

1 BEFORE THE ARIZONA MEDICAL BOARD

2 In the Matter of

3 **EDWARD J. SAYEGH, M.D.**

4 License No. 40787

5 For the Practice of Allopathic Medicine  
6 In the State of Arizona.

Case No. MD-12-0392A

**FINDINGS OF FACT,  
CONCLUSIONS OF LAW AND ORDER**

(Letter of Reprimand and Probation)

7 The Arizona Medical Board ("Board") considered this matter at its public meeting on  
8 February 6, 2013. Edward J. Sayegh, M.D., ("Respondent") appeared with legal counsel,  
9 Fred Saigh, Esq., before the Board for a formal interview pursuant to the authority vested  
10 in the Board by A.R.S. § 32-1451(H). The Board voted to issue Findings of Fact,  
11 Conclusions of Law and Order after due consideration of the facts and law applicable to  
12 this matter.

13 **FINDINGS OF FACT**

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

16 2. Respondent is the holder of license number 40787 for the practice of  
17 allopathic medicine in the State of Arizona.

18 3. The Board initiated case number MD-12-0392A after receiving a complaint  
19 regarding Respondent's care and treatment of four patients from the same family alleging  
20 inappropriate prescribing.

21 4. Respondent saw four patients from the same family, three of which received  
22 opioid pain medication and amphetamines for ADHD. A Medical Consultant (MC) reviewed  
23 Respondent's care of the three patients that received opioid medications and determined  
24 that Respondent deviated from the standard of care in his treatment of one out of the three  
25 patients. The MC also expressed concern regarding Respondent's medical recordkeeping.

1           5.     Patient MM initially presented to Respondent in February of 2010 with upper  
2 respiratory symptoms, otitis media, and urinary tract infection. An ADHD self-assessment  
3 test in November of 2010 showed numerous answers positive for ADHD. MM was seen in  
4 April of 2011 for an abscess that was incised and drained. Later that month, he returned  
5 complaining of abdominal and low back pain.

6           6.     In June, MM was given ceftriaxone IM for ear pain and had his ears lavaged.  
7 Respondent saw MM three days later for complaints of low back pain and dizziness. An  
8 exam revealed lumbar tenderness, and Respondent noted that MM's wrist was in a cast.  
9 Respondent prescribed oxycodone and noted a prescription for Adderall.

10          7.     In July of 2011, Respondent wrote MM prescriptions for oxycodone and  
11 Adderall for abdominal and low back pain. The following month, MM was seen for nasal  
12 congestion, back pain, sinus congestion, and panic attacks. Respondent provided  
13 prescriptions for oxycodone and Adderall and added alprazolam for anxiety.

14          8.     In September, Respondent increased MM's oxycodone prescription for  
15 temporary relief of left wrist pain and numbness, and low back pain. Adderall was  
16 continued.

17          9.     In October 2011, MM reported that his anxiety had improved and that he  
18 discontinued the alprazolam. He received trigger injections in both buttocks for complaints  
19 of back and lower extremity pain as well as weakness in his back and knees. Respondent  
20 provided prescriptions for oxycodone and Adderall.

21          10.    In November, MM received trigger injections in both buttocks and  
22 prescriptions for oxycodone and Adderall were provided. MM presented with an upper  
23 respiratory infection in December and low back pain, cough, and heaviness with breathing.  
24 MM had a normal exam and was given a prescription for oxycodone.

25

1 11. MM returned in January of 2012 reporting that he gradually stopped the  
2 medication as his pain improved, and had no withdrawal symptoms. He stated that he had  
3 only been taking Motrin for the pain. MM reported continued anxiety and requested a  
4 prescription for Adderall. Respondent provided prescriptions for Adderall and alprazolam.  
5 MM was last seen in February of 2012 with improved pain and no anxiety.

6 12. The Medical Consultant (MC) found that Respondent deviated from the  
7 standard of care in his treatment of MM in that he failed to perform a more thorough back  
8 evaluation and prescribed Adderall based on the self-reporting ADHD scale used as a  
9 diagnostic tool. The MC observed that MM was started on oxycodone and Adderall without  
10 documentation of the prescriptions and no mention of the treated conditions in the  
11 Assessment or Plan sections of the chart for two entire visits. The MC expressed concern  
12 that Respondent prescribed high doses of oxycodone for MM from the first visit for pain,  
13 and initiated MM on alprazolam at the maximum strength available for this medication.

14 13. During his opening statement and in response to questioning at the Formal  
15 Interview, Respondent asserted that his poor medical record keeping was actually the  
16 result of his conversion to an electronic medical records system. He also claimed that  
17 some records for patient MM had mistakenly been entered under the name MS.

18 14. When questioned about his documentation, however, Respondent could not  
19 explain why he did not notice the apparent issues with record keeping when he reviewed  
20 the patient's charts, especially since he saw patient MM on numerous occasions.  
21 Moreover, the records revealed that Respondent signed the electronic medical records  
22 after they were generated. Finally, although Board members received and reviewed the  
23 documents entered in the name MS, those documents did not contain the information  
24 needed to correct the deficiencies noted in the overall medical record.

25

1           15.     Respondent's assertion that he performed drug screens on his patients every  
2 two to three visits was called into question because there were no medical records to  
3 substantiate that claim. Respondent admitted he had no explanation for the lack of lab  
4 reports corroborating his claim.

5           16.     The standard of care in evaluation of the chronic pain patient requires a  
6 physician to perform a pain history and assessment of the impact of pain on the patient as  
7 well as a directed physical exam.

8           17.     Respondent deviated from the standard of care by failing to perform a more  
9 thorough back evaluation.

10          18.     The standard of care requires a physician to conduct an adequate work up  
11 for the diagnosis of ADHD prior to prescribing Adderall.

12          19.     Respondent deviated from the standard of care by prescribing Adderall  
13 based on the self-reporting ADHD scale used as a diagnostic tool.

14          20.     The standard of care of a previously healthy 18 year-old with onset of back  
15 pain requires a physician to perform a work up, at the very minimum x-rays, before  
16 prescribing high doses of oxycodone from the first visit for pain.

17          21.     Respondent deviated from the standard of care by prescribing high dose  
18 oxycodone for MM at the first visit without performing a work up for pain.

19          22.     The standard of care when prescribing Adderall for the treatment of ADHD  
20 requires a physician to try low doses initially with consideration of other treatment or  
21 counseling.

22          23.     Respondent deviated from the standard of care by initiating alprazolam for  
23 anxiety at the maximum strength available for this medication.

24  
25



1           b.     Chart Reviews

2           The Monitor shall conduct quarterly chart reviews during the probationary  
3 period. The Board retains jurisdiction to take additional disciplinary or remedial action  
4 based upon the chart reviews.

5           .c.     Continuing Medical Education

6           Respondent shall within six months of the effective date of this Order  
7 obtain 15-20 hours of Board Staff pre-approved Category I Continuing Medical Education  
8 (CME) course in an intensive, in-person course in prescribing of controlled substances.  
9 Respondent shall within thirty days of the effective date of this Order submit his request for  
10 CME to the Board for pre-approval. Upon completion of the CME, Respondent shall  
11 provide Board Staff with satisfactory proof of attendance.

12          d.     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          e.     Tolling

17          In the event Respondent should leave Arizona to reside or practice outside  
18 the State or for any reason should Respondent stop practicing medicine in Arizona,  
19 Respondent shall notify the Executive Director in writing within ten days of departure and  
20 return or the dates of non-practice within Arizona. Non-practice is defined as any period of  
21 time exceeding thirty days during which Respondent is not engaging in the practice of  
22 medicine. Periods of temporary or permanent residence or practice outside Arizona or of  
23 non-practice within Arizona, will not apply to the reduction of the probationary period.



1 ORIGINAL of the foregoing filed  
2 this 3<sup>rd</sup> day of April, 2013 with:

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

6 Mary Baker  
7 Arizona Medical Board Staff