

1 **BEFORE THE ARIZONA MEDICAL BOARD**

2 In the Matter of

3 **IRFAN MIRZA, M.D.**

4 Holder of License No. 28306
5 For the Practice of Allopathic Medicine
6 In the State of Arizona.

Case No. MD-21-0308B

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

7 Irfan Mirza, M.D. ("Respondent") elects to permanently waive any right to a hearing
8 and appeal with respect to this Order for Letter of Reprimand and Probation; admits the
9 jurisdiction of the Arizona Medical Board ("Board"); and consents to the entry of this Order
10 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 28306 for the practice of
15 allopathic medicine in the State of Arizona.

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

19 4. MD first established care with Respondent as a cardiac referral for circulation
20 problems in the hands and feet, chest pain, and intermittent arm numbness. MD had a
21 past medical history of reflex sympathetic dystrophy ("RSD") of the right hand following an
22 on the job crush injury in 1995. MD also has associated severe neuropathy, Raynaud's
23 disease, osteoarthritis, chronic pain syndrome, severe anxiety, muscle spasms, and
24 insomnia.

25 5. On February 7, 2018, MD established care with Respondent as her Primary
Care Provider. At the time, MD's medications included Ambien 10mg at bedtime, Soma

1 350mg three times daily, oxycodone 30mg 1-2 tablets every four hours, lorazepam 0.5mg
2 every twelve hours, and gabapentin 400mg 3 capsules four times daily. Respondent
3 documented that MD's pain management providers prescribed Soma, lorazepam, and
4 oxycodone in the past. Respondent further documented that MD's current Pain
5 Management Provider ("PMP") requested that Respondent prescribe Soma and Ambien in
6 addition to the oxycodone and lorazepam being provided by the PMP. Respondent
7 documented review of MD's Controlled Substance Prescription Monitoring Program
8 ("CSPMP") report and a phone consultation with the pain management provider.
9 Respondent documented informed consent and a discussion of the risks of Soma and
10 oxycodone with MD. Respondent also discussed the prescribing of multiple controlled
11 substances with the pharmacist. Respondent noted that MD's hand surgeon was
12 contemplating amputation but was concerned it might lead to phantom limb pain.

13 6. Subsequently, Respondent saw MD monthly and continued to prescribe her
14 Soma and Ambien.

15 7. On August 29, 2018, MD reported weight gain. Respondent recommended
16 changes to MD's diet.

17 8. On September 12, 2018, Respondent prescribed MD phentermine 37.5mg
18 daily for weight loss.

19 9. On November 21, 2018, MD reported losing her bottle of lorazepam and her
20 PMP's refusal to replace it. Respondent agreed to prescribe her one time prescription for
21 Xanax 0.25 mg twice daily.

22 10. On October 12, 2020, Respondent documented that discussed tapering the
23 Soma, but that MD was reluctant to attempt a taper. On December 30, 2020, Respondent
24 documented that he was unable to taper MD's Soma.

25

1 11. On February 16, 2021, MD reported that her PMP discharged her from the
2 practice and she was looking for a new pain provider. Respondent advised MD to go to ER
3 if she has withdrawal symptoms.

4 12. On March 30, 2021, Respondent called MD at home for a wellbeing check.
5 MD reported nausea, itching, and severe anxiety since she was out of lorazepam and pain
6 all over since she is out of oxycodone. Respondent advised MD to go to ER, which the
7 patient declined. Respondent warned of risks including death.

8 13. On April 19, 2021, MD phoned Respondent's office to report that she was
9 unable to come to appointment because too ill. Respondent called MD and left a detailed
10 message, and MD's husband called back. Respondent told MD's husband to call 911 or
11 got to the hospital.

12 14. On April 20, 2021, MD phoned Respondent's office to report that she was
13 doing better. Respondent's office again recommended going to hospital if her symptoms
14 worsened.

15 15. On April 21, 2021 MD presented to a Hospital with complaints of abdominal
16 pain but left against medical advice.

17 16. During the course of the Board's investigation Board staff received a letter
18 signed by MD expressing support for Respondent's care. MD subsequently reported that
19 Respondent's staff drafted the letter for her to sign, and further reported that Respondent
20 promised to write her a prescription for Ambien in exchange for the letter. MD reported
21 that Respondent ultimately did not provide her the prescription, but provided her with a
22 trazadone pill instead.

23 17. The standard of care prohibits a physician from prescribing Soma for long
24 term use without clinical justification. Respondent deviated from this standard of care by
25 prescribing MD Soma for long term use without clinical justification.

1 18. The standard of care prohibits a physician from prescribing Ambien without
2 clinical justification. Respondent deviated from the standard of care by prescribing Ambien
3 without clinical justification.

4 19. The standard of care requires a physician to address aberrant behaviors.
5 Respondent deviated from the standard of care by failing to address MD's aberrant
6 behaviors.

7 20. The standard of care requires a physician to perform urinary drug screens
8 prior to prescribing controlled substances. Respondent deviated from the standard of care
9 by failing to perform urinary drug screens prior to prescribing controlled substances to MD.

10 21. There was the potential for patient harm in that MD was at risk of sleep
11 apnea, overdose, diversion and death.

12 **CONCLUSIONS OF LAW**

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

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

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

21 d. The conduct and circumstances described above constitute unprofessional
22 conduct pursuant to A.R.S. § 32-1401(27)(kk) ("Knowingly making a false or misleading
23 statement to the board or on a form required by the board or in a written correspondence,
24 including attachments, with the board.").

25

1 **ORDER**

2 IT IS HEREBY ORDERED THAT:

3 1. Respondent is issued a Letter of Reprimand.

4 2. Respondent is placed on Probation for a period of two years with the
5 following terms and conditions:

6 **a. Continuing Medical Education**

7 Respondent shall within 3 months of the effective date of this Order obtain no less
8 than 15 hours of Board Staff pre-approved Category I Continuing Medical Education
9 ("CME") in an intensive, in-person course regarding controlled substance prescribing.
10 Respondent shall within **thirty days** of the effective date of this Order submit his request
11 for CME to the Board for pre-approval. Upon completion of the CME, Respondent shall
12 provide Board staff with satisfactory proof of attendance. The CME hours shall be in
13 addition to the hours required for the biennial renewal of medical licensure.

14 **b. ProBE**

15 Within 3 months of the effective date of this Order, Respondent shall complete the
16 Professional/Problem-Based Ethics ("ProBE") program offered by the Center for
17 Personalized Education for Physicians ("CPEP") for Ethics and Boundaries. The CME
18 hours shall be in addition to the hours required for the renewal of licensure. Respondent
19 shall obtain an unconditional or conditionally passing grade.

20 In the event that Respondent does not receive an unconditional or conditionally
21 passing grade, Respondent shall follow any and all recommendations made for further
22 education and/or remediation, subject to approval by the Board or its staff.

23 Respondent shall sign any and all consents or releases necessary to allow CPEP to
24 communicate to the Board directly. Respondent shall not revoke any releases prior to
25 successful completion of ProBE. Respondent shall be responsible for the expenses of

1 participation in ProBE and shall notify Board staff immediately upon scheduling the ProBE
2 course.

3 **c. 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 returned to practice as stated herein. Based upon the
8 chart review, the Board retains jurisdiction to take additional disciplinary or remedial action.

9 **d. 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 **e. 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 **f. Probation Termination**

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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 Prior to any Board consideration for termination of Probation, Respondent must
2 submit a written request to the Board for release from the terms of this Order.
3 Respondent's request for release will be placed on the next pending Board agenda,
4 provided a complete submission is received by Board staff no less than 30 days prior to
5 the Board meeting. Respondent's request for release must provide the Board with
6 evidence establishing that he has successfully satisfied all of the terms and conditions of
7 this Order.

8 The Probation shall not terminate except upon affirmative request of Respondent
9 and approval by the Board. In the event that Respondent requests Probation termination
10 and the Practice Restriction is in effect at the time of the request, the Board may require
11 any combination of examinations and/or evaluations in order to determine whether or not
12 Respondent is safe to prescribe controlled substances and the Board may continue the
13 Practice Restriction or take any other action consistent with its authority.

14 The Board has the sole discretion to determine whether all of the terms and
15 conditions of this Order have been met or whether to take any other action that is
16 consistent with its statutory and regulatory authority..

17
18 3. The Board retains jurisdiction and may initiate new action against
19 Respondent based upon any violation of this Order. A.R.S. § 32-1401(27)(s)

20 DATED AND EFFECTIVE this 4th day of March, 2022.

21 ARIZONA MEDICAL BOARD

22
23 By Patricia E. McSorley
24 Patricia E. McSorley
25 Executive Director

CONSENT TO ENTRY OF ORDER

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

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

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

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

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

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

1 state agency or officer or political subdivisions of the State relating to this matter or other
2 matters concerning Respondent.

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

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

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

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

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

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

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23 _____
IRFAN MIRZA, M.D.

24 DATED: Feb 18 2022

1 EXECUTED COPY of the foregoing mailed
this 4th day of March, 2022 to:

2
3 Irfan Mirza, M.D.
Address of Record

4 ORIGINAL of the foregoing filed
5 this 4th day of March, 2022 with:

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

8 Michelle Probes
9 Board staff

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