**BEFORE THE ARIZONA MEDICAL BOARD**

| | |
|---|---|
| In the Matter of<br><br>**MONEIL M. PATEL, M.D.**<br><br>Holder of License No. **44593**<br>For the Practice of Allopathic Medicine<br>In the State of Arizona. | **Case No. MD-20-1037A**<br><br>**INTERIM CONSENT AGREEMENT FOR PRACTICE RESTRICTION** |

## INTERIM CONSENT AGREEMENT

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

## INTERIM 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 No. 44593 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-20-1037A after receiving notification from a pharmacy chain that locations would no longer fill prescriptions written by Respondent for Schedule II-IV controlled substances.

4. Based on the complaint, Board staff requested Medical Consultant ("MC") review of Respondent's care and treatment of three patients (LP, PMC and DA).

5. LP was a 62 year-old female who initiated care with Respondent in May, 2017. LP had a past medical history ("PMH") of chronic pain syndrome, anxiety, hypertension, diabetes, thyroid disease, endometriosis, and psoriasis for which when she had been prescribed Effexor XR, zonisamide, buproprion, hydromorphone and Morphine ER. At her initial visit, Respondent prescribed LP a 7 day supply of buprenorphine. LP had

a severe reaction to the buprenorphine that required emergency treatment. Subsequently, Respondent prescribed LP medications including morphine ER 100mg, every eight hours, oxycodone 15mg every five hours, and Voltaren. Through February 21, 2018, LP was being prescribed clonazepam by her primary care provider.

6. PMC was a 40 year-old male who initiated care with Respondent in March, 2017. PMC's PMH included chronic cluster/migraine headaches and insomnia. Respondent prescribed PMC medications including oxycodone 15mg every six hours, Ambien 12.5mg at bedtime, clonazepam 1mg three times daily, and sumatriptan.

7. DA was a 32 year-old female who initiated care with Respondent in June, 2018. DA had a reported PMH of degenerative disc disease of the cervical and lumbar spine with chronic pain and radiculopathy. Respondent prescribed DA medications including buprenorphine 8mg twice daily, oxycodone 10mg every 5 hours, Movantik 25mg daily, tizanidine 4mg daily, and Voltaren gel.

8. A Medical Consultant ("MC") who reviewed Respondent's care of LP, PMC and DA noted deviations from the standard of care regarding Respondent's care and treatment of all three patients, including inappropriately initiating Suboxone treatment on an outpatient basis for Patient LP, who was on high dose opioids, by prescribing to failing to trial non-pharmacologic interventions for insomnia prior to prescribing Ambien to PMC, and by prescribing buprenorphine to DA without adequate informed consent and medication administration instructions. For all patients, the MC opined that Respondent deviated from the standard of care by prescribing controlled substances without adequate clinical justification, by failing to monitor the patients by querying the CSPMP and obtaining urinary drug screens.

9. Actual harm was identified in that LP had a severe reaction to the buprenorphine that required emergency care, PMC experienced inadequately treated

cluster headaches and DA experienced inadequately managed pain. All patients were at risk of opioid use disorder, overdose and death.

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

11. The investigation into this matter is pending Board review.

## INTERIM CONCLUSIONS OF LAW

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

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

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

## INTERIM ORDER

IT IS HEREBY ORDERED THAT:

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

2. Respondent may request, in writing, release and/or modification of this Interim Consent Agreement. The Executive Director, in consultation with and agreement of the lead Board member and the Chief Medical Consultant, has the discretion to determine

whether it is appropriate to release Respondent from this Interim Consent Agreement.

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

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

5. This Interim Consent Agreement shall be effective on the date signed by the Board's Executive Director.

## RECITALS

Respondent understands and agrees that:

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

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

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

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

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

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

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

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

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

10. Respondent understands that any violation of this Interim Consent Agreement constitutes unprofessional conduct under 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.").

_____ DATED: 3/12/22
MONEIL M. PATEL, M.D.

DATED this 15thday ofMarch, 2022.

ARIZONA MEDICAL BOARD

By_ Patricia E. McSorley _____
Patricia E. McSorley
Executive Director

EXECUTED COPY of the foregoing e-mailed this 15th day of March, 2022 to:

Sara Stark, Esq.
Chelle Law
11811 North Tatum, Suite 4000
Phoenix, Arizona 85028
Attorney for Respondent

ORIGINAL of the foregoing filed this 15th day of March, 2022 with:

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

Board staff