

1 BEFORE THE ARIZONA MEDICAL BOARD

2 In the Matter of
3 **DAVID G. LAWSON, M.D.**
4 Holder of License No. 23145
5 For the Practice of Allopathic Medicine
6 In the State of Arizona

Case No. MD-13-1115A

**ORDER FOR DECREE OF CENSURE
AND PROBATION AND CONSENT TO
THE SAME**

7 David G. Lawson, M.D. ("Respondent") elects to permanently waive any right to a
8 hearing and appeal with respect to this Order for Decree of Censure and Probation; admits
9 the jurisdiction of the Arizona Medical Board ("Board"); and consents to the entry of this
10 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 23145 for the practice of
15 allopathic medicine in the State of Arizona.

16 3. The Board initiated case number MD-13-1115A after receiving a complaint
17 regarding Respondent's care and treatment of a 24 year-old female patient ("HS") and a
18 28 year-old male patient ("CC"). The complaint alleged that Respondent inappropriately
19 prescribed medications to both patients.

20 4. According to HS's medical records, at the time Respondent began treating
21 HS, she was already taking oxycodone. Respondent treated HS for back pain. The
22 medical records show that Respondent wrote HS prescriptions for oxycodone from
23 December 21, 2012 to April 29, 2013. Each prescription was for 30mg tablets, the number
24 of tablets prescribed varied from 60-150, and the prescriptions were intended to be for a
25 30-day supply. There is no note in the medical records addressing the reason for refills

1 being requested or required prior to the expiration of the 30-day period. The documented
2 diagnosis was degenerative of lumbar or lumbosacral intervertebral disc. There is no
3 record, however, of imaging or other work up that would support this diagnosis. The
4 neurologic exams that were documented were noted as normal and non-focal.

5 5. According to the Controlled Substance Prescription Monitoring Program
6 ("CSPMP") query, multiple additional prescriptions were provided to HS but were not
7 documented in Respondent's medical records. This practice started in approximately
8 August, 2008. According to the CSPMP, from August 27, 2008 to December 26, 2012,
9 there were 87 prescriptions for controlled drugs provided, for which no records are
10 available for review. In addition, there were seven prescriptions filled during the time
11 period covered by the medical records submitted, for which there is no annotation in the
12 medical record.

13 6. According to the medical records, at the time Respondent began treating CC
14 he was already taking both oxycodone and fentanyl patches. According to the CC's
15 medical records, he was given prescriptions for oxycodone from January 10, 2013 to July
16 11, 2013. In addition, fentanyl patches were prescribed in both January and February of
17 2013. Thereafter, the fentanyl patches were discontinued. The Oxycodone prescriptions
18 were for either 15 or 30mg tablets, and each note in the medical record indicates that the
19 prescription was intended to be a 30-day supply. The documented diagnosis was
20 lumbago. On February 1, 2013, CC had an MRI of his lower back performed which
21 showed minimal facet hypertrophy from L2-L3 through L5-S1. Respondent's neurologic
22 exam documentation was always non-focal.

23 7. According to the CSPMP query, multiple additional prescriptions were
24 provided to CC but were not documented in Respondent's records for him. This practice
25 started in approximately September, 2008. According to the CSPMP, from September 13,

1 2008 to January 10, 2013, there were 29 prescriptions written for controlled drugs, which
2 were not documented in CC's medical records. Five additional prescriptions were filled
3 during the time period covered by the medical records submitted for review that were not
4 referenced. Additionally, 14 prescriptions were provided after the last note in the medical
5 records, for which no medical documentation was available. Of note, some of these
6 prescriptions were filled after the date of Respondent's response to the Board's
7 investigation.

8 8. The Medical Consultant ("MC") found that the care provided by Respondent
9 to HS and CC did not meet the standard of care with regard to the prescription of chronic
10 narcotics. The MC stated that Respondent prescribed large amounts of Oxycodone at
11 intervals that did not correspond to the directions for their use. The MC noted that
12 Respondent continued to prescribe them without continued follow up of the patients. The
13 MC added that there was not adequate documentation in the record to justify these
14 prescribing practices.

15 9. The standard of care requires a physician to prescribe medication amounts
16 that are consistent with the amount recommended for the patient.

17 10. The standard of care also requires a physician to see the patient regularly for
18 follow-up and reassessment during the time period when opiates are being prescribed.

19 11. Respondent deviated from the standard of care by prescribing a large
20 amount of narcotic medications over an extended period of time for both patients.

21 12. Respondent also deviated from the standard of care by continuing to
22 prescribe opiates without continued follow-up of either patient.

23 **CONCLUSIONS OF LAW**

24 1. The Board possesses jurisdiction over the subject matter hereof and over
25 Respondent.

1 applicable laws. Based upon the results of the chart reviews, the Board retains jurisdiction
2 to take additional disciplinary or remedial action.

3 c. Obey All Laws

4 Respondent shall obey all state, federal and local laws, all rules governing
5 the performance of health care tasks in Arizona, and remain in full compliance with any
6 court order criminal probation, payments and other orders.

7 d. Tolling

8 In the event Respondent should leave Arizona to reside or perform health care
9 tasks outside the State or for any reason should Respondent stop performing health care
10 tasks in Arizona, Respondent shall notify the Executive Director in writing within ten days
11 of departure and return or the dates of non-performance within Arizona. Non-performance
12 is defined as any period of time exceeding thirty days during which Respondent is not
13 engaging in the performance of health care tasks. Periods of temporary or permanent
14 residence or performance of health care tasks outside Arizona or of non-performance of
15 health care tasks within Arizona, will not apply to the reduction of the probationary period.

16 e. Termination of Probation

17 Prior to the termination of probation, Respondent must submit a written request to
18 the Board for release from the terms of this Consent Agreement. Respondent's request
19 must be in writing and submitted at least 30 days prior to the date he would like the matter
20 to appear before the Board. In doing so, Respondent must provide the Board with
21 evidence establishing that he has successfully satisfied all of the terms and conditions of
22 this Consent Agreement. Such evidence shall include a report from the Monitor
23 supporting the termination of probation. The Board has the sole discretion to determine
24 whether all of the terms and conditions of this Consent Agreement have been met and
25 whether Respondent has adequately demonstrated that he has addressed all of the

1 issues identified in it. At that time, the Board shall determine whether it is appropriate to
2 release Respondent from this Consent Agreement or take any other action that is
3 consistent with its statutory and regulatory authority.

4 DATED AND EFFECTIVE this 8th day of August,

5 2014.

6 ARIZONA MEDICAL BOARD

7
8 By C Lloyd Vest, II
9 C. Lloyd Vest, II
10 Executive Director

11 **CONSENT TO ENTRY OF ORDER**

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

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

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

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

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

1 regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or
2 any other state or federal court.

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

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

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

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

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

20
21 David G. Lawson M.D.
22 DAVID G. LAWSON, M.D.

DATED: 17 July 2014

23 EXECUTED COPY of the foregoing mailed
24 this 8th day of August, 2014 to:
25 David G. Lawson, M.D.
Address of Record

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ORIGINAL of the foregoing filed
this 8th day of August, 2014 with:

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

Mary Baker
Arizona Medical Board Staff