

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-21-0308A**

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

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

11 **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 number 26109 for the practice of  
15 allopathic medicine in the State of Arizona.

16 3. The Board initiated case number MD-21-0308A after receiving a complaint  
17 regarding Respondent's care and treatment of a 63 year-old female patient ("MD") alleging  
18 inappropriate prescribing of controlled substances.

19 4. On December 17, 2015, MD initiated care with Respondent after transferring  
20 from another pain practice. MD had a past medical history of reflex sympathetic dystrophy  
21 ("RSD") of the right hand following an on-the-job crush injury in 1995. MD also has  
22 associated severe neuropathy, Raynaud's disease, osteoarthritis, chronic pain syndrome,  
23 severe anxiety, muscle spasms, and insomnia. Respondent refilled MD's mediations  
24 issued by another provider, which included oxycodone 30mg six times daily, Soma 350mg  
25 three times daily, and lorazepam 1mg twice daily. Respondent subsequently discontinued

1 Ambien and OxyContin and told MD that the Soma would be stopped. On MD's third visit,  
2 Respondent advised MD that no more Soma would be prescribed. MD did not return.

3 5. MD returned to see Respondent on January 31, 2018. MD reported seeing  
4 multiple practitioners and was taking more medications than prescribed. Respondent  
5 documented review of the Controlled Substance Prescription Monitoring Profile ("CSPMP")  
6 report for MD, as well as a urine drug screen. MD requested Soma and Ambien, which  
7 Respondent denied based on his determination that the medications were not indicated.  
8 Respondent prescribed MD oxycodone 30mg every four hours and lorazepam 0.5mg  
9 every twelve hours.

10 6. Respondent began seeing MD on a monthly basis, and prescribing her both  
11 oxycodone and lorazepam

12 7. MD was issued a prescription for carisoprodol 30 mg three times a day by  
13 her Primary Care Provider ("PCP") on February 10, 2018, with subsequent similar  
14 prescriptions issued by the PCP on a monthly basis through the last date of care by  
15 Respondent. Additionally, in February, MD's PCP began prescribing her zolpidem 10 mg

16 8. On February 27, 2018, Respondent advised MD that the oxycodone would  
17 be weaned. MD was resistant but accepted it as part of her care plan.

18 9. On April 10, 2018, Respondent noted that the pain medications were  
19 working, but that MD's pain was noted to be worsening and interfering with work and  
20 sleep. Respondent added lidocaine topical cream.

21 10. On May 8, 2018, Respondent decreased MD's oxycodone to 15mg five times  
22 daily (112.5 MED, decreased from 270 MED the month before). MD became angry.  
23 Respondent documented a discussion with MD regarding appropriate dosage.

24 11. On July 9, 2018, Respondent documented that MD was adjusting to the new  
25 dosage of oxycodone.

1           12.    On November 1, 2018, Respondent increased MD's dosage of oxycodone to  
2 30mg, four times daily.

3           13.    On March 20, 2020, MD requested an increase of oxycodone, which  
4 Respondent denied.

5           14.    On July, 2020 Respondent documented a review of MD's CSPMP, and  
6 toxicology urinalysis.

7           15.    On November 25, 2020 Respondent documented that MD's pain was under  
8 control, and that she was not experiencing adverse reactions to her opioids. Respondent  
9 documented that medications would be refilled at the same dosage.

10          16.    On January 11, 2021, MD filled a prescription for lorazepam issued by  
11 Respondent on January 5, 2021. In his licensee response, Respondent reported that the  
12 prescription was filled in error by the pharmacy, and that he anticipated seeing MD for an  
13 appointment in January, which she cancelled. Respondent reported that the cancellation  
14 prompted her discharge as a patient. Additionally, Respondent submitted a note dated  
15 January 20, 2021 from Respondent's receptionist documenting a disrespectful and  
16 verbally abusive phone conversation from MD in December of 2020.

17          17.    The standard of care prohibits a physician from prescribing high dose opioids  
18 and benzodiazepines concurrently to a patient without clinical justification. Respondent  
19 deviated from the standard of care by prescribing high dose oxycodone and lorazepam  
20 concurrently to Patient MD, who was concurrently receiving Ambien and Soma from  
21 another provider, without adequate clinical justification.

22          18.    The standard of care prohibits a physician from prescribing benzodiazepines  
23 for long-term use without a clinical rationale. Respondent deviated from the standard of  
24 care by prescribing lorazepam to MD for long term use without adequate clinical  
25 justification and without appropriate ongoing assessment.

1           19. When initiating long term opioid treatment after a patient's prolonged  
2 absence, the standard of care requires a physician to take appropriate steps such as  
3 obtaining adequate written informed consent, reviewing prior providers' care through either  
4 verbal communication or review of records, performing an initial physical examination and  
5 urine screen, and performing an appropriate risk assessment. Respondent deviated from  
6 the standard of care by failing to obtain adequate written informed consent that  
7 documented a discussion of the risks of proceeding with treatment through opioids in  
8 combination with benzodiazepines, by failing to consult with prior providers, and by failing  
9 to perform an appropriate opioid risk assessment.

10           20. The standard of care requires a physician to address aberrant behaviors.  
11 Respondent deviated from the standard of care by failing to address MD's aberrant  
12 behaviors of obtaining prescriptions for controlled substances from other providers that the  
13 Respondent determined were not indicated, and consuming alcohol.

14           21. The standard of care requires a physician to appropriately discharge a  
15 patient from care. Respondent deviated from the standard of care by failing to  
16 appropriately discharge MD from his care.

17           22. Actual patient harm was identified in that MD's PCP documented that MD  
18 experienced withdrawal from oxycodone and lorazepam after being discharged from  
19 Respondent's practice.

20           23. There was potential for patient harm in that MD was at risk of overdose,  
21 accidents, addiction, diversion and death. Opioid withdrawal can result in severe distress,  
22 medical complications and patient death. Benzodiazepine withdrawal can cause medical  
23 complications including seizures and death. Chronic pain patients are at risk of suicide if  
24 forcibly withdrawn from their medications.

25

1 CONCLUSIONS OF LAW

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

4 b. The conduct and circumstances described above constitute unprofessional  
5 conduct pursuant to A.R.S. § 32-1401(27)(e) ("Failing or refusing to maintain adequate  
6 records on a patient.").

7 c. The conduct and circumstances described above constitute unprofessional  
8 conduct pursuant to A.R.S. § 32-1401(27)(r) ("Committing any conduct or practice that is or  
9 might be harmful or dangerous to the health of the patient or the public.").

10 ORDER

11 IT IS HEREBY ORDERED THAT:

12 1. Respondent is issued a Letter of Reprimand.

13 2. Respondent is placed on Probation for a period of 2 years with the following  
14 terms and conditions:

15 a. Continuing Medical Education

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

1                   **b. Chart Reviews**

2                   Within 30 days of completion of the CME, Respondent shall enter into a contract  
3 with a Board-approved monitoring company to perform periodic chart reviews at  
4 Respondent's expense. The chart reviews shall involve current patients' charts for care  
5 rendered after the date Respondent returned to practice as stated herein. Based upon the  
6 chart review, the Board retains jurisdiction to take additional disciplinary or remedial action.  
7 After two consecutive, favorable chart reviews, Respondent may request termination of  
8 Probation as stated below.

9                   **c. Obey All Laws**

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

13                  **d. Tolling**

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

21                  **e. Probation Termination**

22                  Prior to the termination of Probation, Respondent must submit a written request to  
23 the Board for release from the terms of this Order. Respondent's request for release will  
24 be placed on the next pending Board agenda, provided a complete submission is received  
25 by Board staff no less than 30 days prior to the Board meeting. Respondent's request for

1 release must provide the Board with evidence establishing that she has successfully  
2 satisfied all of the terms and conditions of this Order. The Board has the sole discretion to  
3 determine whether all of the terms and conditions of this Order have been met or whether  
4 to take any other action that is consistent with its statutory and regulatory authority.

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

7 DATED AND EFFECTIVE this 4<sup>th</sup> day of March, 2022.

9 ARIZONA MEDICAL BOARD

10 By Patricia E. McSorley  
11 Patricia E. McSorley  
12 Executive Director

13 **CONSENT TO ENTRY OF ORDER**

14 1. Respondent has read and understands this Consent Agreement and the  
15 stipulated Findings of Fact, Conclusions of Law and Order ("Order"). Respondent  
16 acknowledges he has the right to consult with legal counsel regarding this matter.

17 2. Respondent acknowledges and agrees that this Order is entered into freely  
18 and voluntarily and that no promise was made or coercion used to induce such entry.

19 3. By consenting to this Order, Respondent voluntarily relinquishes any rights to  
20 a hearing or judicial review in state or federal court on the matters alleged, or to challenge  
21 this Order in its entirety as issued by the Board, and waives any other cause of action  
22 related thereto or arising from said Order.

23 4. The Order is not effective until approved by the Board and signed by its  
24 Executive Director.

1           5. All admissions made by Respondent in this Order are solely for final  
2 disposition of this matter and any subsequent related administrative proceedings or civil  
3 litigation involving the Board and Respondent. Therefore, said admissions by Respondent  
4 are not intended or made for any other use, such as in the context of another state or  
5 federal government regulatory agency proceeding, civil or criminal court proceeding, in the  
6 State of Arizona or any other state or federal court.

7           6. Notwithstanding any language in this Order, this Order does not preclude in  
8 any way any other State agency or officer or political subdivision of this state from  
9 instituting proceedings, investigating claims, or taking legal action as may be appropriate  
10 now or in the future relating to this matter or other matters concerning Respondent,  
11 including but not limited to, violations of Arizona's Consumer Fraud Act. Respondent  
12 acknowledges that, other than with respect to the Board, this Order makes no  
13 representations, implied or otherwise, about the views or intended actions of any other  
14 state agency or officer or political subdivisions of the State relating to this matter or other  
15 matters concerning Respondent.

16           7. Upon signing this agreement, and returning this document (or a copy thereof)  
17 to the Board's Executive Director, Respondent may not revoke the consent to the entry of  
18 the Order. Respondent may not make any modifications to the document. Any  
19 modifications to this original document are ineffective and void unless mutually approved  
20 by the parties.

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

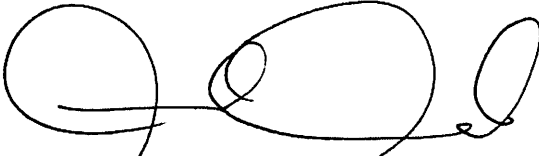
24           9. If any part of the Order is later declared void or otherwise unenforceable, the  
25 remainder of the Order in its entirety shall remain in force and effect.



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

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

8 12. ***Respondent has read and understands the conditions of probation.***

9  
10   
11 \_\_\_\_\_  
ANDRES ALVARADO, M.D.

DATED: 2/16/2022

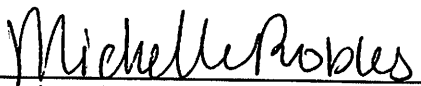
12 EXECUTED COPY of the foregoing mailed  
13 this 16<sup>th</sup> day of February, 2022 to:

14 4<sup>th</sup> March  
Andres Alvarado, M.D.  
Address of Record

15 Scott A. Holden, Esq.  
16 Holden & Armer, P.C.  
17 4505 East Chandler Boulevard, Suite 210  
Phoenix, Arizona 85048

18 ORIGINAL of the foregoing filed  
19 this 4<sup>th</sup> day of March, 2022 with:

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

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23 \_\_\_\_\_  
Board staff