

1 **BEFORE THE ARIZONA MEDICAL BOARD**

2 In the Matter of

3 **ANDRES ALVARADO, M.D.**

4 Holder of License No. 26109  
5 For the Practice of Allopathic Medicine  
6 In the State of Arizona.

**Case No. MD-23-0268A, MD-23-0367A,  
MD-23-0656A, MD-23-0891A**

**ORDER FOR DECREE OF CENSURE  
AND PROBATION WITH PRACTICE  
RESTRICTION; AND CONSENT TO  
THE SAME**

7 Andres Alvarado, 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 with  
9 Practice Restriction; admits the jurisdiction of the Arizona Medical Board ("Board"); and  
10 consents to the entry of 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 26109 for the practice of  
15 allopathic medicine in the State of Arizona.

16 3. Respondent's license is subject to terms and conditions of probation  
17 pursuant to an Order for Letter of Reprimand and Probation; and Consent to the Same  
18 entered in case MD-21-0308A ("Original Order"). The Original Order required Respondent  
19 to undergo periodic chart reviews in order to ensure that Respondent incorporated  
20 Continuing Medical Education ("CME") in controlled substance prescribing into his  
21 practice. Pursuant to the Original Order, Respondent enrolled with a Board-approved  
22 Physician Enhancement Program ("PEP") to conduct the reviews.

23 **MD-23-0268A**

24 4. The Board initiated case number MD-23-0268A after receiving a report from  
25 the PEP that Respondent received an unfavorable chart review. Based on the PEP report,  
Board staff requested Medical Consultant ("MC") review of Respondent's care and

1 treatment of three patients (MM, KS, and KE). The MC identified deviations from the  
2 standard of care for all three patients.

3 5. MM was a 61 year-old female who initiated care with Respondent in July of  
4 2021. MM's medical history included cervical post-laminectomy syndrome, degenerative  
5 disc disease, cervicalgia, COPD, chronic back pain, and hypertension. Respondent  
6 prescribed MM medications including alprazolam 0.5mg twice daily as needed,  
7 amitriptyline 10mg at bedtime, gabapentin 100mg three times daily, and oxycodone 15mg  
8 every six hours.

9 6. KS was a 67 year-old female who initiated care with Respondent in June of  
10 2020. KS's medical history included cervicalgia and chronic pain syndrome. Respondent  
11 prescribed KS medications including hydrocodone-acetaminophen 5/325mg every eight  
12 hours.

13 7. KE was a 64 year-old female who initiated care with Dr. Alvarado in  
14 September 2013. KE's medical history included chronic pain syndrome, phantom limb  
15 syndrome, low back pain, sciatica, and scoliosis. KE's medication list included oxycodone-  
16 acetaminophen 10/325mg every four hours and diclofenac 1.3% transdermal patch twice  
17 daily.

18 8. KE was a 64 year-old female who was an established patient of  
19 Respondent's practice. KE's medical history included chronic pain syndrome, phantom  
20 limb syndrome, low back pain, sciatica, and scoliosis. Respondent prescribed KE  
21 medications including oxycodone-acetaminophen 10/325mg every four hours and  
22 diclofenac 1.3% transdermal patch twice daily.

23 9. The standard of care requires a physician to prescribe an opioid reversal  
24 agent to a patient prescribed over 90MMEs daily. Respondent deviated from the standard  
25

1 of care for Patients MM and KE by failing to prescribe Narcan to patients prescribed high  
2 dose opioids.

3 10. The standard of care prohibits a physician from prescribing controlled  
4 substances without a clinical rationale. Respondent deviated from the standard of care for  
5 Patient KS by prescribing opioids without an adequate clinical rationale.

6 11. There was the potential for patient harm in that all three patients were at risk  
7 of respiratory depression, addiction, diversion, overdose, and death.

8 **MD-23-0367A**

9 12. The Board initiated case number MD-23-0367A after receiving a report from  
10 the PEP that Respondent received an unfavorable chart review. Based on the PEP  
11 report, Board staff requested MC review of Respondent's care and treatment of five  
12 patients (RH, CW, PG, CH, and DB). The MC identified deviations from the standard of  
13 care for all five patients.

14 13. RH was a 67 year-old female who was an established patient of  
15 Respondent's practice. RH's medical history included chronic pain syndrome, post-  
16 laminectomy syndrome, osteoarthritis, depression, and lumbosacral region radiculopathy.  
17 RH also had a history of marijuana use and tobacco use. Respondent prescribed RH  
18 medications including hydrocodone-acetaminophen 10/325mg every four hours,  
19 bupropion 100mg daily, butalbital 50mg-acetaminophen 325mg-caffeine 40mg as  
20 needed, citalopram 20mg daily, dextroamphetamine sulfate 10mg daily, and morphine ER  
21 15mg every eight hours.

22 14. CW was a 54 year-old female patient who initiated care with Respondent in  
23 March of 2019. CW's medical history included sciatica, ankylosing spondylitis, psoriatic  
24 arthritis, and cervical post-laminectomy syndrome. Respondent prescribed CW  
25 medications including hydrocodone-acetaminophen 10/325mg every six hours, morphine

1 ER 30mg every twelve hours, zolpidem 10mg at bedtime, bupropion SR 150mg daily, and  
2 Narcan 4mg as needed.

3 15. PG was a 47 year-old male who initiated care with Respondent in January  
4 of 2022. PG's medical history included PTSD, depression, dorsalgia, and chronic lumbar  
5 post-laminectomy syndrome. Respondent prescribed PG medications including  
6 amitriptyline 50mg daily, gabapentin 300mg at bedtime, duloxetine DR 60mg daily,  
7 hydrocodone-acetaminophen 10/325mg every six hours, quetiapine 100mg at bedtime,  
8 and Narcan 4mg as needed.

9 16. CH was a 38 year-old female who initiated care with Respondent in June of  
10 2021. CH's medical history included chronic back pain, lumbar stenosis, depression and  
11 lumbar spondylosis. Respondent prescribed CH medications including oxycodone-  
12 acetaminophen 10/325mg every six hours, Zoloft 50mg daily, meloxicam 15mg daily, and  
13 Narcan 4mg as needed.

14 17. DB was a 59 year-old male who initiated care with Respondent in February  
15 of 2022. DB's medical history included chronic pain syndrome, right knee pain, peripheral  
16 neuropathy, and hypertension. Respondent prescribed DB medications including  
17 gabapentin 600mg 2 tablets twice daily, oxycodone 5mg every six hours, and tramadol ER  
18 100mg daily.

19 18. The standard of care prohibits a physician from prescribing opioids without  
20 justification. Respondent deviated from the standard of care for Patients RH, CW, PG,  
21 CH, and DB by prescribing high dose opioids without justification.

22 19. The standard of care requires a physician to recognize and address aberrant  
23 urinary drug screens. Respondent deviated from the standard of care for Patients RH,  
24 CW, PG, CH, and DB by failing to address aberrant urinary drug screen results.

25



1 spinal stenosis. Respondent prescribed JE medications including amitriptyline 25mg at  
2 bedtime, atenolol 100mg daily, and tramadol 50mg every eight hours.

3 26. The standard of care requires a physician to recognize and address aberrant  
4 urinary drug screens. Respondent deviated from the standard of care for Patients JF, SD  
5 and JE by failing to address aberrant urinary drug screen results.

6 27. The standard of care requires a physician to prescribe an opioid reversal  
7 agent to a patient prescribed over 90MMEs daily. Respondent deviated from the standard  
8 of care for Patients JF, SD and JE by failing to prescribe Narcan to patients being  
9 prescribed high dose opioids.

10 28. There was potential for patient harm in that all three patients were at risk of  
11 respiratory depression, addiction, diversion, overdose, and death.

12 **MD-23-0891A**

13 29. The Board initiated case number MD-23-0891A after receiving a report from  
14 the PEP that Respondent received an unfavorable chart review. Based on the PEP  
15 report, Board staff requested MC review of Respondent's care and treatment of six  
16 patients (JS, CH, JA, LH, RO, and VT). The MC identified deviations from the standard of  
17 care for all six patients.

18 30. JS was an 84 year-old female who initiated care with Respondent in August  
19 of 2018. JS's medical history included migratory polyarthralgia, osteoporosis,  
20 osteoarthritis, low back pain, and peripheral neuropathy. Respondent prescribed JS  
21 medications including diltiazem CD 120mg daily, hydrocodone-acetaminophen 5/325mg  
22 every twelve hours, Ibuprofen 800mg three times daily, and levothyroxine 50mcg daily.

23 31. CH was a 73 year-old male who initiated care with Respondent in June of  
24 2022. CH's medical history included chronic neck pain, peripheral neuropathy,  
25 osteoarthritis, degenerative joint disease, and low back pain. Respondent prescribed CH

1 medications including morphine ER 15mg every twelve hours and morphine IR 15mg  
2 every eight hours.

3 32. JA was a 72 year-old male who was an established patient of Respondent's  
4 practice. JA's medical history included osteoarthritis, hypertension, cervicalgia, chronic  
5 knee pain, and restless leg syndrome. Respondent prescribed JA medications including  
6 hydrocodone-acetaminophen 10/325mg every six hours, ropinirole 0.25mg every twelve  
7 hours, and meclizine 25mg daily as needed.

8 33. LH was a 70 year-old female who was an established patient of  
9 Respondent's practice. LH's medical history included fibromyalgia, chronic right shoulder  
10 pain, DM type 2, dorsalgia, and depression. Respondent prescribed LH medications  
11 including baclofen 5mg every twelve hours, hydrocodone-acetaminophen 10/325mg  
12 every six hours, and citalopram 40mg daily.

13 34. RO was a 69 year-old male who initiated care with Respondent in June of  
14 2023. RO's medical history spondylosis, low back pain, degenerative disc disease,  
15 chronic knee pain, sciatica, and osteoarthritis. Respondent prescribed RO medications  
16 including hydrocodone-acetaminophen 10/325mg every six hours.

17 35. VT was a 57 year-old female who was an established patient of  
18 Respondent's practice. VT's medical history included chronic pain syndrome, fibromyalgia,  
19 low back pain, and obesity. Respondent prescribed VT medications including oxycodone  
20 5mg every eight hours and hydrocodone-acetaminophen 10/325mg every eight hours.

21 36. The standard of care requires a physician to recognize and address aberrant  
22 urinary drug screens. Respondent deviated from the standard of care for Patients JS, CH,  
23 JA, and LH by failing to address aberrant urinary drug screen results.

24 37. The standard of care requires a physician to prescribe an opioid reversal  
25 agent to a patient prescribed over 90MMEs daily. Respondent deviated from the standard

1 of care for Patients JS, CH, JA, LH, RO and VT by failing to prescribe Narcan to patients  
2 being prescribed high dose opioids.

3 38. There was potential for patient harm in that all six patients were at risk of  
4 respiratory depression, addiction, diversion, overdose, and death.

5 39. Effective April 18, 2024, Respondent entered into an Interim Consent  
6 Agreement for Practice Restriction prohibiting him from prescribing controlled substances  
7 pending the outcome of a formal interview or formal hearing in this matter.

8 **CONCLUSIONS OF LAW**

9 a. The Board possesses jurisdiction over the subject matter hereof and over  
10 Respondent.

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

14 c. The conduct and circumstances described above constitute unprofessional  
15 conduct pursuant to A.R.S. § 32-1401(27)(r) ("Committing any conduct or practice that is or  
16 might be harmful or dangerous to the health of the patient or the public.").

17 **ORDER**

18 IT IS HEREBY ORDERED THAT:

19 1. Respondent is issued a Decree of Censure.

20 2. Respondent is placed on Probation for a period of 5 years with the following  
21 terms and conditions:

22 **a. Practice Restriction**

23 Respondent's practice is restricted in that he is prohibited from prescribing  
24 controlled substances in the State of Arizona except as stated herein until Respondent  
25 applies to the Board and receives permission to do so in accordance with this Order.



1 Respondent may prescribe controlled-substances in a hospital<sup>1</sup> setting, including five days  
2 of discharge medications, during the period of Probation.

3 **b. Chart Reviews**

4 Board staff or its agents shall conduct periodic chart/CSPMP reviews or perform  
5 other investigation including quarterly declarations and employer verifications to monitor  
6 Respondent's compliance with this Board Order.

7 **c. Obey All Laws**

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

11 **d. Tolling**

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

19 **e. Probation Termination**

20  
21 Prior to any Board consideration for termination of Probation, Respondent must  
22 submit a written request to the Board for release from the terms of this Order.  
23 Respondent's request for release will be placed on the next pending Board agenda,  
24 provided a complete submission is received by Board staff no less than 30 days prior to

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<sup>1</sup> As defined in A.A.C. R9-10-101(110).

1 the Board meeting. Respondent's request for release must provide the Board with  
2 evidence establishing that he has successfully satisfied all of the terms and conditions of  
3 this Order.

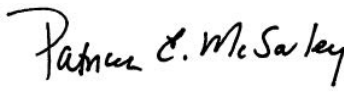
4 The Probation shall not terminate except upon affirmative request of Respondent  
5 and approval by the Board. The Board may require any combination of examinations  
6 and/or evaluations in order to determine whether or not Respondent is safe to prescribe  
7 controlled substances and the Board may continue the Practice Restriction or take any  
8 other action consistent with its authority.

9 The Board has the sole discretion to determine whether all of the terms and  
10 conditions of this Order have been met or whether to take any other action that is  
11 consistent with its statutory and regulatory authority.

12  
13 3. The Board retains jurisdiction and may initiate new action against  
14 Respondent based upon any violation of this Order. A.R.S. § 32-1401(27)(s)

15 DATED AND EFFECTIVE this \_\_\_\_8th\_\_ day of \_\_\_\_August\_\_\_\_, 2024.

16 ARIZONA MEDICAL BOARD

17  
18 By   
19 Patricia E. McSorley  
20 Executive Director

21 **CONSENT TO ENTRY OF ORDER**

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

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

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

22          7.     Upon signing this agreement, and returning this document (or a copy thereof)  
23 to the Board's Executive Director, Respondent may not revoke the consent to the entry of  
24 the Order. Respondent may not make any modifications to the document. Any  
25

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

12. Respondent acknowledges that, pursuant to A.R.S. § 32-2501(16), he cannot act as a supervising physician for a physician assistant while his license is on probation.

13. **Respondent has read and understands the conditions of probation.**

  
\_\_\_\_\_  
ANDRES ALVARADO, M.D.

DATED: 8/1/2024

EXECUTED COPY of the foregoing mailed  
this 8th day of August, 2024 to:

Scott A. Holden, Esq.  
Holden & Armer, P.C.  
4505 East Chandler Boulevard, Suite 210  
Phoenix, Arizona 85048  
Attorney for Respondent

ORIGINAL of the foregoing filed  
this 8th day of August, 2024 with:

1 ORIGINAL of the foregoing filed  
this 8th day of August, 2024 with:

2  
3 Arizona Medical Board  
1740 West Adams, Suite 4000  
4 Phoenix, Arizona 85007

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6 Board staff

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