BEFORE THE ARIZONA REGULATORY BOARD
OF PHYSICIAN ASSISTANTS

In the Matter of: **SCOTT J. WOFFINDEN, PA-C** Holder of License No. 4966 For the Performance of Healthcare Tasks In the State of Arizona	Case No. PA-21-0055A, PA-21-0078A, PA-22-0049A, PA-22-0068A **ORDER FOR DECREE OF CENSURE; AND CONSENT TO SAME**

Scott J. Woffinden, PA-C ("Respondent"), elects to permanently waive any right to a hearing and appeal with respect to this Order for Decree of Censure; admits the jurisdiction of the Arizona Regulatory Board of Physician Assistants ("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 physician assistants in the State of Arizona.

2. Respondent is the holder of license number 4966 for the performance of health care tasks in the State of Arizona.

3. Respondent's license is subject to terms and conditions of probation pursuant to an Order for Letter of Reprimand and Probation and Consent to Same issued in cases PA-18-0015A and PA-19-0006 ("Original Order"). The Original Order required Respondent to undergo periodic chart reviews by a Board approved monitoring company ("Monitoring Company").

PA-21-0055A

4. The Board initiated case number PA-21-0055A after receiving notification that Respondent had received three unfavorable chart reviews from the Monitoring Company. Based on the Monitoring Company's report, Board staff requested Medical Consultant ("MC") review of Respondent's care and treatment of three patients (BB#1, DG

and AI). The MC determined that Respondent deviated from the standard of care regarding all three patients reviewed.

5. BB was a 41-year-old female patient who initiated care with Respondent's Clinic in February 2019. BB#1 was initially seen by another provider in the Clinic who noted that she was taking oxycodone 30mg, five per day, for chronic pain in low back, shoulder, wrist, and foot. A left shoulder x-ray was "within normal range for age" and an MRI showed minor acromioclavicular joint degenerative arthrosis.

6. Respondent saw BB#1 via telemedicine appointment on December 1, 2020. Respondent documented that BB#1 reported pain of 8/10 in her foot and ankle, shoulder, wrist and hand and lower back. Respondent noted a prior unsuccessful taper in October 2020. Respondent additionally noted that BB#1 had pain with normal movement and limited mobility. Respondent also documented a current medication taper and a diagnosis of opioid dependence, uncomplicated. Respondent prescribed BB#1 oxycodone 30 mg, five per day.

7. DG was a 57-year-old male patient who initiated care with Respondent's Clinic in February 2021. DG's medical history included hypertension, diabetes, and low back pain. DG's medication list included oxycodone 30mg every six hours, and morphine sulfate extended release ("MSER") 30mg, 2 tablets twice daily. Respondent discussed DG's Controlled Substance Prescription Monitoring Program report ("CSPMP") and documented that the report included multiple providers and pharmacies "that indicates some elevated risk for abuse. Patient with a history of doctor shopping in 2019."

8. On March 16, 2021, DG's UDS was positive for fentanyl, nor fentanyl, and EtS (alcohol biomarker) but was negative for oxycodone with very low oxymorphone suggesting the patient had not taken the medication as directed and may have run out early.

9. AI was a 50-year-old female who presented to Respondent's Clinic with complaints of head, neck, shoulder, and wrist/hand pain with burning, numbness or shooting pain in the arms. AI had a medical history of arthritis, depression, anxiety, degenerative disc disease, and stenosis. AI had a surgical history of anterior cervical discectomy and fusion ("ACDF") of C3-7, foraminotomy of C5-6, ACDF of C2-7, and bilateral carpal tunnel release. AI's medication list included oxycodone 30mg, 2 tablets every 8 hours and methocarbamol 500mg every 8 hours.

10. The standard of care prohibits a physician assistant from prescribing high dose opioids without an adequately documented clinical justification. Respondent deviated from the standard of care by prescribing BB#1, DG and AI high dose opioids without adequately documented clinical justification.

11. The standard of care requires a physician assistant to address aberrant behaviors. Respondent deviated from the standard of care for Patient DG by failing to properly manage DG's high risk and aberrant behaviors.

12. There was potential for patient harm in that Patient DG was at risk for overdose and death due to the combination of fentanyl and alcohol. There was potential for patient harm in that Patient BB was at risk of worsening pain due to hyperalgesia as well as addiction, falls, respiratory, endocrine, immunosuppression, and death. Patient DG was at risk of addiction, hyperalgesia, immunosuppression, falls, and diversion. Patient AI was at risk of exacerbating pain by hyperalgesia as well as death, overdose, addiction, and suppression of the endocrine and immune systems.

PA-21-0078A

13. The Board initiated case number PA-21-0078A after receiving notification that Respondent had received three unfavorable chart reviews from the Monitoring Company. Based on the Monitoring Company's report, Board staff requested MC review of Respondent's care and treatment of three patients (RH, KG and EE). The MC found that Respondent met the standard of care with regard to all three patients but identified documentation deficiencies for all charts reviewed.

14. Regarding Respondent's documentation for all three patients, the MC identified inconsistencies, discordant documentation and ineffective education while prescribing controlled substances.

PA-22-0049A

15. The Board initiated case number PA-22-0049A after receiving three unfavorable chart reviews from the Monitoring Company. Based on the Monitoring Company's report, Board staff requested MC review of Respondent's care and treatment of three patients. With regard to two patients (EK and NK), the MC identified deviations from the standard of care.

16. EK was a 37-year-old female that was seen by Respondent for the management of head, knee pain with associated numbness and shooting pain in the legs, as well as low back and neck pain for the past 5 years. EK's medical history included depression, anxiety, bipolar, and borderline personality. Respondent prescribed EK medications including Flexeril 10mg three times daily, Fioricet 1 tab every 8 hours, and Morphine ER 30mg twice daily. In August 2021, a UDS was positive for a rising marijuana level.

17. NK was 27-year-old female who was seen by Respondent for her neck, low back pain and chest wall pain secondary to complications from breast surgery.

Respondent treated NK with high dose opioid therapy including hydromorphone 8 mg 5/day for total oral morphine milligram equivalents ("MME") of 160 mg. NK was concurrently being prescribed benzodiazepines, and Soma

18. The standard of care requires a physician assistant to address aberrant urinary drug screens. Respondent deviated from the standard of care by failing to address an aberrant urinary drug screen for Patient EK.

19. The standard of care requires a physician assistant appropriately score and adequately implement the opioid risk tool. Respondent deviated from the standard of care for Patient EK by failing to appropriately score and adequately implement the opioid risk tool.

20. The standard of care prohibits a PA from concurrently prescribing high dose opioids, benzodiazepines, and Soma without clinical justification. Respondent deviated from the standard of care for Patient NK by prescribing high dose opioids without adequately documented clinical justification when NK was concurrently being prescribed benzodiazepines and Soma.

21. There was potential for patient harm in that EK and NK were at risk for diversion, addiction, CNS depression, overdose, and death.

PA-22-0068A

22. The Board initiated case number PA-22-0068A after receiving three unfavorable chart reviews from the Monitoring Company. Based on the Monitoring Company's report, Board staff requested MC review of Respondent's care and treatment of eight patients (BB#2, AB, RD, JG, NK, PL, JM, and LP).

23. BB#2 was a 34-year-old female who initiated care with Respondent in March of 2022 after being discharged from another pain management practice for multiple adulterated urine drug screens. BB#2 complained of low back, wrist/hand elbow, shoulder,

neck of greater than five years duration. Respondent prescribed BB#2 medications including Tizanidine 4 mg three times daily, oxycodone 10/325mg every 6 hours as needed, ibuprofen 800mg three times daily Lyrica, ropinirole, Benadryl, and Cymbalta.

24. AB was a 22-year-old female who had a telemedicine follow-up with Respondent. AB was an established patient of another provider. AB was noted to have chronic abdominal pain following a gastrectomy for gastroparesis in June 2019 with stricture at anastomosis requiring multiple dilations. AB's medication list included hydrocodone/APAP 7.5-325/15ml at 45 MME, clonazepam 0.5mg, three times daily, zolpidem 10mg at bedtime, diphenoxylate-Atrop, Cymbalta, clonidine, buspirone, metoprolol, duloxetine, limital, nadolol, ursodiol, benazepril, norethindrone, Oscinine, and Colestid.

25. RD was a 43-year-old male that initiated care via telemedicine with Respondent in March of 2022. RD reported chronic pain in his wrist/hand, knees, shoulder, hips, ankle/foot, neck and low back of greater than five years duration. RD's medication list included oxycodone 15mg four times daily, Tizanidine 4mg, three times daily, ibuprofen, and medical marijuana. RD's records noted use of self-management and adjunct medications including multiple modalities and medications. Respondent noted that RD was changing providers because his previous provider was no longer practicing.

26. JG was a 30-year-old male who had a telemedicine visit with Respondent. JG was an established patient of another provider. Respondent noted that JG was seen early due to stolen medications. JG's medication list included oxycodone 15mg every 6 hours, Tizanidine 4mg, three times daily, Naproxen 500mg twice daily, and Lyrica 50mg twice daily. Respondent prescribed Suboxone 4mg four times daily for 10 days.

27. NK was a 66-year-old female who had a telemedicine visit with Respondent. NK was an established patient of another provider. NK was recovering from recent ankle

surgery and reported multiple deficits and reported significant functional impairment as a result of chronic opioid therapy ("COT"). NK's past medical history included complex regional pain syndrome type 1 right LE, fibromyalgia, scoliosis, lumbar degenerative disc disease, lumbar spondylosis with radiculopathy, generalized anxiety disorder, ADHD, depression unspecified, opioid dependence. NK's medication list included fluoxetine 20mg daily, Abilify 2mg daily, Robaxin 500mg three times daily, oxycodone 10mg #25, OxyContin 60mg twice daily, and oxycodone 20mg every 4 hours for a total of 360 MME of oxycodone. A UDS obtained January 29, 2022, was positive for amphetamine, alprazolam, oxycodone, and its metabolites. Respondent interpreted the UDS as consistent.

28. PL was a 78-year-old female who had a follow-up visit with Respondent. PL was an established patient of another provider. PL's medical history included chronic knee pain due to osteoarthritis, COPD, anxiety, depression, and sleep apnea. PL's medication list included oxycodone 30mg every 6 hours for an MME of 180mg/d.

29. JM was a 48-year-old male female who had a telemedicine visit with Respondent. JM was an established patient of another provider. JM's past medical history included diabetes and chronic pain. JM's medication list included oxycodone 15mg four times daily, Tizanidine 4mg three times daily, amitriptyline, and Suboxone 8/2mg twice daily.

30. LP was a 37-year-old female who had a telemedicine visit with Respondent. LP was an established patient of another provider. LP's medical history included chronic neck pain, migraines, hypermobile Ehlers-Danlos syndrome ("EHS"), depression, anxiety, and blood clots. LP's medication list included hydromorphone 8mg three times daily #90, ASCOMP with codeine three times daily #90 (codeine, butalbital, aspirin), gabapentin 100mg every am #30, gabapentin 300mg at bedtime #30, Meclizine, Zofran, lorazepam, Midodrine, Hydroxyzine, and Fiorinal with codeine. LP also had a medical marijuana card.

31. The standard of care prohibits a physician assistant from prescribing high dose opioids for long term use without adequately documented clinical justification. Respondent deviated from the standard of care for Patients BB#2, RD, NK, PL, JM and LP by prescribing high dose opioids for long term use without adequately documented clinical justification.

32. The standard of care requires a physician assistant to address aberrant urinary drug screens. Respondent deviated from the standard of care for Patients BB, NK, and JM by failing to address aberrant urinary drug screens.

33. The standard of care requires a physician assistant to obtain and review a patient's prior medical records prior to initiating opioid therapy. Respondent deviated from the standard of care for Patients BB and RD by failing to obtain and review the patient's prior pain management records prior to initiating opioid therapy.

34. The standard of care prohibits a physician assistant from prescribing opioids, benzodiazepines, and sedatives concurrently without adequately documented clinical justification. Respondent deviated from the standard of care for Patient AB by prescribing opioids without clinical justification when AB was being concurrently prescribed benzodiazepines and zolpidem .

35. The standard of care requires a physician assistant to obtain a urinary drug screen prior to initiating opioid therapy. Respondent deviated from the standard of care for Patient RD by failing to obtain a urinary drug screen prior to initiating opioid therapy.

36. The standard of care requires a physician assistant to assess aberrant behaviors and/or diversion in a patient on chronic opioid therapy. Respondent deviated from the standard of care for Patient JG by failing to assess aberrant behavior and/or diversion in a patient on chronic opioid therapy.

37. The standard of care requires a physician assistant to discuss and document medication instructions as well as the risks and benefits of the therapy. Respondent deviated from the standard of care for Patient JG by failing to discuss and document the medication instructions and the risk of precipitated withdrawal with Suboxone.

38. There was potential for patient harm in that all patients were at risk of harm including opioid tolerance and dependence, sedation and sleep disturbance.

39. Respondent subsequently received two consecutive favorable chart reviews.

CONCLUSIONS OF LAW

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

2. The conduct and circumstances described in PA-21-0055A, PA-22-0049A and PA-22-0068A above constitute unprofessional conduct pursuant to A.R.S. § 32-2501(18)(j) ("Committing any conduct or practice that is or might be harmful or dangerous to the health of a patient or the public.").

3. The conduct and circumstances described in PA-21-0055A and PA-21-0078A, PA-22-0049A and PA-22-068A above constitute unprofessional conduct pursuant to A.R.S. § 32-2501(18)(p) ("Failing or refusing to maintain adequate records on a patient.").

ORDER

IT IS HEREBY ORDERED THAT:

1. Respondent is issued a Decree of Censure.

2. The Probation as imposed by the Original Order in cases PA-18-0015A and PA-19-0006 is terminated.

DATED AND EFFECTIVE this 30th day of August, 2023.

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.

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.

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

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

5. All admissions made by Respondent in this Order are solely for final disposition of this matter and any subsequent related administrative proceedings or civil

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

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

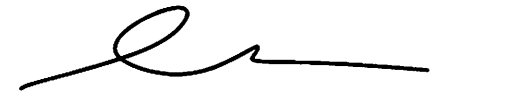
7. Upon signing this agreement, and returning this document (or a copy thereof) to the Board's Executive Director, Respondent may not revoke the consent to the entry of the Order. Respondent may not make any modifications to the document. Any modifications to this original document are ineffective and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

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

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

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

11. ***Respondent has read and understands the terms of this Agreement.***



Scott J. Woffinden, PA-C

DATED: 8/17/23

EXECUTED COPY of the foregoing mailed this 30th day of August, 2023 to:

Scott J. Woffinden, PA-C
Address of Record

Cody Hall, Esq.
Broening Oberg Woods & Wilson, PC
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Attorney for Respondent

ORIGINAL of the foregoing filed this 30th day of August, 2023 with:

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

Michelle Robles

Board staff