BEFORE THE REVIEW COMMITTEE OF THE ARIZONA MEDICAL BOARD

In the Matter of **RAM SUBBUREDDIAR, M.D.** Holder of License No. 30466 For the Practice of Allopathic Medicine In the State of Arizona.	Case No. MD-22-0812A **FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER FOR LETTER OF REPRIMAND AND PROBATION**

The Review Committee of the Arizona Medical Board ("Board") considered this matter at its public meeting on February 6, 2024. Ram Subbureddiar, M.D. ("Respondent"), appeared with legal counsel, Michele Thompson, Esq., before the Review Committee for a Formal Interview pursuant to the authority vested in the Board by A.R.S. § 32-1451(P). The Review Committee voted to issue Findings of Fact, Conclusions of Law and Order for Letter of Reprimand and Probation after due consideration of the facts and law applicable to this matter.

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 30466 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-22-0812A after receiving a complaint regarding Respondent's care and treatment of a 69 year-old male patient ("ND") alleging failure to diagnose and treat hepatitis C and liver failure resulting in death, failure to obtain lab testing, inappropriate prescribing of morphine to treat arthritis, and failure to communicate with next of kin.

4. On December 15, 2016, ND established care with Respondent for primary care. ND had a medical history of chronic lymphocytic leukemia ("CLL"), hypertension, atrial fibrillation, deep vein thrombosis ("DVT"), pulmonary embolism, elevated liver

enzymes, and chronic low back pain. Additionally, ND had an eight year history of regular morphine use which had been discontinued in 2015.

5. On December 20, 2018, ND presented to Respondent's office for follow-up after having undergone surgery for a femur fracture. ND had been prescribed morphine for post-operative pain, which Respondent agreed to refill.

6. On September 3, 2019, ND's lab results included an ALP of 113, an AST of 147, and an ALT of 172.

7. In August and September of 2021, ND identified a chief complaint of increasing weakness.

8. On January 17, 2022, ND again reported increasing weakness, and specified that he could no longer walk very far. ND's lab results included a bilirubin of 1.2, an AST of 298, and an ALP of 191. Respondent noted that ND had not seen his cardiologist for a long time. Respondent continued to prescribe morphine and valium.

9. On April 11, 2022, ND was admitted to a Hospital for inability to walk and weakness associated with nausea and lack of appetite. ND's lab results included a bilirubin of 7.0, an AST of 112, and an ALP of 153. An ultrasound revealed cirrhosis with ascites.

10. On April 20, 2022, ND was discharged to hospice with the diagnoses of hepatic encephalopathy with coma, CLL, diastolic heart failure, cirrhosis of liver, and Hepatitis C.

11. On April 23, 2022, ND expired. The death certificate listed the cause of death as cirrhosis of the liver due to Hepatitis C.

12. The standard of care requires a physician to evaluate and treat abnormal lab results. Respondent deviated from the standard of care by failing to evaluate and treat the patient's elevated liver enzymes.

13. Actual patient harm was identified in that the patient expired from Hepatitis C.

14. In his written response to the Board, Respondent stated that Patient ND reported continuing alcohol use. Additionally, Respondent stated that he recommended repeat laboratory testing to Patient ND and that this was declined by the patient. Respondent did not document either of these findings in ND's records.

15. During a Formal Interview on this matter, Respondent testified regarding his care and treatment of ND. Respondent testified that he offered ND hepatitis C screening on three occasions, but that the patient did not complete the tests. Respondent stated that ND did not give a history of drug abuse or unprotected sex, noting that these are the two main factors for hepatitis C. In response to a Committee member's question, Respondent testified that he was aware that ND used marijuana. When asked whether Respondent felt that marijuana use in combination with ND's prescribed benzodiazepines presented a risk, Respondent noted that the daily dose was five milligrams once a day.

16. A Committee member noted that when ND saw Respondent after the bike accident, he had been prescribed MS Contin 60 milligrams once a day and rapid release morphine 15 milligrams twice a day as needed. Respondent continued the dosage of MS Contin 60 milligrams until February 15, 2019 when Respondent decreased the dose to 30 milligrams, but continued to prescribe the rapid release morphine. The Committee member asked Respondent to explain his rationale, and Respondent advised that ND reported experiencing back pain and residual post-surgical pain in the right thigh. The Committee member noted that there was no documented examination for the back, range of motion description, or point tenderness. Respondent noted that he did order a low spine MRI, which showed degenerative disc disease but no cord compression or foraminal stenosis.

17. Respondent stated that he prescribed ND the benzodiazepine Diazepam at 5 milligrams a day due to his history of anxiety. Respondent noted that the morphine dosage was reduced, but that ND could not be fully weaned off that medication due to severe pain, despite Respondent's attempts to do so. Respondent acknowledged that there were no other modalities used to treat ND's anxiety, and testified that ND's morphine dosage varied. Respondent stated that he did consider referring ND to a pain specialist, but ND's insurer declined approval. Respondent stated that he also referred ND to a rheumatologist due to his positive rheumatoid factor, and the rheumatologist opined that ND had fibromyalgia, not rheumatoid arthritis. Respondent stated that the rheumatologist sent ND to physical therapy for back pain.

18. Respondent testified that ND declined the hepatitis screening because he was an alcoholic and he did not want the test. Respondent also described ND as a noncompliant patient who had refused anticoagulant therapy and the flu vaccine. Respondent stated that he saw ND every month for three years, and agreed that he failed to document his recommendation for hepatitis screening.

19. Respondent testified that he ordered ND's hepatitis screening during his admission to the hospital because the patient was unable to decline the testing due to his altered mental status. Respondent testified that he has changed his practice to document all patient refusals.

20. During that same Formal Interview, a Review Committee member noted that the documented physical examinations were often identical, and it was not clearly documented that Respondent was treating ND for chronic pain. The Committee member commented that it was difficult to discern the goals of Respondent's treatment of ND when reviewing his chart. The Committee member also noted that Respondent's testimony regarding considering hepatitis C and concern for ND's alcohol usage was not reflected in

ND's chart. The Committee agreed that violations of A.R.S. §§ 32-1401(27)(e) and (r) were established and that the case rose to the level of discipline. Committee members discussed what continuing medical education ("CME") courses would be most appropriate, and agreed that education in opioid prescribing would be beneficial. A Committee member noted the ongoing prescribing of opioid medication despite the patient's alcohol use, deconditioning, dehydration and liver problems. Committee members ultimately agreed that education in medical recordkeeping, controlled substance prescribing and the treatment of liver disease was warranted.

CONCLUSIONS OF LAW

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

2. 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.").

3. 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.").

ORDER

IT IS HEREBY ORDERED THAT:

1. Respondent is issued a Letter of Reprimand
2. Respondent is placed on Probation for a period of six months 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 10 hours of Board Staff pre-approved Category I CME in an intensive, in-

person/virtual course regarding medical recordkeeping, no less than 15 hours of intensive, in-person/virtual CME in controlled substance prescribing and no less than 5 hours of CME in the treatment of liver disease. 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. The Probation shall terminate upon Respondent's proof of successful completion of the CME.

3. 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).

RIGHT TO PETITION FOR REHEARING OR REVIEW

Respondent is hereby notified that he has the right to petition for a rehearing or review. The petition for rehearing or review must be filed with the Board's Executive Director within thirty (30) days after service of this Order. A.R.S. § 41-1092.09(B). The petition for rehearing or review must set forth legally sufficient reasons for granting a rehearing or review. A.A.C. R4-16-103. Service of this order is effective five (5) days after date of mailing. A.R.S. § 41-1092.09(C). If a petition for rehearing or review is not filed, the Board's Order becomes effective thirty-five (35) days after it is mailed to Respondent.

Respondent is further notified that the filing of a motion for rehearing or review is required to preserve any rights of appeal to the Superior Court.

DATED AND EFFECTIVE this 5th day of April, 2024.

ARIZONA MEDICAL BOARD

By _____
Patricia E. McSorley
Executive Director

EXECUTED COPY of the foregoing mailed this 5th day of April, 2024 to:

Michele G. Thompson, Esq.
Udall Law Firm, LLP
4801 East Broadway Boulevard, Suite 400
Tucson, Arizona 85711-3638
Attorney for Respondent

ORIGINAL of the foregoing filed this 5th day of April, 2024 with:

Arizona Medical Board
1740 West Adams, Suite 4000
Phoenix, Arizona 85007

Michelle Rhodes
Board staff