

1 **BEFORE THE ARIZONA MEDICAL BOARD**

2 In the Matter of

3 **DENNIS L. LITTLE, M.D.**

4 Holder of License No. 13890  
5 For the Practice of Allopathic Medicine  
In the State of Arizona.

**Case No. MD-22-1103A**

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

6 Dennis L. Little, M.D. ("Respondent") elects to permanently waive any right to a  
7 hearing and appeal with respect to this Order for Letter of Reprimand and Probation;  
8 admits the jurisdiction of the Arizona Medical Board ("Board"); and consents to the entry of  
9 this Order by the Board.

10 **FINDINGS OF FACT**

11 1. The Board is the duly constituted authority for the regulation and control of  
12 the practice of allopathic medicine in the State of Arizona.

13 2. Respondent is the holder of license number 13890 for the practice of  
14 allopathic medicine in the State of Arizona.

15 3. The Board initiated case number MD-22-1103A after receiving a report from  
16 the Arizona State Board of Pharmacy ("Pharmacy Board") indicating that Respondent was  
17 non-compliant with mandatory use requirements for the Arizona Controlled Substance  
18 Prescription Monitoring Program ("CSPMP"). The Pharmacy Board's report stated that  
19 from August through October, 2022 Respondent failed to query the CSPMP despite  
20 prescribing both opioid and benzodiazepine medications.

21 4. In his initial written response to the Board, Respondent stated that he  
22 unintentionally overlooked the requirement to query the CSPMP when prescribing  
23 controlled substance medication. Respondent additionally reported that he has restricted  
24 the establishment of care for new patients who require controlled substance pain  
25 medications.

1           5.     Based on the Pharmacy Board report, Board staff requested Medical  
2 Consultant (“MC”) review of Respondent’s care and treatment of four patients (LD, EL, JS  
3 and JC).

4           6.     LD was an established patient of Respondent’s practice. Beginning in March,  
5 2021 Respondent began prescribing hydrocodone-acetaminophen and lorazepam to LD.  
6 In April 2022, Respondent began prescribing tramadol to LD in addition to the  
7 hydrocodone and lorazepam. Respondent initiated queries of the CSPMP for these  
8 prescriptions in June, 2023.

9           7.     EI was an established patient of Respondent’s practice to whom Respondent  
10 had previously prescribed controlled substances including opioid and benzodiazepine  
11 medications and carisoprodol. As of November, 2018, Respondent was prescribing  
12 hydrocodone-acetaminophen, alprazolam, carisoprodol, and zolpidem to EI. Respondent  
13 did not query EI’s CSPMP until January 3, 2023. Respondent was unable to provide Board  
14 staff with medical records for EI’s care dated prior to 2020.

15          8.     JS was an established patient of Respondent’s practice. Respondent started  
16 prescribing JS, zolpidem and carisoprodol in March, 2021. In May 2021, Respondent  
17 began prescribing JS hydrocodone-acetaminophen, and continued to prescribe JS these  
18 three medications into 2023. Board staff noted that JS was also prescribed controlled  
19 substances by other providers in 2022. Respondent first queried JS’s CSPMP on June 5,  
20 2023. Additionally, Respondent was unable to provide Board staff with medical records for  
21 JS’s care dated prior to 2021.

22          9.     JC was an established patient of Respondent’s practice. As of November,  
23 2018, Respondent was prescribing JC controlled substance medications including  
24 temazepam, diazepam, tramadol, alprazolam, hydrocodone-acetaminophen, and  
25

1 zolpidem. Respondent first queried JC's CSPMP on December 15, 2022. Respondent was  
2 unable to provide Board staff with medical records for JC's care dated prior to 2019.

3 10. The standard of care prohibits a physician from prescribing a combination of  
4 opioids and benzodiazepines without clinical justification. Respondent deviated from this  
5 standard of care by prescribing a combination of opioids and benzodiazepines to LD and  
6 JC without clinical justification.

7 11. The standard of care requires a physician to obtain urinary drug screens  
8 prior to prescribing controlled substances. Respondent deviated from the standard of care  
9 for all patients reviewed by failing to obtain urinary drug screens prior to prescribing  
10 controlled substances.

11 12. The standard of care requires a physician to query the CSPMP prior to  
12 prescribing controlled substances. Respondent deviated from the standard of care for all  
13 patients reviewed by failing to query the CSPMP prior to prescribing controlled  
14 substances.

15 13. The standard of care requires a physician to refer a patient to a specialist  
16 when medically necessary. Respondent deviated from the standard of care for all patients  
17 reviewed by failing to refer the patient to a pain management specialist.

18 14. The standard of care requires a physician to trial non-pharmacologic pain  
19 therapies. Respondent deviated from the standard of care all patients reviewed by failing  
20 to trial non-pharmacologic pain therapies.

21 15. The standard of care prohibits a physician from prescribing a combination of  
22 opioids, carisoprodol, and benzodiazepines without clinical justification. Respondent  
23 deviated from the standard of care for Patients EI and JS by prescribing a combination of  
24 opioids, carisoprodol, and benzodiazepines without clinical justification.

16. The standard of care prohibits a physician from prescribing carisoprodol and benzodiazepines for long-term use without clinical justification. Respondent deviated from the standard of care for Patients EI and JC by prescribing a combination of carisoprodol and benzodiazepines for long-term use without clinical justification.

17. The standard of care prohibits a physician from prescribing carisoprodol, benzodiazepines, and sedatives for long-term use without clinical justification. Respondent deviated from the standard of care by prescribing a combination of prescribing carisoprodol, benzodiazepines, and sedatives for long-term use without clinical justification.

18. There was the potential for patient harm in that all patients reviewed were at risk of diversion, addiction, overdose and death.

## CONCLUSIONS OF LAW

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

b. c. 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."). Specifically, Respondent's conduct violated A.R.S. § 12-2297(A)(1) ("Unless otherwise required by statute or by federal law, a health care provider shall retain the original or copies of a patient's medical records as follows: (1) If the patient is an adult, for at least six years after the last date the adult patient received medical or health care services from that provider.") and A.R.S. § 36-2606(F) ("[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.”).

e. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(ee) (“Failing to furnish information in a timely manner to the board or the board’s investigators or representatives if legally requested by the board.”).

### **ORDER**

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. 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 CME in an intensive in-person/virtual course in 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

1 satisfactory proof of attendance. The CME hours shall be in addition to the hours required  
2 for the biennial renewal of medical licensure.

3 **b. Chart Reviews**

4 Within 30 days of completion of the CME, Respondent shall enter into a contract  
5 with a Board-approved monitoring company to perform periodic chart reviews at  
6 Respondent's expense. The chart reviews shall involve current patients' charts for care  
7 rendered after the date Respondent completed the CME as required by this Order. Based  
8 upon the chart review, the Board retains jurisdiction to take additional disciplinary or  
9 remedial action.

10 **c. Obey All Laws**

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

14 **d. Tolling**

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

22 **e. Probation Termination**

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

1 The Probation shall not terminate except upon affirmative request of Respondent  
2 and approval by the Board. Prior to any Board consideration for termination of Probation,  
3 Respondent must submit a written request to the Board for release from the terms of this  
4 Order. Respondent's request for release will be placed on the next pending Board  
5 agenda, provided a complete submission is received by Board staff no less than 30 days  
6 prior to the Board meeting. Respondent's request for release must provide the Board with  
7 evidence establishing that he has successfully satisfied all of the terms and conditions of  
8 this Order.

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

14 DATED AND EFFECTIVE this 6th day of February, 2025.

15  
16 ARIZONA MEDICAL BOARD

17 By Patricia E. McSorley  
18 Patricia E. McSorley  
19 Executive Director

20  
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  
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1 modifications to this original document are ineffective and void unless mutually approved  
2 by the parties.

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

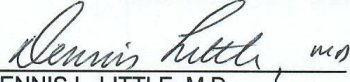
6 9. If any part of the Order is later declared void or otherwise unenforceable, the  
7 remainder of the Order in its entirety shall remain in force and effect.

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

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

15 12. Respondent acknowledges that, pursuant to A.R.S. § 32-2501(17), he  
16 cannot act as a supervising physician for a physician assistant while his license is on  
17 probation.

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

19   
20 DENNIS L. LITTLE, M.D.

DATED: 1/29/25

1 EXECUTED COPY of the foregoing mailed  
2 this \_\_\_\_ day of \_\_\_\_\_, 2025 to:

3 Dennis L. Little  
4 Address of Record

5 ORIGINAL of the foregoing filed  
6 this \_\_\_\_ day of \_\_\_\_\_, 2025 with:

7 Arizona Medical Board  
8 1740 West Adams, Suite 4000  
9 Phoenix, Arizona 85007

10 Heather Foster  
11 Board staff  
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