

1 BEFORE THE ARIZONA MEDICAL BOARD

2 In the Matter of

3 **MONEIL M. PATEL, M.D.**

4 Holder of License No. 44593  
5 For the Practice of Allopathic Medicine  
6 In the State of Arizona.

Case No. MD-14-1082A

**FINDINGS OF FACT, CONCLUSIONS  
OF LAW AND ORDER FOR LETTER  
OF REPRIMAND AND PROBATION**

7 The Arizona Medical Board ("Board") considered this matter at its public meeting on  
8 August 4, 2016. Moneil M. Patel, M.D. ("Respondent"), appeared with legal counsel  
9 Andrew Plattner, Esq., before the Board for a Formal Interview pursuant to the authority  
10 vested 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 44593 for the practice of  
17 allopathic medicine in the State of Arizona.

18 3. The Board initiated case number MD-14-1082A after receiving a complaint  
19 regarding Respondent's care and treatment of two patients ("SN" and "MA") alleging that  
20 Respondent was inappropriately prescribing medications for weight loss for both patients.

21 4. In April of 2012, Respondent began working as an independent practitioner  
22 with LIFEXMD, a private practice offering hormone optimization and testosterone therapy.

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1 **Patient SN**

2 5. In September of 2012, SN, a Washington resident, was seen at the  
3 LIFEXMD in Washington. SN continued to be treated by different providers at LIFEXMD  
4 throughout the year.

5 6. Respondent prescribed Phentermine, Sermorelin, and Omnitrope to SN on  
6 July 9, 2013. On July 23, 2013, Respondent conducted his first telemedicine encounter  
7 with SN, who provided a self-reported weight of 253. Respondent listed diagnoses of  
8 overweight and fatigue with the recommendation to continue therapy. There was no  
9 mention of testosterone or the medications previously prescribed by Respondent on July  
10 9, 2013.

11 7. Respondent continued to prescribe SN medications throughout 2014, which  
12 included HCG, Oxandrolone, and Omnitrope. Additionally, Respondent began prescribing  
13 SN Adderall for weight loss in May 2014.

14 8. On July 21, 2014, Respondent listed diagnoses of hypogonadism and  
15 overweight with the recommendation for updated labs and a physical exam at the next  
16 visit. Respondent refilled SN's Adderall, but there was no documentation of lab orders for  
17 the next visit.

18 9. In October of 2014, Respondent began prescribing Testosterone cypionate  
19 and later added Liothyronine to SN's medications. Respondent's records did not identify a  
20 rationale for the additional prescriptions and Respondent did not record a TSH value.

21 **Patient MA**

22 10. MA was a patient of LIFEXMD who also held an officer position at the  
23 practice. MA also had the ability to phone in and fax prescriptions for himself and others.

24 11. MA began treatment with LIFEXMD in December of 2011 and Respondent's  
25 first involvement with MA's care occurred on June 25, 2012, when a prescription for

1 Phentermine was provided by Respondent for MA. Respondent provided additional  
2 prescriptions for Liothyronine, Phentermine, Oxandrolone, Anastrozole, and Tamoxifen on  
3 July 24, 2012.

4 12. The first documentation of Respondent seeing MA as a patient occurred on  
5 August 8, 2012. During the August 8, 2012 visit there were no vital signs documented and  
6 it was noted that MA had been on therapy since January. Respondent diagnosed MA with  
7 overweight, fatigue, and andropause with no labs to support the diagnosis.

8 13. MA continued to be prescribed medications from Respondent and other  
9 LIFEXMD providers throughout 2013 and 2014, which included prescriptions MA ordered  
10 for tamoxifen and anastrozole on March 18, 2013. Respondent denied approving the  
11 prescriptions for MA on that date.

12 14. In July of 2014, Respondent noted MA's poor compliance with medications  
13 and diagnosed him with hypogonadism and overweight with the recommendation to obtain  
14 new labs, discontinue Adderall, and continue Armour thyroid medication for weight loss.  
15 Respondent last evaluated MA in November of 2014 over the telephone for a medication  
16 refill. Respondent diagnosed MA with hypogonadism and recommended current T3  
17 therapy, noting that MA's weight was still elevated.

18 15. The standard of care for treatment of patients with exogenous obesity  
19 requires a physician to discuss the need for dietary changes, caloric reduction, regular  
20 exercise, and/or behavioral modification. Respondent deviated from the standard of care  
21 by failing to discuss the need for dietary changes, caloric reduction, regular exercise, and  
22 behavioral modification for patients SN and MA.

23 16. The standard of care when administering hCG requires a physician to clearly  
24 identify the rationale and indication for the treatment. Respondent deviated from the  
25 standard of care by administering hCG to patients SN and MA without an indication.

1           17. The standard of care when providing liothyronine requires a physician to  
2 monitor for thyroid status. Respondent deviated from the standard of care by providing  
3 liothyronine to patients SN and MA for weight loss but failing to monitor thyroid status.

4           18. The standard of care requires a physician to monitor vital signs during the  
5 course of treatment. Respondent deviated from the standard of care by failing to monitor  
6 vital signs for SN and MA during the course of treatment.

7           19. The standard of care requires a physician to explore secondary causes of  
8 obesity from findings based on history, physical exam and initial lab screening.  
9 Cardiovascular risk factors should be identified and treated, and comorbidities explored  
10 and documented. Respondent deviated from the standard of care by failing to adequately  
11 screen patients SN and MA for cardiovascular risk.

12           20. The standard of care for treatment with testosterone requires a physician to  
13 monitor hematocrit, testosterone levels, and PSA. Respondent deviated from the standard  
14 of care by failing to perform lab monitoring of SN and MA to whom Respondent prescribed  
15 testosterone, including hematocrit, testosterone levels, and PSA.

16           21. The standard of care requires a physician to avoid the use of anastrozole  
17 and oxandrolone in patients with obesity and without proper indications for the use of an  
18 anabolic steroid. Respondent deviated from the standard of care by inappropriately using  
19 anastrozole and oxandrolone for SN and MA, who were being treated for exogenous  
20 obesity and possible diminished libido, without indication for the use of an anabolic steroid.

21           22. The standard of care requires a physician to perform a physical examination  
22 prior to prescribing controlled substances and to clearly identify the indications for the  
23 prescribed medication. Respondent deviated from the standard of care by prescribing a  
24 variety of controlled substances to patients SN and MA that were not indicated and issued  
25 prior to any patient examination.

1           23.    The standard of care requires a physician to coordinate patient care with  
2 other providers involved in the patient's treatment. Respondent deviated from the  
3 standard of care by failing to coordinate care with other providers involved in the treatment  
4 of SN and MA.

5           24.    Actual harm occurred in that SN and MA were subjected to unnecessary  
6 therapy.

7           25.    There was the potential for patient harm in that the medications provided to  
8 SN and MA could cause increased risks for other serious health issues.

9           26.    During a Formal Interview on this matter, Respondent testified that he  
10 worked with the medical practice at issue from 2012 through 2014, focusing on providing  
11 elective bioidentical hormone replacement therapy. Respondent testified that the majority  
12 of the patients at the practice are non-professional athletes and other individuals wishing  
13 to maintain an active lifestyle. Respondent stated that charting was difficult during his time  
14 at the practice because he only had a few hours of access to the charts per month. He  
15 stated that he now has implemented electronic medical records and has regular access to  
16 charts.

17           27.    In response to questions from Board members, Respondent stated that he  
18 was not specifically aware of any black box warnings for the medications at issue in the  
19 case.

20           28.    Board members expressed concern with the care provided to the patients in  
21 this case; specifically, whether Respondent's treatments were scientifically grounded and  
22 whether patients were adequately informed of the risks of the medications being  
23 prescribed by Respondent.

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1 **CONCLUSIONS OF LAW**

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

4 2. The conduct and circumstances described above constitute unprofessional  
5 conduct pursuant to A.R.S. § 32-1401(27)(e) ("Failing or refusing to maintain adequate  
6 records on a patient.").

7 3. The conduct and circumstances described above constitute unprofessional  
8 conduct pursuant to A.R.S. § 32-1401(27)(q) ("Any conduct or practice that is or might be  
9 harmful or dangerous to the health of the patient or the public.").

10 **ORDER**

11 IT IS HEREBY ORDERED THAT:

12 1. Respondent is issued a Letter of Reprimand.

13 2. Respondent is placed on Probation for a period of 6 months with the  
14 following terms and conditions:

15 3. **Continuing Medical Education**

16 Respondent shall within 6 months of the effective date of this Order obtain no less  
17 than 5 hours of Board staff pre-approved Category I Continuing Medical Education  
18 ("CME") in an intensive, in-person course regarding ethics and a minimum of 15 hours of  
19 Board staff pre-approved Category I CME in an intensive, in-person course regarding  
20 medical recordkeeping. Respondent shall within **thirty days** of the effective date of this  
21 Order submit his request for CME to the Board for pre-approval. Upon completion of the  
22 CME, Respondent shall provide Board staff with satisfactory proof of attendance. The  
23 CME hours shall be in addition to the hours required for the biennial renewal of medical  
24 licensure. The Probation shall terminate upon Respondent's proof of successful  
25 completion of the CME.

1 4. The Board retains jurisdiction and may initiate new action based upon any  
2 violation of this Order.

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

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

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

13 DATED AND EFFECTIVE this 5<sup>th</sup> day of October, 2016.

14 ARIZONA MEDICAL BOARD

15 By Patricia E. McSorley  
16 Patricia E. McSorley  
17 Executive Director

18 EXECUTED COPY of the foregoing mailed  
19 this 5<sup>th</sup> day of October, 2016 to:

20 Moneil M. Patel, M.D.  
21 Address of Record

22 ORIGINAL of the foregoing filed  
23 this 5<sup>th</sup> day of October, 2016 with:

24 Arizona Medical Board  
25 9545 E. Doubletree Ranch Road  
Scottsdale, AZ 85258

Mary Baker  
Board staff