

1 **BEFORE THE ARIZONA MEDICAL BOARD**

2 In the Matter of

3 **Deborah A. Copus, M.D.**

4 Holder of License No. 34460
5 For the Practice of Allopathic Medicine
6 In the State of Arizona.

Board Case No. MD- 09-0416A

**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
8 on December 2, 2009. Deborah A. Copus, M.D., ("Respondent") appeared before the
9 Board for a formal interview pursuant to the authority vested in the Board by A.R.S. § 32-
10 1451(H). The Board voted to issue Findings of Fact, Conclusions of Law and Order after
11 due consideration of the facts and law applicable to this matter.

12 **FINDINGS OF FACT**

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

15 2. Respondent is the holder of License No. 34460 for the practice of allopathic
16 medicine in the State of Arizona.

17 3. The Board initiated case number MD-09-0416A after a complaint was
18 received from a pharmacist alleging that Respondent was writing prescriptions in a
19 patient's ("JT") and family members' ("CC" and "IT") names and was picking up the
20 prescriptions herself. Review of JT's medical records showed that Respondent had
21 provided Alprazolam to JT without obtaining prior and current records from the previous
22 provider, although JT reported a history of alcohol (ETOH) abuse and a diagnosis of
23 bipolar disorder.

24 4. A review of the signatures captured when JT's prescriptions were picked up
25 from the pharmacy showed that Respondent signed for two Bupropion refills for JT dated

1 October 1, 2008 and December 30, 2008. Additionally, Respondent reported that she had
2 picked up prescriptions for JT.

3 5. A review of the charts of CC and IT showed inadequate medical records for
4 both patients. Further, a review of the records and the pharmacy profiles confirmed that
5 Respondent prescribed controlled substances to CC and IT. The pharmacy profile also
6 showed that Respondent also prescribed and picked up testosterone powder under her
7 own name on two occasions. In her response to the Board, Respondent reported that she
8 had purchased several medications for her small mobile medical practice in anticipation of
9 patient need.

10 6. Respondent admitted at the Formal Interview that she prescribed controlled
11 substances to a family member. She stated that at the time she was unaware that
12 prescribing to a family member was an act of unprofessional conduct under the Medical
13 Practices Act.

14 7. At the Formal Interview Respondent also testified that she entered into a
15 verbal barter arrangement with JT, a handyman, pursuant to which he agreed to make
16 repairs to her home in exchange for medical treatment of his insomnia. Respondent
17 admitted that she did not conduct a formal physical examination of JT or obtained his
18 medical records prior to prescribing medication to him. She also admitted that she picked
19 up prescriptions for JT at the pharmacy as a convenience for him. Board staff found no
20 evidence that she diverted any of these prescription medications.

21 8. After JT failed to perform some of the repair services under their verbal
22 barter agreement, Respondent cancelled his prescription without notifying him.

23 9. The Medical Consultant (MC) stated that the testosterone powder was felt to
24 have been obtained for use in Respondent' practice and the allegation of self-prescribing
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1 was not substantiated. The MC found that Respondent failed to obtain JT's prior and
2 current medical records from other providers with the potential for abuse and diversion of
3 Alprazolam. The MC additionally found that Respondent failed to maintain adequate
4 medical records for patients IT and CC that would allow a subsequent provider to assume
5 care of the patients. Finally, the MC was critical of Respondent's prescribing of controlled
6 substances to members of her immediate family.

7 10. Respondent apologized for her conduct and stated that she will ensure that
8 her family is aware that she is unable to care for their health needs and pain issues. She
9 acknowledged that she exercised poor judgment by not notifying JT that she was not
10 authorizing refills of his Alprazolam.

11 11. The standard of care requires a physician to obtain prior and current records
12 on a patient with reported bipolar disorder and ETOH abuse who is requesting anxiolytics
13 and obtains some treatment from another facility.

14 12. Respondent deviated from the standard of care by failing to obtain prior and
15 current records that included a list of prescribed medications from JT's other reported
16 provider.

17 13. The standard of care requires a physician to maintain a patient's medical
18 record, which allows identification of the patient and would enable a subsequent provider
19 to assume care and treatment of the patient.

20 14. Respondent deviated from the standard of care by failing to maintain
21 adequate medical records on CC and IT that would allow a subsequent provider to
22 assume care of the patients.

23 15. In the case of JT, there was potential for abuse and diversion of the
24 scheduled anxiolytic, Alprazolam. As JT's prior medications were unknown, JT may been
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1 receiving duplicate prescriptions from previous providers with potential for overdose. A
2 subsequent provider would have difficulty assuming CC's care. Respondent's treatment
3 of ADD in her daughter may have prevented CC from obtaining psychiatric care. A
4 subsequent provider would have difficulty identifying which medications IT was taking,
5 with potential for misdiagnosis and medication error.

6 CONCLUSIONS OF LAW

7 1. The Arizona Medical Board possesses jurisdiction over the subject matter
8 hereof and over Respondent.

9 2. The Board has received substantial evidence supporting the Findings of
10 Fact described above and said findings constitute unprofessional conduct or other
11 grounds for the Board to take disciplinary action.

12 3. The conduct and circumstances described above constitute unprofessional
13 conduct pursuant to A.R.S. § 32-1401(27)(e) ("(f)ailing or refusing to maintain adequate
14 records on a patient"); A.R.S. § 32-1401(27)(h) ("[p]rescribing or dispensing controlled
15 substances to members of the physician's immediate family"); and § 32-1401(27)(q)
16 ("[a]ny conduct that is or might be harmful or dangerous to the health of the patient or the
17 public.")

18 ORDER

19 Based upon the foregoing Findings of Fact and Conclusions of Law,

20 IT IS HEREBY ORDERED:

21 1. Respondent is issued a Letter of Reprimand; and
22 2. Respondent is placed on probation for **one year** with the following terms
23 and conditions:

24 a. Continuing Medical Education

1 Respondent shall obtain **10 hours** of Board Staff pre-approved Category I
2 Continuing Medical Education (CME) in **ethics** and **10 hours** of CME in **medical**
3 **recordkeeping**, to be completed within six months. Respondent shall provide Board Staff
4 with satisfactory proof of attendance. The CME hours shall be in addition to the hours
5 required for the biennial renewal of medical license. The Probation shall complete upon
6 successful completion of the CME.

7 b. Obey All Laws

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

11 c. Tolling

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

19 3. The Board retains jurisdiction and may initiate new action based upon any
20 violation of this Order.

21 **RIGHT TO PETITION FOR REHEARING OR REVIEW**

22 Respondent is hereby notified that he has the right to petition for a rehearing or
23 review. The petition for rehearing or review must be filed with the Board's Executive
24 Director within thirty (30) days after service of this Order. A.R.S. § 41-1092.09(B). The
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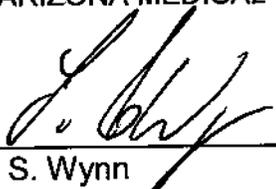
1 petition for rehearing or review must set forth legally sufficient reasons for granting a
2 rehearing or review. A.A.C. R4-16-103. Service of this order is effective five (5) days
3 after date of mailing. A.R.S. § 41-1092.09(C). If a petition for rehearing or review is not
4 filed, the Board's Order becomes effective thirty-five (35) days after it is mailed to
5 Respondent.

6 Respondent is further notified that the filing of a motion for rehearing or review is
7 required to preserve any rights of appeal to the Superior Court.

8 DATED this 10TH day of FEBRUARY, 2010.



10 THE ARIZONA MEDICAL BOARD

11 By 
12 Lisa S. Wynn
13 Executive Director

14 ORIGINAL of the foregoing filed this
10th day of February, 2010 with:

15 Arizona Medical Board
16 9545 East Doubletree Ranch Road
17 Scottsdale, Arizona 85258

18 Executed copy of the foregoing
19 mailed by U.S. Mail this
11th day of February, 2010 to:

20 Deborah Copus, M.D.
21 Address of Record

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23 Arizona Medical Board Staff
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