

1 BEFORE THE ARIZONA MEDICAL BOARD

2 In the Matter of

3 **RODNEY S. IANCOVICI, M.D.**

4 License No. 28530
5 For the Practice of Allopathic Medicine
6 In the State of Arizona.

Case No. MD-12-1383A

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

7 Rodney S. Iancovici, M.D. ("Respondent") elects to permanently waive any right to
8 a hearing and appeal with respect to this Order for 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 28530 for the practice of
15 allopathic medicine in the State of Arizona.

16 3. The Board initiated case number MD-12-1383A after receiving a complaint
17 regarding Respondent's care and treatment of a 29 year-old female patient ("MM") alleging
18 inappropriate prescribing.

19 4. In January of 2012, MM established care with Respondent. At the initial visit,
20 there was no documentation of current medications, and no drug use history was
21 documented. Other than a request to listen to MM's heart, no history of present illness was
22 documented. Vital signs were obtained, but there was otherwise no exam. MM was
23 provided with prescriptions for one month supplies of Fentanyl and Oxycodone. Testing
24 included an EKG and spirometry, and MM signed a narcotic contract.
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1 5. Six days later, MM filled a prescription for Fentanyl from another provider.
2 She was seen again on February 7, 2012. The progress note showed minimal
3 documentation and no exam. MM was provided additional prescriptions for Fentanyl and
4 Oxycodone, and she was referred to psychiatry. On March 1, 2012, MM was seen with the
5 chief complaint of an arm infection. There was no history of present illness information or
6 exam findings documented, and MM received narcotic prescriptions. Respondent
7 subsequently completed disability assessments on MM with work restrictions.

8 6. On March 23, 2012, MM received an early Fentanyl prescription with no
9 documented reasoning for the early subscription. She was seen three days later and
10 received her usual Fentanyl and Oxycodone prescriptions, along with a prescription for
11 Ambien. Visits and prescribing continued in this manner, with minimal documentation and
12 early narcotic prescriptions.

13 7. In June of 2012, MM was seen by a covering physician who documented
14 chronic pain and heavy narcotic use. MM was counseled to resolve the underlying cause
15 of pain, and referrals were made to urology, gynecology and pain management providers,
16 with reinforcement for psychiatric follow up. MM received prescriptions for Fentanyl and
17 Hydrocodone.

18 8. On July 10, 2012, Respondent saw MM and she received prescriptions for
19 Megace and Oxycodone. Follow up continued with similar prescribing, early refills, and
20 canceled appointments that resulted in additional prescriptions. The last documented
21 appointment on October 9, 2012 consisted of a prescription for Oxycodone with no exam
22 findings documented. MM subsequently underwent detox and entered into a recovery
23 center.

24 9. The Medical Consultant (MC) noted that a CSPMP profile showed that MM
25 also received prescriptions for Fentanyl on the last visit in October, although these

1 prescriptions were not documented in the medical record. The MC observed that MM's
2 pharmacy survey revealed the use of multiple pharmacies, and multiple prior prescribing
3 physicians. The MC determined that Respondent deviated from the standard of care by
4 failing to obtain or review prior records, failing to perform a thorough pain evaluation,
5 failing to identify an objective pain generator to justify ongoing opioid management, and by
6 failing to recognize aberrant drug seeking behavior.

7 10. The standard of care prior to prescribing narcotic medications requires a
8 physician to obtain or review prior medical records or imaging reports and verify the
9 patient's prior medical history or pain medication use.

10 11. Respondent deviated from the standard of care by failing to obtain or review
11 prior medical records or imaging reports, and by failing to verify the prior medical history or
12 pain medication use prior to prescribing narcotic medications.

13 12. The standard of care requires a physician to perform a thorough evaluation
14 of the patient's pain and obtain a social history including a drug use history on the patient.

15 13. Respondent deviated from the standard of care by failing to perform a
16 thorough pain evaluation and by failing to obtain a social history including drug use history
17 on MM.

18 14. The standard of care requires a physician to justify ongoing opioid
19 management by identifying an objective pain generator and perform directed
20 examinations.

21 15. Respondent deviated from the standard of care by failing to perform directed
22 exams and by failing to identify an objective pain generator to justify ongoing opioid
23 management.

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1 2. Respondent is placed on probation for one year with the following terms and
2 conditions:

3 a. Monitor

4 Respondent shall within 30 days of the effective date of this order, enter a
5 contract with a Board pre-approved monitoring company ("the Monitor") to provide all
6 monitoring services. Respondent shall bear all costs of monitoring requirements and
7 services.

8 c. Chart Reviews

9 The Monitor shall, within a one year period, conduct quarterly chart reviews.
10 Based upon the chart reviews, the Board retains jurisdiction to take additional disciplinary
11 or remedial action. The probation shall terminate upon successful completion of the chart
12 reviews.

13 d. Obey All Laws

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

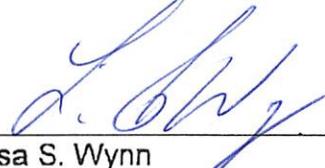
17 e. Tolling

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

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1 DATED AND EFFECTIVE this 8th day of AUGUST, 2013.

2 ARIZONA MEDICAL BOARD

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5 By 
6 Lisa S. Wynn
7 Executive Director

8 **CONSENT TO ENTRY OF ORDER**

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

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

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

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

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

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.***

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20 Rodney S. Iancovici
21 Rodney S. Iancovici, M.D.

DATED: 06/27/13

22 EXECUTED COPY of the foregoing mailed
23 this 5th day of August, 2013 to:

24 Rodney S. Iancovici, M.D.
25 Address of Record

26 ORIGINAL of the foregoing filed
27 this 5th day of August, 2013 with:

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

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Mary Baker

Arizona Medical Board Staff

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