 2009 with:

2
3 Arizona Medical Board
9545 E. Doubletree Ranch Road
4 Scottsdale, AZ 85258

5 EXECUTED COPY of the foregoing mailed
this 4th day of June, 2009 to:

6
7 Scott A. Holden Esq.
Holden & Armer
6101 S. Rural Road, Suite 118
8 Tempe, Arizona 85283-2910

9 EXECUTED COPY of the foregoing mailed
10 this 4th day of June, 2009 to:

11 Mark L. Grans, M.D.
Address of Record

12 
13 Investigational Review