3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

21

20

22

23

24

_ '

25

BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of

EHAB F. ABDALAH, M.D.

Holder of License No. 36239
For the Practice of Allopathic Medicine
In the State of Arizona.

Case No. MD-23-0731A

ORDER FOR LETTER OF REPRIMAND AND PROBATION WITH PRACTICE RESTRICTION AND CIVIL PENALTY; AND CONSENT TO THE SAME

Ehab F. Abdallah, M.D. ("Respondent") elects to permanently waive any right to a hearing and appeal with respect to this Order for Letter of Reprimand and Probation with Practice Restriction and Civil Penalty; admits the jurisdiction of the Arizona Medical Board ("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 the practice of allopathic medicine in the State of Arizona.
- 2. Respondent is the holder of license number 36239 for the practice of allopathic medicine in the State of Arizona.
- 3. The Board initiated case number MD-23-0731A after receiving notification from the Arizona Board of Pharmacy ("ABOP") indicating that Respondent was non-compliant with mandatory use requirements for the Arizona Controlled Substance Prescription Monitoring Program ("CSPMP"). The ABOP report indicated additional potential deviations from best practice recommendations.
- 4. From April, 2023 to June, 2023 Respondent prescribed 247 opioid and/or benzodiazepine medications, but did not query the CSPMP.
- 5. Based on the potential deviations in the ABOP report, Board staff requested Medical Consultant ("MC") review of Respondent's care and treatment for four patients (WL, LB, JM and GA).

- 6. WL was a 65 year-old male patient of Respondent's practice with a. medical history that included obesity, hypertension, chronic back pain, and degenerative disc disease. Respondent prescribed WL medications including oxycodone 10mg every 12 hours, oxycodone 30mg every 8 hours, and OxyContin 10mg every 12 hours.
- 7. LB was a 43 year-old male patient of Respondent's practice with a medical history including anxiety, conversion disorder, central pain disorder, low back pain, lumbar disc herniation, neuropathy, stroke, and HIV. Respondent prescribed LB medications including Percocet 10/325mg three times daily, Xanax 0.5mg three times daily, and fentanyl 25mcg patch every 72 hours.
- 8. JM was a 48 year-old male patient of Respondent's practice with a medical history including chronic back pain, ankle pain, obesity, and muscle spasms. Respondent prescribed JM medications including carisoprodol 350mg three times daily, gabapentin 300mg daily, and tramadol 50mg three times daily.
- 9. GA was a 68 year-old male patient of Respondent's practice with a medical history including osteoarthritis of cervical and lumbar spine, arthritis of ankle, foot and wrist, degenerative disc disease, and diabetic peripheral neuropathy. Respondent prescribed GA medications including oxycodone 30mg three times daily.
- 10. The standard of care prohibits a physician from prescribing high dose opioids without a clinical justification. Respondent deviated from this standard of care for Patients WL, LB and GA by prescribing high dose opioids without a clinical justification.
- 11. The standard of care requires a physician to query the CSPMP prior to prescribing controlled substances. Respondent deviated from the standard of care for Patients WL, LB, JM and GA by failing to query the CSPMP prior to prescribing controlled substances.

- 12. The standard of care requires a physician to trial interventional and non-opioid based treatment strategies for chronic pain relief. Respondent deviated from the standard of care for Patients WL, LB, JM and GA by failing to trial interventional and non-opioid based treatment strategies for chronic pain relief.
- 13. The standard of care prohibits a physician from concurrent prescribing of opioids and carisoprodol without clinical justification. Respondent deviated from the standard of care for Patient JM by concurrent prescribing of opioids and carisoprodol without clinical justification.
- 14. There was the potential for patient harm in that all patients were at risk of diversion, addiction, overdose and death.
- 15. Effective September 27, 2024, Respondent entered into an Interim Consent Agreement for Practice Restriction prohibiting him from prescribing controlled substances pending the outcome of the case.
- 16. In case MD-16-0856A, Respondent entered into an Order for Letter of Reprimand and Probation, and Consent to Same ("Final Order") in a case arising out of allegations of inappropriate prescribing of controlled substances to a patient ("Previous Case"). During the course of the Board's investigation, Respondent entered into an Interim Consent Agreement for Practice Restriction prohibiting him from prescribing controlled substances and completed intensive, in-person continuing medical education ("CME") in medical recordkeeping and controlled substance prescribing. The Final Order in the Previous Case required Respondent to complete additional CME in billing and stated that the Practice Restriction could be lifted based on Respondent's proof of enrollment with a Board-approved monitoring company to conduct periodic chart reviews in order to ensure that Respondent had incorporated the education into his practice. Respondent subsequently requested modification of the Final Order to continue the

Practice Restriction for the remaining term of the Final Order, stating that he was not currently practicing and did not intend to prescribe controlled substances. On August 10, 2020, the Board granted termination of the Final Order based on the expiration of the term of probation. In his request for termination, Respondent stated that he recognized the errors that led to the Previous Case, and that he was committed to the responsible prescribing of controlled substances by conducting close monitoring, screening and verification of patients receiving controlled substances.

CONCLUSIONS OF LAW

- a. The Board possesses jurisdiction over the subject matter hereof and over Respondent.
- b. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(a)(" Violating any federal or state laws or rules and regulations applicable to the practice of medicine."); and A.R.S.§ 36-2606(F)("Beginning the later of October 1, 2017 . . . a medical practitioner, before prescribing an opioid analgesic or benzodiazepine controlled substance listed in schedule II, III or IV for a patient, shall obtain a patient utilization report regarding the patient for the preceding twelve months from the controlled substances prescription monitoring program's central database tracking system at the beginning of each new course of treatment and at least quarterly while that prescription remains a part of the treatment.").
- c. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(e)("Failing or refusing to maintain adequate records on a patient.").
- d. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(r)("Committing any conduct or practice that is or might be harmful or dangerous to the health of the patient or the public.").

<u>ORDER</u>

IT IS HEREBY ORDERED THAT:

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

a. Practice Restriction

Respondent's practice is restricted in that he is prohibited from prescribing controlled substances until he has completed the Continuing Medical Education ("CME") as stated in paragraph 2(b) of this Order, enters into an agreement with a Board-approved monitor to conduct chart reviews as stated in paragraph 2(c) of this Order, and provides Board staff satisfactory proof of compliance with these requirements.

b. Continuing Medical Education

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

c. Chart Reviews

Within 30 days of completion of the CME, Respondent shall enter into a contract with a Board-approved monitoring company to perform periodic chart reviews at

Respondent's expense. The chart reviews shall involve current patients' charts for care rendered after the date Respondent returned to practice as stated herein. Based upon the chart review, the Board retains jurisdiction to take additional disciplinary or remedial action.

d. Civil Penalty

Respondent is assessed a \$4000.00 Civil Penalty. The Civil Penalty shall be paid, by certified funds, within 90 days of the effective date of this Order.

e. Obey All Laws

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

f. <u>Tolling</u>

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

g. Probation Termination

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

Prior to any Board consideration for 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 Probation shall not terminate except upon affirmative request of Respondent and approval by the Board. In the event that Respondent requests Probation termination and the Practice Restriction is in effect at the time of the request, the Board may require any combination of examinations and/or evaluations in order to determine whether or not Respondent is safe to prescribe controlled substances and the Board may continue the Practice Restriction or take any other action consistent with its authority.

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.

- 3. This Order supersedes any and all Consent Agreements previously entered into by Respondent and the Board regarding this matter.
- 4. The Board retains jurisdiction and may initiate new action against Respondent based upon any violation of this Order. A.R.S. § 32-1401(27)(s).

DATED AND EFFECTIVE this __16th___ day of __December___, 2024.

ARIZONA MEDICAL BOARD

Patricia Wcsorley

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 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.
- 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.

EHAB F. ABDALAH, M.D.

DATED:

1	EXECUTED COPY of the foregoing
2	mailed this 16th day of December, 2024 to:
3	
4	Mandi J. Karvis, Esq. Wicker Smith One North Central Avenue, Suite 885 Phoenix, Arizona 85004 Attorney for Respondent
5	
6	
7	
8	ORIGINAL of the foregoing filed this 16th day of December, 2024 with:
9	Arizona Medical Board 1740 West Adams, Suite 4000 Phoenix, Arizona 85007
10	
11	MichelleRelses
12	Board staff
13	Board Staff
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	