

1 BEFORE THE ARIZONA MEDICAL BOARD

2 In the Matter of

3 **ANITA D. DAI, M.D.**

4 Holder of License No. 37198
5 For the Practice of Allopathic Medicine
6 In the State of Arizona.

Case No. MD-15-0532A

**ORDER FOR LETTER OF REPRIMAND
AND PROBATION; AND CONSENT TO
THE SAME**

7 Anita D. Dai, M.D. ("Respondent"), elects to permanently waive any right to a
8 hearing and appeal with respect to this Order for a Letter of Reprimand and Probation;
9 admits the jurisdiction of the Arizona Medical Board ("Board"); and consents to the entry of
10 this Order by the Board.

11 **FINDINGS OF FACT**

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

14 2. Respondent is the holder of license number 37198 for the practice of
15 allopathic medicine in the State of Arizona.

16 3. The Board initiated case number MD-15-0532A after receiving a complaint,
17 from an individual requesting confidentiality, regarding Respondent's care and treatment of
18 a 68 year-old female patient ("B.P.") alleging improper prescribing.

19 4. B.P. had been a patient of Respondent from August 23, 2013 through May
20 18, 2015. Respondent treated B.P. for back pain, mild knee arthritis, and pain in
21 extremities mostly due to falls. Respondent treated B.P.'s pain with high doses of narcotic
22 analgesics including oxycodone, as well as carisoprodol, and benzodiazepines such as
23 alprazolam and clonazepam. Respondent also prescribed zolpidem. B.P. received
24 occasional Toradol injections, frequent Kenalog-10 intramuscular injections, and Vitamin
25 B12 injections for fatigue.

1 5. Respondent added stimulants such as phentermine and other controlled
2 substances, such as Lomotil, to B.P.'s treatment without giving much consideration to
3 substitute these medications or considering other modalities.

4 6. There is no record of a pain contract being given to B.P. until May 19, 2014.

5 7. Respondent did not initiate drug screen tests for B.P. until June 3, 2014.
6 Respondent continued to prescribe benzodiazepine medication despite urine toxicology
7 testing that showed B.P. was not taking the medication.

8 8. Respondent's treatment notes for B.P.'s May 18, 2015 visit indicate that
9 Respondent planned to refer B.P. to a pain specialist.

10 9. Respondent gave B.P. Kenalog injections too frequently (as often as every
11 three days) without considering their harmful side effects. Additionally, Respondent
12 indicated that although the records state that B.P. received Kenalog injections of 40mg,
13 the dose given was 10mg. In some instances, Kenalog was entered into the treatment
14 record for visits at which Respondent did not give B.P. any injection.

15 10. The standard of care for treating a patient with controlled substances for pain
16 requires a physician to have the patient enter into a pain contract, to screen the patient for
17 controlled substances initially and then periodically, and to query the Controlled Substance
18 Prescription Monitoring Program ("CSPMP") for compliance. Respondent deviated from
19 this standard of care by failing to have B.P. enter into a pain contract until May 19, 2014,
20 failing to perform drug screen tests until June 3, 2014, and failing to query the CSPMP for
21 patient compliance.

22 11. The standard of care once the acute phase of pain is under control requires
23 a physician to reduce the dose of controlled substances and add non-narcotic analgesics
24 or non-steroidal anti-inflammatory agents to the treatment. Respondent deviated from this
25 standard of care by continuing to prescribe high doses of controlled substances to B.P. for

1 her complaints of pain despite reports of neurologic side effects from the narcotic
2 analgesics and muscle relaxants.

3 12. The standard of care for patients with intractable pain requires a physician to
4 refer the patient to pain management specialists for other modalities of pain management.
5 Respondent deviated from this standard of care by failing to refer B.P. to a pain
6 management specialist until after receiving notification of the Board's investigation.

7 13. The standard of care requires a physician to not utilize Kenalog and B12
8 injections as maintenance therapy. Respondent deviated from this standard of care by
9 improperly administering Kenalog 40 injections and Vitamin B12 injections intramuscularly
10 for maintenance therapy.

11 14. Respondent is required to maintain adequate records on a patient that
12 include accurate documentation of treatment and medications administered to the patient.
13 Respondent's treatment records for B.P. are inadequate in that they contain the incorrect
14 doses of Kenalog injections Respondent gave B.P. and reflect that Respondent gave B.P.
15 Kenalog injections on incorrect dates.

16 15. There was the potential for patient harm in that Respondent continuously
17 prescribed B.P. high doses of narcotic analgesics, even when B.P.'s pain was under
18 control. Respondent also continuously prescribed benzodiazepines from September of
19 2013 through May of 2015 which put B.P. at a high risk for controlled substance
20 dependency.

21
22 **CONCLUSIONS OF LAW**

23 a. The Board possesses jurisdiction over the subject matter hereof and over
24 Respondent.

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

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

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

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

14 10. Any violation of this Order constitutes unprofessional conduct and may result
15 in disciplinary action. A.R.S. § § 32-1401(27)(r) ("[v]iolating a formal order, probation,
16 consent agreement or stipulation issued or entered into by the board or its executive
17 director under this chapter.") and 32-1451.

18 11. ***Respondent has read and understands the conditions of probation.***

19
20 
ANITA D. DAY, M.D.

DATED: 8/30/2016

21
22 EXECUTED COPY of the foregoing mailed
23 this 30th day of August, 2016 to:

24 4th October
25 Zaheer A. Shah
Shah & Associates
3933 South McClintock Drive, Suite 505
Tempe, AZ 85282
Attorney for Respondent

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ORIGINAL of the foregoing filed
this 4th day of October, 2016 with:

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

Mary Batey
Board staff