

1 BEFORE THE ARIZONA MEDICAL BOARD

2 In the Matter of

Case No. MD-22-0243A

3 **ARMANDO GONZALEZ, M.D.**

**ORDER DENYING REQUEST FOR  
REHEARING OR REVIEW**

4 Holder of License No. 24499  
5 For the Practice of Allopathic Medicine  
6 In the State of Arizona

7  
8 At its public meeting on November 1, 2023, the Arizona Medical Board (“Board”)  
9 considered Armando Gonzalez, M.D.’s (“Respondent”) Request for Rehearing or Review  
10 of the Board’s Order dated August 3, 2023 in the above referenced matter. Board  
11 members considered Respondent’s request, and noted that the discipline issued in the  
12 case was consistent with Board practice and appropriate to ensure remediation of the  
13 unprofessional conduct identified in the case. After considering all of the evidence, the  
14 Board voted to deny Respondent’s Request for Rehearing or Review.

15 **ORDER**

16 IT IS HEREBY ORDERED that:

17 Respondent’s Request for Rehearing or Review is denied. The Board’s August 3,  
18 2023 Findings of Fact, Conclusions of Law and Order for Letter of Reprimand and  
19 Probation in Case MD-23-0243A is effective and constitutes the Board’s final  
20 administrative order.

21  
22  
23  
24  
25





1 and patients receiving greater or equal to 90 morphine milligram equivalents (“MME”) per  
2 day.

3 5. In his initial licensee response, Respondent confirmed that his practice did  
4 not incorporate CSPMP review for controlled substance prescribing.

5 6. Board staff subsequently requested an additional report from the Pharmacy  
6 Board regarding Respondent’s use of the CSPMP from October 2021 through June 7,  
7 2022. The Pharmacy Board reported that no CSPMP queries occurred during the  
8 applicable time frame. A third report requested on September 7, 2022, indicated that  
9 Respondent performed 18 queries from July 15 through September 1, 2022. A CSPMP  
10 prescribing report indicated that from March through September 2022, Respondent  
11 prescribed 280 controlled substance prescriptions to 144 patients.

12 7. Board staff requested Medical Consultant (“MC”) review of Respondent’s  
13 care and treatment of three patients (NS, RC and LH).

14 8. NS was a 68-year-old male with a history of hypertension, congestive heart  
15 failure, gastritis, chronic degenerative joint disease (“DJD”), osteoarthritis, and chronic  
16 opioid dependency. Respondent prescribed NS medications including methadone 10mg 2  
17 tablets four times daily, Fentanyl 100mcg patch every two days, and Fentanyl 25 mcg  
18 every two days. On average, NS received 707 morphine milligram equivalents (“MME”) of  
19 opioid medication every 30 days.

20 9. RC was a 58-year-old male with a medical history of coronary artery disease,  
21 hypertension, osteoarthritis, chronic DJD, and chronic opioid dependence. Respondent  
22 prescribed RC medications including morphine sulfate ER 30mg three times daily,  
23 Percocet 10/325mg four times daily, temazepam 30mg at bedtime, and Xarelto 20mg  
24 daily. The patient received a 30-day MME average of 150.

25

1           10.    LH was a 56-year-old female with a medical history of chronic bilateral hip  
2 pain, chronic DJD, osteoarthritis, asthma, hypertension, depression, chronic opioid  
3 dependency, and panic attacks. Respondent prescribed LH medications including  
4 Percocet 10/325mg four times daily, Prozac 40mg daily, and Xanax 2mg three times daily.  
5 The patient received a 30-day MME average of 58. Urinary drug screens were obtained  
6 once yearly in 2019 and 2020, and then three times in 2021. Urinary drug screen reports  
7 indicated the patient was non-compliant with her prescribed regimen and had marijuana  
8 present November 2021.

9           11.    The standard of care prohibits a physician from prescribing high dose opioids  
10 without clinical justification. Respondent deviated from this standard of care by prescribing  
11 long term high dose opioids to Patients NS, RC, and LH without clinical justification.

12           12.    The standard of care requires a physician to query the CSPMP prior to  
13 prescribing controlled substances. Respondent deviated from the standard of care by  
14 failing to query the CSPMP prior to prescribing controlled substances to Patients NS, RC,  
15 and LH.

16           13.    The standard of care requires a physician to monitor a patient on controlled  
17 substances by obtaining routine urinary drug screens. Respondent deviated from the  
18 standard of care for Patients NS, RC and LH by failing to obtain periodic urinary drug  
19 screens for a patient on high dose opioids.

20           14.    The standard of care requires a physician to prescribe Narcan to a patient  
21 receiving long term high dose opioids. Respondent deviated from the standard of care for  
22 Patients NS and RC by failing to prescribe Narcan to a patient on long term high dose  
23 opioids.

24  
25

1           15. The standard of care requires a physician to refer a patient to appropriate  
2 specialists. Respondent deviated from the standard of care for Patient NS by failing to  
3 refer the patient to pain management.

4           16. The standard of care prohibits a physician from prescribing high dose opioids  
5 and benzodiazepine concurrently without clinical justification. Respondent deviated from  
6 the standard of care for Patients RC and LH by prescribing high dose opioids and  
7 benzodiazepines concurrently without clinical justification.

8           17. The standard of care requires a physician to recognize and address aberrant  
9 behaviors. Respondent deviated from the standard of care for Patient LH by failing to  
10 address aberrant urinary drug screens.

11           18. There was the potential for patient harm in that all three patients were at risk  
12 of diversion, abuse, medication interactions, overdose, and death.

13           19. The MC identified documentation concerns for all patients reviewed including  
14 failure to document benefits received from prescribed medications or discussion of  
15 alternatives to controlled substances that he prescribed.

16           20. Effective March 9, 2023, Respondent entered into an Interim Consent  
17 Agreement for Practice Restriction prohibiting him from prescribing controlled substances  
18 pending the outcome of a formal interview or formal hearing in this matter ("Interim  
19 Practice Restriction").

20           21. On March 25-26, 2023, Respondent completed an intensive, in-person  
21 continuing medical education ("CME") course in prescribing controlled substances from a  
22 Board-approved provider for a total of 21 credit hours.

23           22. On April 15-16, 2023, Respondent completed an intensive, in-person CME  
24 course in medical recordkeeping from a Board approved provider for a total of 17 credit  
25 hours.



1 **ORDER**

2 IT IS HEREBY ORDERED THAT:

- 3 1. Respondent is issued a Letter of Reprimand.
- 4 2. Respondent is placed on Probation for a period of 2 years with the following terms
- 5 and conditions:

6 **a. Chart Reviews**

7 Within 30 days of completion of the CME, Respondent shall enter into a contract

8 with a Board-approved monitoring company to perform periodic chart reviews at

9 Respondent's expense. The chart reviews shall involve current patients' charts for care

10 rendered after the date the Interim Practice Restriction was terminated. Based upon the

11 chart review, the Board retains jurisdiction to take additional disciplinary or remedial action.

12 **b. Obey All Laws**

13 Respondent shall obey all state, federal and local laws, all rules governing the

14 practice of medicine in Arizona, and remain in full compliance with any court ordered

15 criminal probation, payments and other orders.

16 **c. Tolling**

17 In the event Respondent should leave Arizona to reside or practice outside the

18 State or for any reason should Respondent stop practicing medicine in Arizona,

19 Respondent shall notify the Executive Director in writing within ten days of departure and

20 return or the dates of non-practice within Arizona. Non-practice is defined as any period of

21 time exceeding thirty days during which Respondent is not engaging in the practice of

22 medicine. Periods of temporary or permanent residence or practice outside Arizona or of

23 non-practice within Arizona, will not apply to the reduction of the probationary period.

1                   **d. Probation Termination**

2                   After three consecutive favorable chart reviews, Respondent may petition the Board  
3 to terminate the Probation. Respondent may not request early termination without  
4 satisfaction of the chart review requirements as stated in this Order.

5                   Prior to any Board consideration for termination of Probation, Respondent must  
6 submit a written request to the Board for release from the terms of this Order.  
7 Respondent's request for release will be placed on the next pending Board agenda,  
8 provided a complete submission is received by Board staff no less than 30 days prior to  
9 the Board meeting. Respondent's request for release must provide the Board with  
10 evidence establishing that he has successfully satisfied all of the terms and conditions of  
11 this Order.

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

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

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

