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BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of
GREGORY L. ELLISON, M.D.
Holder of License No. 12426
For the Practice of Allopathic Medicine
In the State of Arizona.

Case No. MD-15-0820A
**ORDER FOR LETTER OF
REPRIMAND AND PROBATION;
AND CONSENT TO THE SAME**

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

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 12426 for the practice of allopathic medicine in the State of Arizona.
3. The Board initiated case number MD-15-0820A after receiving a complaint from EK alleging that Respondent inappropriately prescribed controlled substances to her son, ZK.
4. ZK established care with Respondent in February, 2012 for treatment of his addiction issues. On June 12, 2012, Respondent initiated an opiate detoxification protocol for ZK. Records indicate that ZK also suffered from Complex Regional Pain Syndrome ("CRPS").
5. ZK continued treatment with Respondent through October, 2014 and patient records indicate that ZK was non-compliant with detoxification protocols on multiple occasions. On November 13, 2014, ZK died. A Medical Examiner's report identified

1 heroin toxicity as the cause of death and notes that ZK's bloodwork was also positive for
2 the presence of oxycodone and Xanax.

3 6. The Board's Medical Consultant ("MC") reviewed Respondent's treatment
4 records for ZK and observed that ZK was a young man who suffered from substance
5 abuse, bipolar disorder, depression, anxiety, attention deficit disorder, and complex
6 regional pain syndrome, a complicated collection of medical problems to manage. The
7 MC also observed that Respondent's medical record on ZK lacked a comprehensive list of
8 medications prescribed by Respondent and other licensed independent practitioners in the
9 same office. Lastly, the MC noted that while there was documentation on most progress
10 notes with the name, dose and directions of medications, the quantity was frequently
11 missing, and there were instances of medications being prescribed but not documented.
12 The MC recommended that the case be reviewed by a specialist in addiction medicine.

13 7. Based on the MC's recommendation, an addiction medicine specialist
14 ("Second MC") reviewed the care provided by Respondent. The Second MC emphasized
15 that ZK made a series of poor behavioral choices ultimately responsible for his death. The
16 Second MC also commended Respondent for using a safe, "dependency free" approach to
17 detoxification, but commented that ZK was not an appropriate candidate for outpatient
18 treatment or for chronic pain therapy with controlled substances. The Second MC also
19 opined that Respondent's medical records were difficult to read and medication
20 reconciliation was inadequate.

21 8. The standard of care required Respondent to provide minimal, appropriate
22 dosing of controlled substance medication, to minimize polypharmacy with multiple
23 controlled substances, especially when treating those suffering from addiction, and to
24 adequately assess and document rationale for prescribing controlled substances.
25 Respondent deviated from this standard of care by prescribing high-dose Xanax without

1 clear rationale to an individual with an admitted history of benzodiazepine abuse and
2 sales; by prescribing immediate release Adderall without clear rationale to an individual
3 abusing methamphetamine; by co-prescribing Xanax, Oxycodone, and Adderall to an
4 individual with severe addiction issues and a history of overdose; and by prescribing
5 ongoing opioids for pain management in an individual clearly abusing them as well as illicit
6 opiates.

7 9. The standard of care required Respondent to query the Controlled
8 Substance Prescription Monitoring Program ("CSPMP") database for individuals on
9 controlled substance therapy. Respondent deviated from the standard of care by failing to
10 query the CSPMP database on an individual being treated for opioid dependency and
11 prescribed controlled substances.

12 10. Prescribing controlled substances and utilizing an outpatient detoxification
13 protocol for a patient who was a poor candidate for both increases the risk of medication
14 abuse. Failing to query the CSPMP database for a patient receiving controlled substances
15 who has a history of opioid dependency increases the risk that the patient could be
16 receiving controlled substances from multiple practitioners.

17 CONCLUSIONS OF LAW

18 a. The Board possesses jurisdiction over the subject matter hereof and over
19 Respondent,

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

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

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ORDER

IT IS HEREBY ORDERED THAT:

1. Respondent is issued a Letter of Reprimand.
2. Respondent is placed on Probation for a period of 2 year(s) with the following terms and conditions:

a. Chart Reviews

Board staff or its agents shall conduct periodic chart reviews. Respondent shall bear all costs associated with the chart reviews. Based upon the chart review, the Board retains jurisdiction to take additional disciplinary or remedial action. The chart reviews shall involve current patients' charts for treatment received after October, 2014. After 3 favorable chart reviews, Respondent may petition the Board to terminate the Probation. Based upon the chart review findings, the Board retains jurisdiction to take additional disciplinary or remedial action.

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.

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d. Probation Termination

Prior to the termination of Probation, Respondent must submit a written request to the Board for release from the terms of this Order. Respondent's request for release will be placed on the next pending Board agenda, provided a complete submission is received by Board staff no less than 14 days prior to the Board meeting. Respondent's request for release must provide the Board with evidence establishing that he has successfully satisfied all of the terms and conditions of this Order. The Board has the sole discretion to determine whether all of the terms and conditions of this Order have been met or whether to take any other action that is consistent with its statutory and regulatory authority.

3. The Board retains jurisdiction and may initiate new action against Respondent based upon any violation of this Order. A.R.S. § 32-1401(27)(r).

DATED AND EFFECTIVE this 4th day of October, 2016.

ARIZONA MEDICAL BOARD

By Patricia E. McSorley
Patricia E. McSorley
Executive Director

CONSENT TO ENTRY OF ORDER

1. Respondent has read and understands this Consent Agreement and the stipulated Findings of Fact, Conclusions of Law and Order ("Order"). Respondent acknowledges he has the right to consult with legal counsel regarding this matter.

2. Respondent acknowledges and agrees that this Order is entered into freely and voluntarily and that no promise was made or coercion used to induce such entry.

1 3. By consenting to this Order, Respondent voluntarily relinquishes any rights to
2 a hearing or judicial review in state or federal court on the matters alleged, or to challenge
3 this Order in its entirety as issued by the Board, and waives any other cause of action
4 related thereto or arising from said Order.

5 4. The Order is not effective until approved by the Board and signed by its
6 Executive Director.

7 5. All admissions made by Respondent are solely for final disposition of this
8 matter and any subsequent related administrative proceedings or civil litigation involving
9 the Board and Respondent. Therefore, said admissions by Respondent are not intended
10 or made for any other use, such as in the context of another state or federal government
11 regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or
12 any other state or federal court.

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

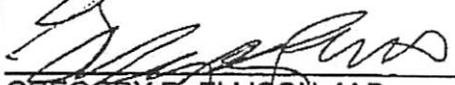
18 7. This Order is a public record that will be publicly disseminated as a formal
19 disciplinary action of the Board and will be reported to the National Practitioner's Data
20 Bank and on the Board's web site as a disciplinary action.

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

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

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

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

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7 _____
8 GREGORY D. ELLISON, M.D.

DATED: 9/6/16

9 EXECUTED COPY of the foregoing mailed
10 this 4th day of October, 2016 to:

11 Gordon Bueler
12 Bueler Jones LLP
13 1300 N McClintock Dr, Suite B4
14 Chandler, AZ 85226-7241
15 Attorney for Respondent

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

18 Arizona Medical Board
19 9545 E. Doubletree Ranch Road
20 Scottsdale, AZ 85258

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22 _____
23 Board staff
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