

BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of:

RICK J. GOMEZ, M.D.,

Holder of License No. 33677
For the Practice of Medicine
In the State of Arizona.

Case No. 13A-33677-MDX

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

Rick J. Gomez, M.D. ("Respondent") elects to permanently waive any right to a hearing and appeal with respect to this Order for Surrender of License; admits the jurisdiction of the Arizona Medical Board ("Board"); and consents to the entry of this Order by the Board.

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 33677 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case numbers MD-13-0504A and MD-13-0671A after receiving a complaint that Respondent had submitted 24 claims billed for spinal injections (two of which were not supported by medical records), all of which were for dates of service after the Board issued an Order on October 12, 2012, prohibiting spinal injections. Subsequently, a final Order for Letter of Reprimand and Practice Restriction dated April 3, 2013, continued the prohibition on spinal injections.

///

///

///

1 MD-13-0504A

2 4. The prohibitions on spinal injections occurred in Board case number MD-11-
3 1582A, which the Board initiated after receiving a complaint regarding Respondent's care
4 and treatment of a 30 year-old female patient ("JH"). The case was reviewed by a Medical
5 Consultant (MC) to evaluate the medical records from a standard of care perspective.

6 5. The MC identified several deviations from the standard of care related to
7 Respondent's performance of spinal injections.

8 6. On October 12, 2012, Respondent entered into an Interim Practice
9 Restriction prohibiting him from performing spinal injections. On April 3, 2013, Respondent
10 entered into a Consent Agreement for Letter of Reprimand and Practice Restriction
11 ("Consent Agreement") prohibiting him from performing spinal injections and requiring him
12 to obtain the services of a monitoring company to ensure compliance with the restriction.

13 7. The monitoring company retained by Respondent pursuant to the Consent
14 Agreement issued a report to the Board based upon concerns it had regarding his
15 compliance with the Board's order. The monitoring company noted that Respondent's
16 documented physical examinations of the musculoskeletal system appeared to be
17 appropriately focused, but the information recorded was the same for all of the charts
18 reflecting patients who had a sacroiliac injection (SI) and there was no documentation of
19 SI disease. The monitoring company also found that he recorded minimal differentiating
20 factors and these did not serve to provide additional diagnostic data. None of the patient
21 files contained diagnostic or imaging studies.

22 8. According to the monitoring company, Respondent did not provide a clinical
23 rationale for his diagnosis, i.e., the charts did not contain any mention of SI disease in
24 the history or evaluation. In addition, the absence of imaging studies limited complete
25 understanding of the patient's problem. As a result, the monitoring company could not

1 confirm Respondent's diagnostic accuracy.

2 9. The monitoring company found that Respondent's management consisted of
3 anesthetic injections that he performed at the initial visit and subsequent follow-up visits
4 in most cases. He injected the anesthetic into the SI joint. The monitoring company also
5 noted that injections with anesthetic are usually performed as a diagnostic study and not to
6 address pain. In addition, fluoroscopy is recommended to help guide the injection into the
7 correct area.

8 10. The monitoring company concluded that Respondent's care was out
9 of compliance with the Consent Agreement in those cases in which he performed SI
10 injections during the period reviewed.

11 11. 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).

17 12. A Medical Consultant (MC) reviewed seven of 13 patient charts that were
18 provided for review. Respondent failed to document procedures billed on multiple visits for
19 multiple patients.

20 13. The MC found Respondent indicated in his Board staff interview that
21 he made corrections to records more than two and a half years after the fact, and
22 apparently after records were requested by Board staff. According to the MC's report, it
23 appears that not all corrections were identified and dated, and the corrections were not
24 timely.

25 PATIENT KS

1 PATIENT JS

2 20. Patient JS established care with Respondent in March, 2010, and was
3 treated for low back pain.

4 21. Prior to the Board's Order prohibiting spinal injections, Respondent
5 performed 27 bilateral sacroiliac joint injections over the course of 29 months. According
6 to the MC, there is no legitimate diagnostic or therapeutic rationale to persist in essentially
7 monthly injections of the same joints for over two years.

8 22. Subsequent to the Board's Order prohibiting spinal injections, Respondent
9 performed sacroiliac joint injections on six occasions.

10 PATIENT KL

11 23. Patient KL established treatment with Respondent in December, 2011,
12 for low back pain and shoulder pain. Per recent MRI reports, lumbar facet joints were
13 unremarkable at every level. Respondent performed injection(s) essentially every month
14 over the course of 18 months. Additionally, narcotic medication was escalated.

15 24. Subsequent to the Board's Order prohibiting spinal injections, Respondent
16 performed sacroiliac joint injections on 8 occasions.

17 PATIENT JM

18 25. Patient JM established care with Respondent on November 15, 2010. She
19 was initially treated with nerve block and trigger point injection. Despite a multitude of
20 injections, JM was prescribed narcotics, as well, and the dose was escalated.

21 26. Subsequent to the Board's Order prohibiting spinal injections, Respondent
22 performed bilateral sacroiliac joint injections on November 1, 2012.

23

24

25

1 **PATIENT CH**

2 27. CH established care with Respondent for right ankle pain. His treatment
3 included narcotic medication and injection of steroid into the ankle on seven visits between
4 8/22/11 and 10/1/12. Additionally, Respondent performed lumbar trigger point injections,
5 sacroiliac joint injections, lumbar facet joint injections, and knee injections.

6 28. Subsequent to the Board's Order prohibiting spinal injections, bilateral
7 sacroiliac joint injections were performed on five occasions.

8 **Deviations from the Standard of Care**

9 29. A physician is reasonably expected to read and understand a Board order
10 before he signs it and to comply with it after it is entered into.

11 30. Respondent repeatedly performed sacroiliac joint injections after entering
12 into a Board order that prohibited him from performing spinal injections.

13 31. Prior to performing any interventional pain procedure, the standard of care
14 requires appropriate evaluation of the patient and judicious procedural selection for
15 diagnostic or therapeutic purposes.

16 32. Respondent deviated from the standard of care when he proceeded directly
17 to sacroiliac joint injections in the absence of an adequate targeted physical exam, and
18 without documentation of a reasoned, conservative approach to the suspected pain
19 generator prior to performing invasive injections.

20 33. Sacroiliac joint injections are performed for diagnostic and therapeutic
21 purposes. The standard of care requires alternative treatment and/or specialist
22 consultation if there is a failure to achieve sustained relief after three therapeutic
23 injections.

24 34. Respondent deviated from the above standard of care in the cases reviewed.
25 For example, in the case of JS, he performed 27 bilateral sacroiliac joint injections over the

1 course of 29 months. There is no legitimate diagnostic or therapeutic rationale to persist
2 in essentially monthly injections of the same joints for over two years.

3 35. Toradol is approved for intramuscular use only. There is no accepted
4 therapeutic role or adequate safety data for repeated injections of Toradol into the knee or
5 sacroiliac joints.

6 36. Respondent deviated from the standard of care in his treatment of JS
7 and BC. In the case of JS, nine bilateral sacroiliac injections by Respondent included
8 Toradol. Respondent also included Toradol in a facet joint injection. In the case of BC,
9 five consecutive intra-articular injections with Toradol were performed (a total of 300 mg
10 Toradol injected intra-articularly over five months).

11 37. The standard of care requires that intra-articular injections of steroid into
12 the knee, ankle or other large joints should be preceded by targeted history, physical
13 examination and imaging that support the reasonableness of a steroid injection for an
14 inflammatory condition, as well as failure to respond to an adequate dose of NSAID (as
15 tolerated). Intra-articular steroid injections should be performed no more than four times a
16 year in any given joint.

17 38. Respondent deviated from the standard of care in his treatment of BC and
18 CH. Over a seven month period, Respondent performed seven intra-articular injections
19 of steroid (Kenalog 40 mg each time) to the left knee. There appears to be an absence
20 of reasonable evaluation or assessment of response to treatment to warrant the initial
21 and ongoing injections. The number of injections of steroid into the joint exceeds the
22 maximum recommended. Similar deviation is identified in the multiple injections of steroid
23 into the ankle joint in the case of patient CH (seven injections of steroid into the ankle over
24 fourteen months).

25

1 medical records.

2 45. On August 11, 2011 Respondent performed "bilateral scapular multiple
3 trigger point injections" with 4mL 2% Lidocaine and 10 mg methylprednisolone.
4 Immediately afterward, as MD was brought to an upright position, she reported feeling
5 dizzy. The licensee auscultated the chest, estimating a heart rate of 60. She became
6 unresponsive, and a carotid pulse and respirations could not be appreciated. EMT was
7 called, and two-person CPR initiated.

8 46. Per EMS report, MD was pulseless and apneic when they arrived. She was
9 intubated, and administered epinephrine and Narcan in the office, prior to transportation by
10 ambulance to the Emergency Department.

11 47. Upon arrival at the Emergency Department MD had a pulse but was still
12 apneic. The accompanying boyfriend of MD provided history of MD's narcotic use to
13 include Morphine and Valium, in addition to the Oxycodone prescribed by Dr. Gomez.

14 48. CSPMP query obtained at the hospital demonstrates multiple simultaneous
15 prescribers of narcotic during the time that Dr. Gomez prescribed Oxycodone, as well as
16 one prescriber of Diazepam.

17 49. MD was admitted to the ICU and mechanically ventilated. Hospital course
18 was complicated by status epilepticus, cerebral ischemia, and possible aspiration
19 pneumonia.

20 50. On September 7, 2011 MD was transferred to a skilled nursing facility.
21 According to the discharge note "the overall prognosis is extremely poor with chance of
22 any meaningful recovery is almost nil".

23 51. The standard of care requires appropriate monitoring of compliance when
24 prescribing narcotics for chronic pain. The level of such monitoring should include urine
25 drug testing and CSPMP review when the patient has been identified as high risk for such

1 prescribing.

2 52. Respondent deviated from the standard of care by failing to appropriately
3 monitor MD, including ordering urine drug testing and performing CSPMP review, despite
4 ten months of prescribing of narcotics to an individual with known history of polysubstance
5 abuse and chaotic living environment which Respondent documented.

6 53. Respondent's failure to properly monitor MD resulted in the perpetuation of
7 drug abuse, misuse and/or addiction. . Additionally, MD had a cardiopulmonary arrest
8 following injections performed by Respondent.

9 54. Respondent's failure to properly monitor MD could have resulted in
10 accidental prescription drug overdose and/or death.

11 55. Respondent admits to the acts described above and that they constitute
12 unprofessional conduct pursuant to A.R.S. §32-1401(27)(e) ("[f]ailing or refusing to
13 maintain adequate records on a patient."); A.R.S. §32-1401(27)(q) ("[a]ny conduct that is
14 or might be harmful or dangerous to the health of the patient or the public."); and A.R.S.
15 § 32-1401(27)(r) ("[v]iolating a formal order, probation, consent agreement or stipulation
16 issued or entered into by the board or its executive director under the provisions of this
17 chapter.")

18 **CONCLUSIONS OF LAW**

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

21 2. The Board possesses statutory authority to enter into a consent agreement
22 with a physician and accept the surrender of an active license from a physician who
23 admits to having committed an act of unprofessional conduct. A.R.S. § 32-1451(T)(2).

24
25 **ORDER**

1 **ORDER**

2 **IT IS HEREBY ORDERED** that Respondent immediately surrender License
3 Number 33677, issued to Rick J. Gomez, M.D. for the practice of allopathic medicine in
4 the State of Arizona, and return his wallet card and certificate of licensure to the Board.

5 DATED and effective this 21st day of April, 2014.

6 ARIZONA MEDICAL BOARD

7
8 By: C. Lloyd Vest, II by
9 C. Lloyd Vest, II Patricia E. McSorley
Executive Director

10
11 **CONSENT TO ENTRY OF ORDER**

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

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

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

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

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

1 regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or
2 any other state or federal court.

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

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

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

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

16
17 

18 Rick J. Gomez, M.D.

3.5.14

Dated:

19
20 EXECUTED COPY of the foregoing mailed
this 21st day of April, 2014 to:

21 Matthew D. Rifat, Esq.
22 3703 Camino del Rio South, Suite 200
23 San Diego, California 92108
Attorney for Respondent

24 ORIGINAL of the foregoing filed
25 this 21st day of April, 2014 with:

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

3 *Mary Babey*
4 _____
4 Arizona Medical Board Staff
5 #3713167

- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25