BEFORE THE ARIZONA MEDICAL BOARD

| In the Matter of<br><br>**MARY L. CALLERAME, M.D.**<br><br>License No. 15830<br>For the Practice of Allopathic Medicine<br>In the State of Arizona. | Case No. MD-08-1416A<br><br>**CONSENT AGREEMENT FOR LETTER OF REPRIMAND AND PROBATION** |
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## CONSENT AGREEMENT

By mutual agreement and understanding, between the Arizona Medical Board ("Board") and Mary L. Callerame, 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 she 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 acknowledges that, pursuant to A.R.S. § 32-2533(E), she cannot act as a supervising physician for a physician assistant while her license is under probation.

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

Mary L. Callerame, MD.
MARY L. CALLERAME, M.D.

DATED: 6.13.2009

## 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 15830 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-08-1416A after receiving a complaint regarding Respondent's care and treatment of a seventy-seven year-old female patient ("VR").

4. VR had been followed by Respondent since 2002 for chronic obstructive pulmonary disease (COPD), arthritis, and tobacco use. VR's medications included Theophylline. Respondent documented, during multiple visits, that VR's Theophylline levels should be checked and monitored and discussed the medication's possible side effects. VR repeatedly refused to have her Theophylline levels tested; however, Respondent continued to provide refills of the medication. In October 2006, VR reported a change in her bowel movements and was referred for a colonscopy. VR continued to demonstrate a disordered gait and dyskinesia and her gastrointestinal (GI) symptoms persisted when she was seen in 2007. Respondent ordered a chest x-ray and carotid ultrasound that showed COPD and mild bilateral carotid stenosis. In January, 2008 VR was seen by Respondent and reported anal itching and difficulty walking. Respondent's diagnosis included perianal dermatitis, spastic ataxia and COPD.

5. VR returned to Respondent in July 2008 and reported poor appetite, weight loss and slow urine flow. A urinalysis showed large leukocytes. Respondent prescribed Ciprofloxin for a urinary tract infection. An addendum was noted in VR's record that Respondent notified her not to take the Ciprofloxin; however, VR filled the prescription the following day.

6. In August 2008, VR was admitted to the hospital with intractable seizures and a changed mental status. VR's Theophylline level was critically elevated and she was treated with seizure medications, intubated and placed on hemodialysis. VR's electrocardiogram showed focal paroxysmal activity and background slowing. She was extubated and transferred to an intermediate care unit. VR subsequently suffered acute respiratory arrest that required re-intubation. VR was noted to have decerebrated posturing and anoxic brain injury was suspected. VR subsequently died and the death certificate listed the immediate cause of death as hypoxic encephalopathy with respiratory failure and COPD.

7. The standard of care for a patient taking Theophylline requires a physician to monitor the Theophylline level on a yearly basis in stable patients; to adjust the dose for patients who are likely to have a decreased Theophylline clearance, including those who are older than age 60; to check Theophylline levels of a patient experiencing unexplained GI symptoms and then evaluate the patient for Theophylline toxicity and to avoid prescribing medications that have significant known interactions with Theophylline.

8. Respondent deviated from the standard of care because she did not monitor VR's Theophylline levels on a yearly basis; she did not adjust VR's doses based on VR's increased risk for toxicity; she did not check VR's Theophylline levels when she had persistent GI symptoms and by prescribing Ciprofloxin.

9. VR was hospitalized with confusion and intractable seizures related to Theophylline toxicity and required intubation and hemodialysis. The prior intubation and need for urgent removal of the offending bronchodilator agent in VR, a patient with known COPD may have contributed to her subsequent respiratory arrest after her transfer to the intermediate care unit.

## 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)(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 Letter of Reprimand.

2. Respondent is placed on probation for **one year** with the following terms and conditions:

a. Continuing Medical Education

Respondent shall within **one year** of the effective date of this Order obtain **15 - 20 hours** of Board Staff pre-approved Category I Continuing Medical Education (CME) in **management of pulmonary disease** and **15 - 20 hours** of CME in **prescribing** and shall provide Board Staff with satisfactory proof of attendance. The CME hours shall be in addition to the hours required for the biennial renewal of medical license. The probation shall terminate upon successful completion of the CME.

b. Obey All Laws

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

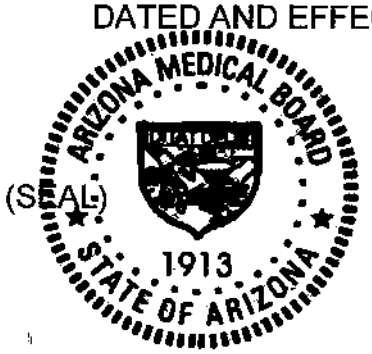
c. Tolling

In the event Respondent should leave Arizona to reside or practice outside the State or for any reason should Respondent stop practicing medicine in Arizona,

Respondent shall notify the Executive Director in writing within ten days of departure and return or the dates of non-practice within Arizona. Non-practice is defined as any period of time exceeding thirty days during which Respondent is not engaging in the practice of medicine. Periods of temporary or permanent residence or practice outside Arizona or of non-practice within Arizona, will not apply to the reduction of the probationary period.

3. This Order is the final disposition of case number MD-08-1416A.

DATED AND EFFECTIVE this 6TH day of AUGUST, 2009.




(SEAL)

ARIZONA MEDICAL BOARD

By _____
Lisa S. Wynn
Executive Director

ORIGINAL of the foregoing filed
this 6 day of August, 2009 with:

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

EXECUTED COPY of the foregoing mailed
this 6 day of August, 2009 to:

Mary L. Callerame, M.D.
Address of Record

Kenyda Corley
Investigational Review