

1 BEFORE THE ARIZONA REGULATORY BOARD  
2 OF PHYSICIAN ASSISTANTS

3 In the Matter of:

4 **DAVID L. STEVENS, P.A.**

5 Holder of License No. 2048  
6 For the Performance of Healthcare Tasks  
7 In the State of Arizona

Case No. PA-21-0062A

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

8 David L. Stevens, P.A. ("Respondent"), elects to permanently waive any right to a  
9 hearing and appeal with respect to this Order for Letter of Reprimand and Probation;  
10 admits the jurisdiction of the Arizona Regulatory Board of Physician Assistants ("Board");  
11 and consents to the entry of this Order by the Board.

**FINDINGS OF FACT**

12 1. The Board is the duly constituted authority for the regulation and control of  
13 physician assistants in the State of Arizona.

14 2. Respondent is the holder of license number 2048 for the performance of  
15 health care tasks in the State of Arizona.

16 3. The Board initiated case number PA-21-0062A after receiving a complaint  
17 regarding Respondent's care and treatment of a 79 year-old female patient ("JD") alleging  
18 inappropriate prescribing and narcotic medication management.

19 4. JD established care with Respondent in 2016 for back pain after spinal  
20 stenosis surgery and two compression fractures and pain in multiple locations diagnosed  
21 as fibromyalgia. JD had been on long term high dose opioid therapy and had left her pain  
22 management physician who replaced her previous provider over a dispute when trying to  
23 wean her clonazepam and they quit prescribing. Prior to the dispute with her prescribing  
24 physician she was prescribed oxycodone 30mg three times daily, OxyContin 80mg four  
25 times daily, and fentanyl patch 100 mcg/hr for a total morphine milligram equivalent

1 ("MME") of 855 mg/d. She was also taking clonazepam 1.5mg at bedtime, diazepam  
2 "occasionally," and medical marijuana. Respondent prescribed JD methylphenidate 10mg  
3 every four hours to help her stay awake. Respondent refilled JD's other medications and  
4 JD continued to see Respondent on a regular basis.

5 5. On December 13, 2018, Respondent documented a discussion with JD  
6 regarding reducing her medications, Respondent noted that JD insisted that "will die" if she  
7 is forced to reduce the pain medications, she has been on for many years. At the time,  
8 JD's current medication list included clonazepam 1.5mg at bedtime, Fentanyl 100mcg/hr  
9 patch every 72 hours, Robaxin 500mg twice daily, oxycodone 30mg four times daily,  
10 OxyContin 80mg every twelve hours, diazepam 10mg, medical marijuana, and rozerem  
11 8mg 2 tabs at bedtime.

12 6. On May 2, 2019, Respondent's Supervising Physician saw JD and  
13 documented a comment from JD that no one told her how to take her medications so she  
14 takes the medications based on how her body feels.

15 7. On October 31, 2019, JD fell and injured her right buttock. JD's primary care  
16 physician ("PCP") ordered x-rays.

17 8. On December 12, 2019, JD reported that her lower back pain worse since  
18 her fall. Respondent noted that the pain medication did help but was doing a poor job of  
19 controlling pain. The pain seemed to be from right SI joint. Respondent referred JD to both  
20 an interventionalist and for physical therapy.

21 9. On January 2, 2020, JD was referred to a Pain Management Clinic, but was  
22 refused treatment due to the amount of opioid medications being prescribed to her.

23 10. On September 17, 2020, JD had a telemedicine appointment with  
24 Respondent. JD reported left posterior rib pain after a fall two weeks ago, and  
25 Respondent documented a discussion regarding the importance of fall prevention.

1           11.    On April 29, 2021, JD had a telemedicine appointment with Respondent. JD  
2 reported that she was trying to sell her house and move into assisted living and she was  
3 afraid activity would worsen pain.

4           12.    On July 1, 2021, JD complained of fibromyalgia, pain everywhere and usual  
5 back pain. Respondent documented a discussion about transitioning to non-narcotic  
6 medications. JD expressed resistance and Respondent agreed not to change  
7 medications.

8           13.    On July 7, 2021, JD was hospitalized for lower extremity weakness. The  
9 hospitalist documented that JD's pain regimen played a role in her weakness, but that JD  
10 was resistant to a discussion about her medications. The hospitalist recommended a  
11 skilled nursing facility, but JD refused and after a long discussion signed out against  
12 medical advice.

13           14.    On August 5, 2021, JD reported that her pain was not well controlled  
14 because the hospital did not continue her regular pain medications. Respondent noted that  
15 after much discussion JD agreed to a 5% reduction in narcotics. Respondent decreased  
16 JD's oxycodone IR 30mg from four per day to three per day which reduced JD's daily  
17 MME from 860 to 815.

18           15.    On September 2, 2021, JD reported pain in multiple areas including  
19 increased global pain in her large muscle groups due to wrong antibiotic administration  
20 while hospitalized and plans to sue the doctor and hospital. Respondent noted that the  
21 patient was doing okay on the lower oxycodone dosage but complained of inability to  
22 function if her medication were reduced further.

23           16.    On September 30, 2021, JD reported that her pain was worse and more  
24 debilitating since the lowered dose of oxycodone two months ago. Respondent noted that  
25 JD was unable to stand up straight and needed to use a walker even at home. JD was

1 doing physical therapy but progress was limited by pain. Respondent documented that JD  
2 was having a much more difficult time since medications reduced. JD's hair and clothes  
3 were disheveled. Respondent increased JD's oxycodone IR to 30mg four times daily and  
4 reduced her diazepam 10mg from ten to eight tabs per month. Respondent documented  
5 his conclusion that further reduction in her medication regimen would cause more  
6 problems than it would fix.

7 17. The standard of care prohibits a physician assistant from prescribing high  
8 dose opioids, benzodiazepines, stimulants, and sedatives concurrently without an  
9 adequate clinical rationale. Respondent deviated from this standard of care by prescribing  
10 high dose opioids, benzodiazepines, stimulants, and sedatives concurrently without an  
11 adequate clinical rationale.

12 18. The standard of care prohibits a physician assistant to prescribe high dose  
13 stimulants without an adequate clinical rationale. Respondent deviated from the standard  
14 of care by prescribing JD stimulants for around the clock use despite her reported  
15 insomnia without an adequate clinical rationale.

16 19. The standard of care requires a physician assistant to attempt to taper  
17 controlled substances in a high-risk patient. Respondent deviated from the standard of  
18 care by prescribing high dose opioids and benzodiazepines for long term use without  
19 attempting a taper in a high-risk patient.

20 20. The standard of care prohibits a physician assistant from providing early  
21 refills of controlled substances without justification. Respondent deviated from the  
22 standard of care by providing early refills of controlled substances without justification.

23 21. The standard of care requires a physician assistant to monitor aberrant drug  
24 behaviors in a high-risk patient. Respondent deviated from the standard of care by failing  
25 to monitor aberrant drug behaviors in a high-risk patient.



1 unrestricted license, who supervises a physician assistant and who assumes legal  
2 responsibility for health care tasks performed by the physician assistant.”).

3 **ORDER**

4 IT IS HEREBY ORDERED THAT:

- 5 1. Respondent is issued a Letter of Reprimand;  
6 2. Respondent is placed on Probation for a period of two years with the

7 following terms and conditions:

8 a. **Continuing Medical Education**

9 Respondent shall within 6 months of the effective date of this Order obtain no less  
10 than 10 hours of Board staff pre-approved Category I Continuing Medical Education  
11 (“CME”) in an intensive, in-person course in medical recordkeeping and no less than 15  
12 hours of CME in an intensive, in-person course in controlled substance prescribing.  
13 Respondent shall within thirty days of the effective date of this Order submit his request for  
14 CME to the Board for pre-approval. Upon completion of the CME, Respondent shall  
15 provide Board staff with satisfactory proof of attendance. The CME hours shall be in  
16 addition to the hours required for the biennial renewal of licensure.

17 b. **Chart Reviews**

18 Within 30 days of completion of the CME, Respondent shall enter into a contract  
19 with a Board-approved monitoring company to perform periodic chart reviews at  
20 Respondent’s expense. The chart reviews shall involve current patients’ charts for care  
21 rendered after the date Respondent returned to practice as stated herein. Based upon the  
22 chart review, the Board retains jurisdiction to take additional disciplinary or remedial  
23 action. After two consecutive favorable chart reviews, Respondent may request  
24 termination of probation as stated below.

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c. 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 30 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

d. Obey All Laws

Respondent shall obey all state, federal and local laws, and all rules governing the performance of healthcare tasks in Arizona.

3. The Board retains jurisdiction and may initiate new action against Respondent based upon any violation of this Order. A.R.S. § 32-2501(18)(ee).

DATED AND EFFECTIVE this 9<sup>th</sup> day of November, 2022.

ARIZONA REGULATORY BOARD OF PHYSICIAN ASSISTANTS

By   
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 that he has the right to consult with legal counsel regarding this matter.

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

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

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

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

15          6.     Notwithstanding any language in this Order, this Order does not preclude in  
16 any way any other State agency or officer or political subdivision of this state from  
17 instituting proceedings, investigating claims, or taking legal action as may be appropriate  
18 now or in the future relating to this matter or other matters concerning Respondent,  
19 including but not limited to, violations of Arizona's Consumer Fraud Act. Respondent  
20 acknowledges that, other than with respect to the Board, this Order makes no  
21 representations, implied or otherwise, about the views or intended actions of any other  
22 state agency or officer or political subdivisions of the State relating to this matter or other  
23 matters concerning Respondent.

24          7.     Upon signing this agreement, and returning this document (or a copy  
25 thereof) to the Board's Executive Director, Respondent may not revoke the consent to the



1 entry of the Order. Respondent may not make any modifications to the document. Any  
2 modifications to this original document are ineffective and void unless mutually approved  
3 by the parties.

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

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

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

12 11. Any violation of this Order constitutes unprofessional conduct and may result  
13 in disciplinary action. A.R.S. § § 32-2501(18)(ee) ("Violating a formal order, probation  
14 agreement or stipulation issued or entered into by the board or its executive director.") and  
15 32-2551.

16 12. Respondent has read and understands the terms of this Agreement.

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18   
19 DAVID L. STEVENS, P.A.

DATED: 10-25-2022

20 EXECUTED COPY of the foregoing mailed  
21 this ~~23<sup>rd</sup>~~<sup>25<sup>th</sup></sup> day of ~~October~~<sup>November</sup>, 2022 to:

22 David L. Stevens, P.A.  
23 Address of Record

24 Cody M. Hall, Esq.  
25 Broening Oberg Woods & Wilson, PC  
2800 North Central Avenue, Suite 1600  
Phoenix, Arizona 85004  
Attorney for Respondent

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ORIGINAL of the foregoing filed  
this 9<sup>th</sup> day of November, 2022 with:

Arizona Regulatory Board of Physician Assistants  
1740 West Adams, Suite 4000  
Phoenix, Arizona 85007

Michelle Prodes

Board staff