

1 **BEFORE THE ARIZONA MEDICAL BOARD**

2 In the Matter of

3 **RODOLFO C. NELLAS, M.D**

4 Holder of License No. 12395
5 For the Practice of Medicine
6 In the State of Arizona.

**Case Nos. MD-19-0299A, MD-19-0341A,
MD-19-0403A**

**ORDER FOR SURRENDER OF
LICENSE AND CONSENT TO THE
SAME**

7 Rodolfo C. Nellas, M.D. ("Respondent"), elects to permanently waive any right to a
8 hearing and appeal with respect to this Order for Surrender of License; admits the
9 jurisdiction of the Arizona Medical Board ("Board") as well as the facts stated herein; and
10 consents to the entry of 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 No. 12395 for the practice of allopathic
15 medicine in the State of Arizona.

16 **MD-19-0299A**

17 3. The Board initiated case number MD-19-0299A after receiving a complaint
18 regarding Respondent's care and treatment of a 30 year-old male patient ("DD"), alleging
19 inappropriate prescribing of Suboxone and Xanax.

20 4. Patient DD established care with Respondent on September 28, 2015,
21 reporting an addiction to heroin and multiple psychiatric symptoms. Respondent
22 documented a diagnosis of opioid dependency and anxiety, and prescribed DD Suboxone
23 4 mg twice a day, and lorazepam 1 mg twice a day for anxiety.

24 5. Respondent continued to treat DD with a combination of Suboxone and
25 benzodiazepines through May 28, 2019 when DD was discharged from the practice for

1 patient non-compliance. During the course of his treatment, DD had numerous urine drug
2 screens that were positive for marijuana and/or absent for alprazolam prescribed by
3 Respondent and/or otherwise aberrant.

4 6. A Medical Consultant ("MC") who reviewed Respondent's care and
5 treatment of DD identified deviations from the standard of care including prescribing
6 benzodiazepines as an adjunctive therapy with Suboxone without appropriate rationale,
7 by prescribing Suboxone without following current guidelines for initiation and
8 maintenance, and by failing to properly respond to aberrancies in DD's urine drug screens
9 and other red flags of medication abuse.

10 7. Respondent states that he believed DD had a medical marijuana card, and
11 thus did not feel use of medical marijuana could be addressed. Respondent also states
12 that his practice was to discuss non-compliance with patients, and to give them
13 opportunities to become compliant, which he did with DD. He states that there was a
14 delay in receiving reports and seeing the patient. Respondent states that he confronted
15 DD about abusing alprazolam, and DD denied it, which was consistent with the non-
16 compliant drug tests for alprazolam. Respondent further states that in one instance, a
17 technician wrote incorrect information when he was copying the report into the notes.

18 8. The MC identified actual harm in that DD's opportunity for recovery from his
19 addiction was delayed. Additionally, DD was at risk of accidental injury, diversion or
20 death. Respondent states that any delay in recovery was attributable to DD's non-
21 compliance.

22 **MD-19-0341A**

23 9. The Board initiated case number MD-19-0341A after receiving a complaint
24 regarding Respondent's care and treatment of a 52 year-old female patient ("JD"),
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1 alleging that Respondent prescribed JD contraindicated medications, resulting in an
2 adverse reaction requiring hospitalization.

3 10. JD had previously been Respondent's patient for whom Respondent
4 prescribed medications including Wellbutrin, Lexapro, and Suboxone for diagnoses
5 including Major Depression and Mood Disorder NOS, who returned for treatment on May
6 11, 2016. JD's Controlled Substance Prescription Monitoring Profile ("CSPMP") indicated
7 that during the previous three years, JD received multiple opioid medications from
8 multiple physicians. At her first visit, Respondent documented that JD was using
9 prescription opioids and drinking occasional alcohol, as well as taking Wellbutrin and
10 Lexapro. Respondent diagnosed JD with opioid dependence, anxiety disorder and
11 hypertension and initiated Suboxone 8 mg daily and alprazolam 2 mg, three times a day.

12 11. Respondent saw JD next on August 4, 2016, when Respondent
13 documented that she was doing well and increased her dosage of Suboxone to twice
14 daily. JD's urine drug screen was negative for Suboxone and positive for alprazolam.
15 Respondent again saw JD on September 25, 2016 and documented that she was doing
16 well.

17 12. On October 26, 2016 JD returned to Respondent and expressed a desire to
18 stop taking Suboxone and to initiate treatment with Contrave for weight loss. JD brought
19 a brochure for Respondent's review. The brochure included language warning against
20 taking Contrave in conjunction with buprenorphine and stated that there was a risk of
21 serious side effects including sudden opioid withdrawal. Respondent issued JD
22 prescriptions for both Suboxone and Contrave.

23 13. Respondent states that he checked the drug interactions for Suboxone and
24 Contrave on WebMD, and saw no interactions reported.

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1 14. On October 29, 2016, JD was admitted to the Hospital Emergency
2 Department with an admitting diagnosis of medication overdose, anxiety reaction and
3 opioid withdrawal. JD became extremely combative and had to be restrained overnight.
4 JD was discharged from the Hospital on October 31, 2016.

5 15. During JD's visits on November 1, 2016 and January 16, 2017, Respondent
6 continued to prescribe Suboxone, Contrave and alprazolam.

7 16. Respondent states that JD did not disclose the adverse reaction to him until
8 April 6, 2017 and that when he learned of JD's reaction to Suboxone and Contrave,
9 Respondent stopped prescribing Contrave to JD.

10 17. On July 12, 2017, Respondent documented that JD inquired about her
11 previous diagnosis of rhabdomyolysis, and asked if it could be a result of the combined
12 prescriptions for Suboxone and Contrave. Respondent document that he informed JD
13 that he was unaware of any interaction.

14 18. Respondent continued to treat JD through May 29, 2019 and Respondent
15 continued to prescribe medications including Suboxone, citalopram and bupropion.
16 During this time, JD was receiving opioids from other providers.

17 19. Respondent states that he stopped prescribing Contrave to any patients
18 after he learned at the April 6, 2017 visit of JD's reaction to Suboxone and Contrave taken
19 together.

20 20. The MC who reviewed Respondent's care and treatment of JD identified
21 deviations from the standard of care including failing to adhere to current guidelines for
22 initiation and maintenance of Suboxone therapy, prescribing Contrave to a patient who
23 was concurrently prescribed Suboxone, by failing to address aberrant urine drug screens,
24 and by prescribing Suboxone in combination with benzodiazepines without adequate
25 justification.

1 21. Respondent states that his practice was to discuss non-compliance with
2 patients, and to give them opportunities to become compliant, which he did with JD.

3 22. The MC identified actual harm in that JD experienced precipitous opiate
4 withdrawal and was at risk of harm due to the combination of medications prescribed by
5 Respondent and other practitioners. Respondent states that the risk of harm was due to
6 patient non-compliance.

7 **MD-19-0403A**

8 23. The Board initiated case number MD-19-0403A after receiving a complaint
9 regarding Respondent's care and treatment of a 74 year-old male patient ("JD2") alleging
10 inappropriate prescribing of controlled substances.

11 24. JD2 established care with Respondent on October 20, 2015 with initial
12 diagnoses of opioid dependence, depression, mood disorder, anxiety and panic.
13 Respondent prescribed JD2 medications including Suboxone, Ativan, Xanax, Trazadone,
14 Ambien and Doxepim.

15 25. An MC who reviewed Respondent's care and treatment of JD2 identified
16 deviations from the standard of care including that Respondent including prescribing
17 benzodiazepines in combination with Suboxone and Adderall in combination without
18 adequate rationale, and failure to review the CSPMP for medication compliance.

19 26. There was potential for patient harm in that JD2 was at risk for falls and
20 cognitive impairment.

21 27. Additionally, all MCs identified deficiencies in Respondent's medical
22 recordkeeping. Respondent states that he may have been suffering from a medical
23 condition that interfered with his ability to properly document his care and treatment of
24 patients.

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1 28. Respondent agreed to enter into an Interim Consent Agreement for Practice
2 Restriction, effective October 18, 2019.

3 29. Respondent states that he has retired from the practice of medicine and
4 wishes to surrender his license.

5 **CONCLUSIONS OF LAW**

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

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

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

14 4. The Board possesses statutory authority to enter into a consent agreement
15 with a physician and accept the surrender of an active license from a physician who
16 admits to having committed an act of unprofessional conduct. A.R.S. § 32-1451(T)(2).

17 **ORDER**

18 IT IS HEREBY ORDERED THAT Respondent immediately surrender License
19 Number 12395, issued to Rodolfo C. Nellas, M.D., for the practice of allopathic medicine in
20 the State of Arizona, and return his certificate of licensure to the Board.

21 DATED and effective this 10th day of July, 2020.

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23 ARIZONA MEDICAL BOARD

24 By:

Patricia E. McSorley
Patricia E. McSorley
Executive Director

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CONSENT TO ENTRY OF ORDER

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

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

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

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

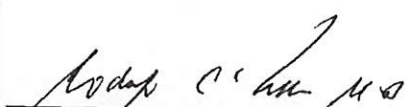
5. All admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, said admissions by Respondent are not intended or made for any other use, such as in the context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

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

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

4 8. If the Board does not adopt this Order, Respondent will not assert as a
5 defense that the Board's consideration of the Order constitutes bias, prejudice,
6 prejudgment or other similar defense.

7 9. ***Respondent has read and understands the terms of this agreement.***

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11 RODOLFO C. NELLAS, M.D.

Dated: 6-5-2020

12 EXECUTED COPY of the foregoing mailed by
13 US Mail this 10th day of July, 2019 to:

14 Rodolfo C. Nellas, M.D.
15 Address of Record
16 Kimberly Kent, Esq.
17 Kent Law Group
18 341 East Camelback Road, Suite 100
19 Phoenix, Arizona 85012
20 Attorney for Respondent

21 ORIGINAL of the foregoing filed this
22 10th day of July, 2019 with:

23 The Arizona Medical Board
24 1740 West Adams, Suite 4000
25 Phoenix, Arizona 85007

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27 _____
28 Board staff