BEFORE THE ARIZONA MEDICAL BOARD

| In the Matter of<br><br>**MARK J. TRENTALANGE, M.D.**<br><br>Holder of License No. 29601<br>For the Practice of Allopathic Medicine<br>In the State of Arizona. | Case No. MD-08-0739A<br><br>**CONSENT AGREEMENT FOR DECREE OF CENSURE, PRACTICE RESTRICTION AND PROBATION** |
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**CONSENT AGREEMENT**

By mutual agreement and understanding, between the Arizona Medical Board ("Board") and Mark J. Trentalange, M.D. ("Respondent"), the parties agree to the following disposition of this matter.

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

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

3. This Consent Agreement is not effective until approved by the Board and signed by its Executive Director.

4. The Board may adopt this Consent Agreement or any part thereof. This Consent Agreement, or any part thereof, may be considered in any future disciplinary action against Respondent.

5. This Consent Agreement does not constitute a dismissal or resolution of other matters currently pending before the Board, if any, and does not constitute any

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

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

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

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

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

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

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

12. ***Respondent has read and understands the conditions of probation.***

MARK J. TRENTALANGE, M.D.

DATED: 5/27/09

## FINDINGS OF FACT

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

2. Respondent is the holder of license number 29601 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-08-0739A after Respondent notified the Board that he had a substance abuse problem. Subsequently, the Board received a notification from the Arizona Orthopedic Surgical Hospital (Hospital) alleging Respondent demonstrated behavior that raised concerns regarding potential health and/or substance abuse issues while with a patient.

4. On June 27, 2008, the Hospital reported concerns regarding Respondent's possible impairment while with a patient in the operating room. The Hospital's medical director requested that Respondent submit to a urine drug screen. Rather than submit to the drug screen, Respondent resigned. Subsequently, three of Respondent's patient charts were reviewed and although no deviations were found, it was noted that Respondent had diverted narcotics from patients during surgery and self-medicated with Fentanyl and Sufentanil.

5. On June 30, 2008, Respondent notified Board Staff of his substance abuse issues and was assessed by the Board's Addiction Medicine Consultant. The Consultant's impression was opioid dependence and he recommended that Respondent submit to a urine and hair drug screen, which was negative. From July 3, 2008 through August 2, 2008, Respondent underwent treatment at a residential facility. The treatment facility referred Respondent to a long-term treatment facility for an additional 30-60 days.

6. On October 3, 2008, Respondent completed residential treatment. The treatment facility recommended that Respondent not return to work in the operating room

or in surgery centers where he would have access to intravenous narcotics. Respondent subsequently obtained an additional opinion from another treatment facility and was again diagnosed with opioid dependence with a recommendation that he not return to practice of operating room anesthesiology at this time. The recommendations from the treatment facilities included that his work hours be restricted to no more than 40 per week, that he obtain an individual therapist, enter into a monitored aftercare program, and undergo another evaluation prior to returning to the practice of anesthesiology.

7. On October 6, 2008, Respondent entered into an Interim Consent Agreement for Practice Limitation. On October 8, 2008, Respondent entered into a Consent Agreement for Monitored Aftercare Program (MAP) participation.

## CONCLUSIONS OF LAW

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

2. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(f) ("[h]abitual intemperance in the use of alcohol or habitual substance abuse."), A.R.S. § 32-1401(27)(g) ("[u]sing controlled substances except if prescribed by another physician for use during a prescribed course of treatment.") and A.R.S. § 32-1401(27)(q) ("[a]ny conduct or practice that is or might be harmful or dangerous to the health of the patient or the public.").

## ORDER

IT IS HEREBY ORDERED THAT:

1. Respondent is issued a Decree of Censure.

2. Respondent shall not practice anesthesiology and is prohibited from prescribing, handling, administering, or storing intravenous narcotics.

3. Respondent may petition the Board to terminate the practice restriction after he has successfully completed at least two years of the Monitored Aftercare Program and undergone a substance abuse evaluation at a Board-approved facility to determine his ability to practice as an anesthesiologist. The Board may require any combination of staff approved physical examination, psychiatric and/or psychological evaluations, or successful passage of the Special Purpose Licensing Examination or other competency examination/evaluation or interview it finds necessary to assist it in determining Respondent's ability to safely and competently return to the active practice of anesthesiology and to prescribe, handle, administer and store intravenous narcotics. Respondent is responsible for all expenses related to any evaluation.

4. Respondent shall not work more than **40 hours** per week, this includes being on call status. Respondent shall submit quarterly reports to the Board affirming that Respondent has complied with this condition. The reports must be submitted on or before the 15th day of March, June, September and December. Respondent may petition the Executive Director to terminate the work hour restriction after one year.

5. Respondent is placed on Probation for **five years** with the following terms and conditions:

a. Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Board, stating whether there has been compliance with all conditions of probation. The declarations shall be submitted on or before the 15th of March, June, September and December of each year, beginning on or before June, 2009.

b.1. **Participation**[1]. Respondent shall promptly enroll in and participate in the

[1] Respondent's MAP participation is retroactive to October 8, 2008.

Board's program for the treatment and rehabilitation of physicians who are impaired by alcohol or drug abuse ("MAP"). Respondent's participation in MAP may be unilaterally terminated with or without cause at the Board's discretion at any time after the issuance of this Order.

2. **Relapse Prevention Group**. Respondent shall attend MAP's relapse prevention group therapy sessions one time per week for the duration of this Order, unless excused by the MAP relapse prevention group facilitator for good cause such as illness or vacation. Respondent shall instruct the MAP relapse prevention group facilitators to release to Board Staff, upon request, all records relating to Respondent's treatment, and to submit monthly reports to Board Staff regarding attendance and progress. The reports shall be submitted on or before the 10th day of each month.

3. **12 Step or Self-Help Group Meetings**. Respondent shall attend ninety 12-step meetings or other self-help group meetings appropriate for substance abuse and approved by Board Staff, for a period of ninety days beginning not later than either (a) the first day following Respondent's discharge from chemical dependency treatment or (b) the date of this Order.

4. Following completion of the ninety meetings in ninety days, Respondent shall participate in a 12-step recovery program or other self-help program appropriate for substance abuse as recommended by the MAP Director and approved by Board Staff. Respondent shall attend a minimum of three 12-step or other self-help program meetings per week for a total of twelve per month. Two of the twelve meetings must be Caduceus meetings. Respondent must maintain a log of all self-help meetings. Board Staff will provide the log to Respondent.

5. Respondent shall take Naltrexone for a period determined by the MAP Medical Director.

6. **Board-Staff Approved Primary Care Physician.** Respondent shall promptly obtain a primary care physician and shall submit the name of the physician to Board Staff in writing for approval. The Board-approved primary care physician ("PCP") shall be in charge of providing and coordinating Respondent's medical care and treatment. Except in an *Emergency*, Respondent shall obtain medical care and treatment only from the PCP and from health care providers to whom the PCP refers Respondent. Respondent shall request that the PCP document all referrals in the medical record. Respondent shall promptly inform the PCP of Respondent's rehabilitation efforts and provide a copy of this Order the PCP. Respondent shall also inform all other health care providers who provide medical care or treatment that Respondent is participating in MAP.

a. "*Emergency*" means a serious accident or sudden illness that, if not treated immediately, may result in a long-term medical problem or loss of life.

7. **Medication.** Except in an *Emergency*, Respondent shall take no *Medication* unless the PCP or other health care provider to whom the PCP refers Respondent prescribes the *Medication*. Respondent shall not self-prescribe any *Medication*.

a. "*Medication*" means a prescription-only drug, controlled substance, and over-the counter preparation, other than plain aspirin, plain ibuprofen, and plain acetaminophen.

8. If a controlled substance is prescribed, dispensed, or is administered to Respondent by any person other than PCP, Respondent shall notify the PCP in writing within 48 hours and notify the MAP Director immediately. The notification shall contain all information required for the medication log entry specified in paragraph 8. Respondent shall request that the notification be made a part of the medical record. This paragraph does not authorize Respondent to take any *Medication* other than in accordance with

paragraph 6.

9. **Medication Log**. Respondent shall maintain a current legible log of all *Medication* taken by or administered to Respondent, and shall make the log available to the Board Staff upon request. For *Medication* (other than controlled substances) taken on an on-going basis, Respondent may comply with this paragraph by logging the first and last administration of the *Medication* and all changes in dosage or frequency. The log, at a minimum, shall include the following:

a. Name and dosage of *Medication* taken or administered;

b. Date taken or administered;

c. Name of prescribing or administering physician;

d. Reason *Medication* was prescribed or administered.

This paragraph does not authorize Respondent to take any *Medication* other than in accordance with paragraph 6.

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

11. **Biological Fluid Collection.** During all times that Respondent is physically present in the State of Arizona and such other times as Board Staff may direct, Respondent shall promptly comply with requests from Board Staff or MAP Director to submit to witnessed biological fluid collection. If Respondent is directed to contact an automated telephone message system to determine when to provide a specimen, Respondent shall do so within the hours specified by Board Staff. For the purposes of this paragraph, in the case of an in-person request, "promptly comply" means "immediately." In the case of a telephonic request, "promptly comply" means that, except for good cause shown, Respondent shall appear and submit to specimen collection not later than two hours after telephonic notice to appear is given. The Board in its sole discretion shall

determine good cause.

12. Respondent shall provide Board Staff in writing with one telephone number that shall be used to contact Respondent on a 24 hour per day/seven day per week basis to submit to biological fluid collection. For the purposes of this section, telephonic notice shall be deemed given at the time a message to appear is left at the contact telephone number provided by Respondent. Respondent authorizes any person or organization conducting tests on the collected samples to provide testing results to the Board and the MAP Director.

13. Respondent shall cooperate with collection site personnel regarding biological fluid collection. Repeated complaints from collection site personnel regarding Respondent's lack of cooperation regarding collection may be grounds for termination from MAP.

14. **Out of State Travel and/or Unavailability at Home or Office Telephone Number.** Respondent shall provide Board Staff at least three business days advance written notice of any plans to be away from office or home when such absence would prohibit Respondent from responding to an order to provide a biological fluid specimen or from responding to communications from the Board. The notice shall state the reason for the intended absence from home or office, and shall provide a telephone number that may be used to contact Respondent.

15. **Payment for Services. Respondent shall pay for all costs, including personnel and contractor costs, associated with participating in MAP at time service is rendered, or within 30 days of each invoice sent to Respondent.**

16. **Examination.** Respondent shall submit to mental, physical, and medical competency examinations at such times and under such conditions as directed by the Board to assist the Board in monitoring Respondent's ability to safely perform as a

physician and Respondent's compliance with the terms of this Order.

17. **Treatment**. Respondent shall submit to all medical, substance abuse, and mental health care and treatment ordered by the Board.

18. **Obey All Laws**. Respondent shall obey all federal, state and local laws, and all rules governing the practice of medicine in the State of Arizona.

19. **Interviews.** Respondent shall appear in person before the Board and its Staff and MAP committees for interviews upon request, upon reasonable notice.

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

21. **Relapse, Violation**. In the event of chemical dependency relapse by Respondent or Respondent's use of drugs or alcohol in violation of the Order, Respondent shall promptly enter into an Interim Consent Agreement for Practice Restriction that requires, among other things, that Respondent not practice medicine until such time as Respondent successfully completes long-term inpatient or residential treatment program for chemical dependency designated by Board Staff and obtains affirmative approval from the Board or the Executive Director to return to the practice of medicine. Prior to approving Respondent's request to return to the practice of medicine, Respondent may be required to submit to witnessed biological fluid collection, undergo any combination of physical examination, psychiatric or psychological evaluation and/or successfully pass the special purpose licensing examination or the Board may conduct interviews for the purpose of assisting it in determining the ability of Respondent to safely return to the practice of medicine. **In no respect shall the terms of this paragraph restrict the Board's authority to initiate and take disciplinary action for violation of this Order.**

22. **Notice Requirements**.

**(A)** Respondent shall immediately provide a copy of this Order to all employers and all hospitals and free standing surgery centers where Respondent currently has privileges. Within 30 days of the date of this Order, Respondent shall provide the Board with a signed statement of compliance with this notification requirement. Upon any change in employer or upon the granting of privileges at additional hospitals and free standing surgery centers, Respondent shall provide the employer, hospital or free standing surgery center with a copy of this Order. Within 30 days of a change in employer or upon the granting of privileges at additional hospitals and free standing surgery centers, Respondent shall provide the Board with a signed statement of compliance with this notification requirement.

**(B)** Respondent is further required to notify, in writing, all employers, hospitals and free standing surgery centers where Respondent currently has or in the future gains employment or privileges, of a chemical dependency relapse, use of drugs or alcohol in violation of this Order and/or entry into a treatment program. Within seven days of any of these events Respondent shall provide the Board written confirmation of compliance with this notification requirement.

**23.** **Public Record.** This Order is a public record.

**24.** **Out-of-State.** In the event Respondent resides or practices as a physician in a state other than Arizona, Respondent shall participate in the rehabilitation program sponsored by that state's medical licensing authority or medical society. Respondent shall cause the monitoring state's program to provide written reports to the Board regarding Respondent's attendance, participation, and monitoring. The reports shall be due quarterly on or before the 15th day of March, June, September, and December of each year, until the Board terminates this requirement in writing. The monitoring state's program and Respondent shall immediately notify the Board if

Respondent: a) is non-compliant with any aspect of the monitoring requirements; b) relapses; c) tests positive for controlled substances; d) has low specific gravity urine drug test(s), missed and/or late urine drug tests, or otherwise rejected urine drug tests; and e) is required to undergo any additional treatment.

**25.** This Order supersedes all previous consent agreements and stipulations between the Board and/or the Executive Director and Respondent.

**26.** The Board retains jurisdiction and may initiate new action based upon any violation of this Order.

**27.** Respondent shall immediately obtain a treating psychotherapist approved by Board Staff and shall remain in treatment for a minimum of 12 months. Respondent shall comply with the psychotherapist's recommendations for continuing care and treatment. Respondent shall instruct the psychotherapist to release to Board Staff, upon request, all records relating to Respondent's treatment, and to submit quarterly written reports to Board Staff regarding diagnosis, prognosis, medications, and recommendations for continuing care and treatment of Respondent. The reports shall be submitted on or before the 15th day of March, June, September and December of each year, beginning on or before June, 2009. After 12 months, Respondent may petition the Executive Director to terminate the psychotherapist requirement. The decision to terminate will be based in part upon the treating psychotherapist's recommendation for continued care and treatment.

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

ARIZONA MEDICAL BOARD

(SEAL)

By _____
Lisa S. Wynn
Executive Director

ORIGINAL of the foregoing filed
this 7th day of June 2009 with:

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

EXECUTED COPY of the foregoing mailed
this 7th day of June 2009 to:

James R. Taylor
Milligan Lawless Taylor Murphy & Bailey
4647 N 32nd Street, Suite 185
Phoenix, Arizona 85018

EXECUTED COPY of the foregoing mailed
this 7th day of June, 2009 to:

Mark J. Trentalange, M.D.
Address of Record

Investigational Review