

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**

**INTERIM CONSENT AGREEMENT
FOR PRACTICE RESTRICTION**

7 **INTERIM CONSENT AGREEMENT**

8 Andres Alvarado, M.D. ("Respondent") elects to permanently waive any right to a
9 hearing and appeal with respect to this Interim Consent Agreement for Practice Restriction
10 and consents to the entry of this Order by the Arizona Medical Board ("Board").

11 **INTERIM 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 No. 26109 for the practice of allopathic
15 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") into his practice. Pursuant to the Original Order,
21 Respondent enrolled with a Board-approved Physician Enhancement Program ("PEP") to
22 conduct the reviews.
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1 **MD-23-0268A**

2 4. The Board initiated case number MD-23-0268A after receiving a report from
3 the PEP that Respondent received an unfavorable chart review. Based on the PEP report,
4 Board staff requested Medical Consultant (“MC”) review of Respondent’s care and
5 treatment of three patients (MM, KS, and KE). The MC identified deviations from the
6 standard of care for all three patients.

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

13 6. KS was a 67 year-old female who initiated care with Respondent in June of
14 2020. KS’s medical history included cervicalgia and chronic pain syndrome. Respondent
15 prescribed KS medications including hydrocodone-acetaminophen 5/325mg every eight
16 hours.

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

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

3 9. The standard of care requires a physician to prescribe an opioid reversal
4 agent to a patient prescribed over 90MMEs daily. Respondent deviated from the standard
5 of care for Patients MM and KE by failing to prescribe Narcan to patients prescribed high
6 dose opioids.

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

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

12 **MD-23-0367A**

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

18 13. RH was a 67 year-old female who was an established patient of
19 Respondent's practice. RH's medical history included chronic pain syndrome, post-
20 laminectomy syndrome, osteoarthritis, depression, and lumbosacral region radiculopathy.
21 RH also had a history of marijuana use and tobacco use. Respondent prescribed RH
22 medications including hydrocodone-acetaminophen 10/325mg every four hours, bupropion
23 100mg daily, butalbital 50mg-acetaminophen 325mg-caffeine 40mg as needed, citalopram
24 20mg daily, dextroamphetamine sulfate 10mg daily, and morphine ER 15mg every eight
25 hours.

1 14. CW was a 54 year-old female patient who initiated care with Respondent in
2 March of 2019. CW's medical history included sciatica, ankylosing spondylitis, psoriatic
3 arthritis, and cervical post-laminectomy syndrome. Respondent prescribed CW
4 medications including hydrocodone-acetaminophen 10/325mg every six hours, morphine
5 ER 30mg every twelve hours, zolpidem 10mg at bedtime, bupropion SR 150mg daily, and
6 Narcan 4mg as needed.

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

13 16. CH was a 38 year-old female who initiated care with Respondent in June of
14 2021. CH's medical history included chronic back pain, lumbar stenosis, depression and
15 lumbar spondylosis. Respondent prescribed CH medications including oxycodone-
16 acetaminophen 10/325mg every six hours, Zoloft 50mg daily, meloxicam 15mg daily, and
17 Narcan 4mg as needed.

18 17. DB was a 59 year-old male who initiated care with Respondent in February
19 of 2022. DB's medical history included chronic pain syndrome, right knee pain, peripheral
20 neuropathy, and hypertension. Respondent prescribed DB medications including
21 gabapentin 600mg 2 tablets twice daily, oxycodone 5mg every six hours, and tramadol ER
22 100mg daily.

23 18. The MC identified deviations from the standard of care for all five patients
24 including prescribing high dose opioids without adequate justification, failing to prescribe
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1 Narcan to patients prescribed high dose opioids, and failing to address aberrant urine drug
2 screens.

3 19. There was potential for patient harm to all five patients including the risk of
4 respiratory depression, addiction, diversion, overdose, and death.

5 **MD-23-0656A**

6 20. The Board initiated case number MD-23-0656A after receiving a report from
7 the PEP that Respondent received an unfavorable chart review. Based on the PEP report,
8 Board staff requested MC review of Respondent's care and treatment of three patients
9 (JF, SD, and JE). The MC identified deviations from the standard of care for all three
10 patients.

11 21. JF was a 46 year-old male who initiated care with Respondent in May of
12 2011. JF's medical history included rheumatoid arthritis, ankylosing spondylitis, low back
13 pain, depression, chronic pain syndrome, and degenerative joint disease. Respondent
14 prescribed JF medications including paroxetine 20mg daily, fentanyl 75mcg/hr patch every
15 48 hours, and baclofen 10mg daily.

16 22. SD was a 50 year-old female who initiated care with Respondent in
17 December, 2022. SD's medical history included rheumatoid arthritis, chronic pain
18 syndrome, and chronic joint pain. Respondent prescribed SD medications including
19 hydrocodone-acetaminophen 10/325mg every four hours, oxycodone 10mg every six
20 hours, and tramadol 50mg twice daily.

21 23. JE was a 73 year-old male who initiated care with Respondent in March of
22 2023. JE's medical history included low back pain, sciatica, hypertension, depression, and
23 spinal stenosis. Respondent prescribed JE medications including amitriptyline 25mg at
24 bedtime, atenolol 100mg daily, and tramadol 50mg every eight hours.

1 hydrocodone-acetaminophen 10/325mg every six hours, ropinirole 0.25mg every twelve
2 hours, and meclizine 25mg daily as needed.

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

8 31. RO was a 69 year-old male who initiated care with Respondent in June of
9 2023. RO's medical history spondylosis, low back pain, degenerative disc disease, chronic
10 knee pain, sciatica, and osteoarthritis. Respondent prescribed RO medications including
11 hydrocodone-acetaminophen 10/325mg every six hours.

12 32. VT was a 57 year-old female who was an established patient of
13 Respondent's practice. VT's medical history included chronic pain syndrome, fibromyalgia,
14 low back pain, and obesity. Respondent prescribed VT medications including oxycodone
15 5mg every eight hours and hydrocodone-acetaminophen 10/325mg every eight hours.

16 33. For all patients reviewed, the MC identified deviations from the standard of
17 care, including failure to address aberrant urine drug screens and failure to prescribe
18 Narcan to patients also prescribed high dose opioids.

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

21 35. The aforementioned information was presented to the investigative staff, the
22 medical consultant and the lead Board member. All reviewed the information and concur
23 that the interim consent agreement to restrict Respondent's controlled substance
24 prescribing pending the outcome of a formal interview or formal hearing is appropriate.

25 36. The investigation into these matters are pending Board review.

1 **INTERIM CONCLUSIONS OF LAW**

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

4 2. Pursuant to A.R.S. § 32-1405(C)(25) the Executive Director has authority to
5 enter into a consent agreement when there is evidence of danger to the public health and
6 safety.

7 3. Pursuant to A.A.C. R4-16-504, the Executive Director may enter into an
8 interim consent agreement when there is evidence that a restriction is needed to mitigate
9 imminent danger to the public's health and safety. Investigative staff, the Board's medical
10 consultant and the lead Board member have reviewed the case and concur that an interim
11 consent agreement is appropriate.

12 **INTERIM ORDER**

13 IT IS HEREBY ORDERED THAT:

14 1. Respondent is prohibited from prescribing controlled substances in the State
15 of Arizona pending the outcome of a formal interview or formal hearing in this matter.

16 2. Respondent may request, in writing, release and/or modification of this
17 Interim Consent Agreement. The Executive Director, in consultation with and agreement of
18 the lead Board member and the Chief Medical Consultant, has the discretion to determine
19 whether it is appropriate to release Respondent from this Interim Consent Agreement.

20 3. The Board retains jurisdiction and may initiate new action based upon any
21 violation of this Interim Consent Agreement, including, but not limited to, summarily
22 suspending Respondent's license.

23 4. Because this is an Interim Consent Agreement and not a final decision by
24 the Board regarding the investigation, it is subject to further consideration by the Board.

25 5. This Interim Consent Agreement shall be effective on the date signed by the

1 Board's Executive Director.

2 **RECITALS**

3 Respondent understands and agrees that:

4 1. The Board, through its Executive Director, may adopt this Interim Consent
5 Agreement, or any part thereof, pursuant to A.R.S. § 32-1405(C)(25) and A.A.C. R4-16-
6 504.

7 2. Respondent has read and understands this Interim Consent Agreement as
8 set forth herein, and has had the opportunity to discuss this Interim Consent Agreement
9 with an attorney or has waived the opportunity to discuss this Interim Consent Agreement
10 with an attorney. Respondent voluntarily enters into this Interim Consent Agreement and
11 by doing so agrees to abide by all of its terms and conditions.

12 3. By entering into this Interim Consent Agreement, Respondent freely and
13 voluntarily relinquishes all rights to an administrative hearing on the matters set forth
14 herein, as well as all rights of rehearing, review, reconsideration, appeal, judicial review or
15 any other administrative and/or judicial action, concerning the matters related to the
16 Interim Consent Agreement.

17 4. Respondent understands that this Interim Consent Agreement does not
18 constitute a dismissal or resolution of this matter or any matters that may be currently
19 pending before the Board and does not constitute any waiver, express or implied, of the
20 Board's statutory authority or jurisdiction regarding this or any other pending or future
21 investigations, actions, or proceedings. Respondent also understands that acceptance of
22 this Interim Consent Agreement does not preclude any other agency, subdivision, or
23 officer of this State from instituting civil or criminal proceedings with respect to the conduct
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1 that is the subject of this Interim Consent Agreement. Respondent further does not
2 relinquish his/her rights to an administrative hearing, rehearing, review, reconsideration,
3 judicial review or any other administrative and/or judicial action, concerning the matters
4 related to a final disposition of this matter, unless Respondent affirmatively does so as part
5 of the final resolution of this matter.

6 5. Respondent acknowledges and agrees that upon signing this Interim
7 Consent Agreement and returning it to the Board's Executive Director, Respondent may
8 not revoke acceptance of this Interim Consent Agreement or make any modifications to it.
9 Any modification of this original document is ineffective and void unless mutually approved
10 by the parties in writing.

11 6. Respondent understands that this Interim Consent Agreement shall not
12 become effective unless and until it is signed by the Board's Executive Director.

13 7. Respondent understands and agrees that if the Board's Executive Director
14 does not adopt this Interim Consent Agreement, he will not assert in any future
15 proceedings that the Board's consideration of this Interim Consent Agreement constitutes
16 bias, prejudice, prejudgment, or other similar defense.

17 8. Respondent understands that this Interim Consent Agreement is a public
18 record that may be publicly disseminated as a formal action of the Board, and that it shall
19 be reported as required by law to the National Practitioner Data Bank.

20 9. Respondent understands that this Interim Consent Agreement does not
21 alleviate Respondent's responsibility to comply with the applicable license-renewal
22 statutes and rules. If this Interim Consent Agreement remains in effect at the time
23 Respondent's allopathic medical license comes up for renewal, Respondent must renew
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1 the license if Respondent wishes to retain the license. If Respondent elects not to renew
2 the license as prescribed by statute and rule, Respondent's license will not expire but
3 rather, by operation of law (A.R.S. § 32-3202), become suspended until the Board takes
4 final action in this matter. Once the Board takes final action, in order for Respondent to be
5 licensed in the future, Respondent must submit a new application for licensure and meet
6 all of the requirements set forth in the statutes and rules at that time.

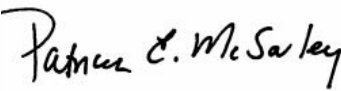
7 10. Respondent understands that any violation of this Interim Consent
8 Agreement constitutes unprofessional conduct under A.R.S. § 32-1401(27)(s) ("[v]iolating
9 a formal order, probation, consent agreement or stipulation issued or entered into by the
10 board or its executive director under this chapter.").

11 
12 ANDRES ALVARADO, M.D.

DATED: 4/17/2024

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14 DATED this 18th day of April , 2024. ARIZONA

15 MEDICAL BOARD

16
17 By 
18 Patricia E. McSorley
19 Executive Director

20 EXECUTED COPY of the foregoing e-
21 mailed this 18th day of April , 2024 to:

22 Scott A. Holden, Esq.
23 Holden & Armer, P.C.
24 4505 East Chandler Boulevard, Suite 210
25 Phoenix, Arizona 85048
Attorney for Respondent

1 ORIGINAL of the foregoing filed
this 18th day of April, 2024 with:

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

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5 Board staff -
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