

1 **BEFORE THE ARIZONA MEDICAL BOARD**

2 In the Matter of

3 **JOHN A. LIEBERT, M.D.**

4 Holder of License No. 24378
5 For the Practice of Allopathic Medicine
6 In the State of Arizona.

Case No. MD-19-1185A

**INTERIM CONSENT AGREEMENT
FOR PRACTICE RESTRICTION**

7 **INTERIM CONSENT AGREEMENT**

8 John A. Liebert, 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. 24378 for the practice of allopathic
15 medicine in the State of Arizona.

16 3. The Board initiated case number MD-19-1185A after receiving a complaint
17 regarding Respondent's care and treatment of a 16 year-old male patient ("CC") alleging
18 inappropriate prescribing and medication management resulting in stroke like symptoms
19 due to serotonin syndrome. Based on the complaint, Board staff requested Medical
20 Consultant ("MC") review of Respondent's care and treatment of CC and three other
21 patients ("LS" "RB" and "LV").

22 4. CC initiated care with Respondent in January 2015. CC's medical history
23 included bipolar affective disorder ("BAD"), attention deficit hyperactivity disorder
24 ("ADHD"), panic attacks, obsessive compulsive disorder ("OCD"), and autism spectrum. At
25 CC's initial evaluation, Respondent prescribed Risperidone and Zyprexa. Respondent saw

1 CC frequently, making multiple adjustments and additions to CC's medications. During the
2 course of his treatment, Respondent prescribed CC medications including Xanax 1mg
3 twice daily, Vyvanse 50mg daily, Nuvigil 250mg daily, Prozac 40mg daily, Risperidone 0.5
4 three times daily, Lithium 600mg twice daily, Zyprexa 30mg daily, and Seroquel 50mg at
5 bedtime.

6 5. In May 2019, CC complained of nausea and Respondent prescribed
7 Compazine, an anti-emetic/antipsychotic, in addition to two other concurrent antipsychotic
8 medications. In January 2020, CC was seen in the ED due to a possible medication
9 reaction.

10 6. LS was a 49 year-old female who established care with Respondent in June
11 2015 for anxiety. LS had a medical history of mal de debarquement syndrome ("MDDS"),
12 fibromyalgia, OCD, PTSD, ADHD, and anxiety disorder. During the course of her
13 treatment, Respondent prescribed LS medications including Prozac 15mg daily, Abilify
14 2mg twice daily, Lyrica 150mg daily, Xanax XR 2mg three times daily, Luvox 50mg at
15 bedtime, and dextroamphetamine 10mg daily. Multiple additional medications were tried,
16 including SSRIs, immediate release and extended release benzodiazepines, and other
17 medications, including Provigil and Lyrica.

18 7. RB was a 26 year-old male who established care with Respondent in June,
19 2016. RB had a medical history of opioid dependency, scoliosis, bipolar disorder, OCD,
20 and anxiety disorder. During the course of his treatment, Respondent prescribed RB
21 medications including Xanax XR 1mg, Xanax 1mg, Methadone 10mg daily, Seroquel
22 50mg three times daily, clonidine 0.1mg every six hours as needed, and guanfacine 1mg.

23 8. LV was a 40 year-old female who established care with Respondent in
24 September, 2016. LV had a medical history of bipolar disorder, PTSD, ADHD, and binge
25 eating. LV was seen frequently by Respondent, who treated her with multiple psychotropic

1 medications, including two stimulants. During her course of treatment, Respondent
2 prescribed LV medications including Tegretol ER 200mg twice daily, Pristiq 100mg daily,
3 Adderall 30mg twice daily, Klonopin 0.5mg in am, Klonopin 2mg at bedtime, Ativan 1mg at
4 bedtime, Lamictal 200mg daily, Phentermine 37.5 mg daily, and Evekeo 10mg three times
5 daily. Additionally, during the course of her treatment, Respondent initiated trials of three
6 different antidepressants- venlafaxine, duloxetine, and Trintillex.

7 9. The MC identified deviations from the standard of care for all four patients
8 reviewed, including failure to query the Controlled Substance Prescription Monitoring
9 Profile ("CSPMP") reports for patients prior to prescribing controlled substances,
10 prescribing early prescription refills of controlled substances without adequate basis for
11 patients LS, RB and LV, and for all four patients, prescribing controlled substances or
12 combinations of controlled substances without adequate clinical rationale.

13 10. Actual patient harm was identified in that patients CC and LV did not receive
14 appropriate treatment for their bipolar disorder. There was potential for patient harm in
15 that LS, RB and LV were all at unreasonable risk of drug to drug interactions.

16 11. The aforementioned information was presented to the investigative staff, the
17 medical consultant and the lead Board member. All reviewed the information and concur
18 that the interim consent agreement to restrict Respondent's practice is appropriate.

19 12. The investigation into this matter is pending and will be forwarded to the
20 Board promptly upon completion for review and action.

21 INTERIM CONCLUSIONS OF LAW

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

24
25

1 review and appropriate action.

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

4
5 DATED this 26th day of October, 2021.

6 ARIZONA MEDICAL BOARD

7 By Patricia E. McSorley
8 Patricia E. McSorley
9 Executive Director

10 **RECITALS**

11 Respondent understands and agrees that:

12 1. The Board, through its Executive Director, may adopt this Interim Consent
13 Agreement, or any part thereof, pursuant to A.R.S. § 32-1405(C)(25) and A.A.C. R4-16-
14 504.

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

20
21 3. By entering into this Interim Consent Agreement, Respondent freely and
22 voluntarily relinquishes all rights to an administrative hearing on the matters set forth
23 herein, as well as all rights of rehearing, review, reconsideration, appeal, judicial review or
24 any other administrative and/or judicial action, concerning the matters related to the
25 Interim Consent Agreement.

1 4. Respondent understands that this Interim Consent Agreement does not
2 constitute a dismissal or resolution of this matter or any matters that may be currently
3 pending before the Board and does not constitute any waiver, express or implied, of the
4 Board's statutory authority or jurisdiction regarding this or any other pending or future
5 investigations, actions, or proceedings. Respondent also understands that acceptance of
6 this Interim Consent Agreement does not preclude any other agency, subdivision, or
7 officer of this State from instituting civil or criminal proceedings with respect to the conduct
8 that is the subject of this Interim Consent Agreement. Respondent further does not
9 relinquish Respondent's rights to an administrative hearing, rehearing, review,
10 reconsideration, judicial review or any other administrative and/or judicial action,
11 concerning the matters related to a final disposition of this matter, unless Respondent
12 affirmatively does so as part of the final resolution of this matter.
13

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

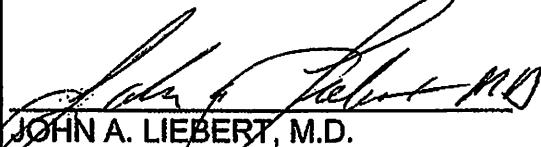
19 6. Respondent understands that this Interim Consent Agreement shall not
20 become effective unless and until it is signed by the Board's Executive Director.

21 7. Respondent understands and agrees that if the Board's Executive Director
22 does not adopt this Interim Consent Agreement, Respondent will not assert in any future
23 proceedings that the Board's consideration of this Interim Consent Agreement constitutes
24 bias, prejudice, prejudgment, or other similar defense.
25

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

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

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

18
19
20 
21 JOHN A. LIEBERT, M.D.

DATED: 10/26/21

1 EXECUTED COPY of the foregoing e-mailed
this 26th day of October, 2021 to:

2
3 Charles C. Hover, III, Esq.
4 Renaud Cook Drury Mesaros, PA
5 1 North Central Avenue, Suite 900
6 Phoenix, Arizona 85004
7 Attorney for Respondent
8 Attorney for Respondent

9 ORIGINAL of the foregoing filed
this 26th day of October, 2021 with:

10 Arizona Medical Board
11 1740 West Adams, Suite 4000
12 Phoenix, Arizona 85007

13 Michelle Robles
14 Board staff
15
16
17
18
19
20
21
22
23
24
25