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BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of

ASHWIN M. REDDY, M.D.
Holder of License No. 48835
For the Practice of Allopathic Medicine
In the State of Arizona.

Case No. MD-20-0050A

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

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

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 number 48835 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-20-0050A after receiving a complaint regarding an occurrence at the Substance Use Treatment Facility where Respondent practices and serves as the Medical Director.

4. During the course of the Board's investigation, Board staff requested Medical Consultant ("MC") review of four patients treated by Respondent (MG, GE, TW and JS).

5. MG was a 37 year-old female who established care with Respondent for treatment of opioid use disorder. Respondent prescribed MG medications including buprenorphine 8mg sublingual 3-4 daily, clonazepam 2mg three times daily, Adderall 75mg daily, and either Ritalin ER 36mg daily, or Vyvanse 70mg daily. Respondent additionally initiated prescribing MG benzodiazepines based on MG's endorsement of

1 persistent symptoms of anxiety. Respondent additionally diagnosed MG with ADHD and
2 prescribed Adderall.

3 6. GE was a 34 year-old male who established care with Respondent for opioid
4 use disorder, anxiety, and ADHD. Respondent prescribed GE medications including
5 buprenorphine 8mg three times daily, alprazolam 2mg three times daily, and Adderall
6 30mg three times daily. Additionally, Respondent treated GE's anxiety symptoms with
7 alprazolam.

8 7. TW was a 35 year-old male who established care with Respondent for
9 treatment of opioid use disorder. Respondent prescribed TW medications including
10 buprenorphine 2mg twice daily, alprazolam XR 3mg daily, alprazolam 2mg twice daily, and
11 Adderall 30mg three times daily. Additionally, Respondent diagnosed TW with ADHD and
12 initiated treatment with Adderall.

13 8. JS was a 23 year-old male who established care with Respondent for opioid
14 use disorder, anxiety, and insomnia. Respondent prescribed JS medications including
15 Adderall XR 30mg, Suboxone 8-2mg four times daily, clonazepam 2mg three times daily,
16 and zolpidem 10mg daily. Additionally, Respondent diagnosed JS with ADHD and initiated
17 treatment with Adderall.

18 9. The standard of care prohibits a physician from prescribing the maximum
19 recommended dose of buprenorphine without clinical justification. The standard of care
20 prohibits a physician from prescribing opioids and benzodiazepines concurrently without a
21 clinical rationale. The standard of care requires a physician to address aberrant urinary
22 drug screens. The standard of care requires a physician to manage pain with non-
23 pharmacologic interventions prior to prescribing controlled substances. The standard of
24 care prohibits a physician from prescribing early refills of controlled substances without a
25 clinical rationale. The standard of care prohibits a physician from prescribing high dose

1 Adderall for long-term use without clinical justification. The standard of care prohibits a
2 physician from prescribing high dose alprazolam without clinical justification. The standard
3 of care prohibits a physician from prescribing the maximum recommended dose of
4 Suboxone without clinical justification. The standard of care prohibits a physician from
5 prescribing high dose clonazepam without clinical justification. The standard of care
6 prohibits a physician from prescribing Adderall without clinical justification. The standard of
7 care prohibits a physician from prescribing opioids, benzodiazepines, and hypnotics
8 concurrently without a clinical rationale.

9 10. The MC opined that Respondent breached the standard of care, as follows:
10 by prescribing the maximum recommended dose of buprenorphine for Patients MG and
11 GE; by prescribing Adderall to Patient MG; by prescribing opioids and benzodiazepines
12 concurrently for Patients MG, GE, and TW; by failing to address aberrant urinary drug
13 screens for patients MG, GE, TW, and JS; by failing to manage pain with non-
14 pharmacologic interventions prior to prescribing controlled substances, for Patients MG,
15 GE, TW, and JS; by prescribing early refills of controlled substances for Patients MG, GE,
16 TW, and JS; by prescribing high dose Adderall for long-term use for Patients GE and TW;
17 by prescribing high dose alprazolam for Patient TW; by prescribing the maximum
18 recommended dose of Suboxone for Patient JS; by prescribing high dose clonazepam for
19 patient JS; by prescribing Adderall for Patient JS; and by prescribing opioids,
20 benzodiazepines, and zolpidem concurrently for Patient JS.

21 11. Respondent agrees that he breached the standard of care by failing to
22 address aberrant drug screens for Patients MG, GE, TW, and JS. He denies that he
23 otherwise breached the standard of care in his care and treatment of these patients.

24 12. The MC opined that the Patients' substance use disorders were inadequately
25 treated, and that the Patients were at risk of medication diversion, overdose, and death.

1 Respondent asserts that none of the Patients suffered actual harm, and all are still in
2 treatment and sober.

3 13. On January 25, 2022, the Board voted to summarily restrict Respondent's
4 ability to prescribe controlled substances based on a finding that the public health, safety
5 and welfare imperatively required emergency action.

6 14. On April 25-27, 2022 Respondent completed a Board-staff pre-approved
7 intensive, in person Continuing Medical Education ("CME") course in controlled substance
8 prescribing with a Board approved provider.

9 15. On April 28-29, 2022 Respondent completed a Board staff pre-approved
10 intensive, in person CME course in medical recordkeeping from a Board approved
11 provider.

12 16. Respondent states that since the initiation of this investigation, he has
13 discontinued daily patient care obligations, and serves primarily in the administrative role
14 of Medical Director. Effective March 16, 2022, Respondent voluntarily surrendered his
15 controlled substance prescribing registration with the DEA, and Respondent does not
16 intend at this time to reapply for a new DEA registration. Respondent provided Board staff
17 with revised policies adopted by the Substance Use Treatment Facility for best practices
18 related to controlled substance prescribing and prescribing stimulants for treatment of
19 ADHD.

20 CONCLUSIONS OF LAW

21 a. The Board possesses jurisdiction over the subject matter hereof and over
22 Respondent.

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

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

4 **ORDER**

5 IT IS HEREBY ORDERED THAT:

6 1. Respondent is issued a Letter of Reprimand.

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9 DATED AND EFFECTIVE this 9th day of June, 2022.

10 ARIZONA MEDICAL BOARD

11
12 By Patricia E. McSorley
13 Patricia E. McSorley
14 Executive Director

15 **CONSENT TO ENTRY OF ORDER**

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

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

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

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

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

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

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

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

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

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

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

10 12. ***Respondent has read and understands the Order.***

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12 _____
ASHWIN M. REDDY, M.D.

DATED: _____

05/26/22

13 EXECUTED COPY of the foregoing mailed
14 this 9th day of June, 2022 to:

15 Robert J. Milligan, Esq.
16 Milligan Lawless, PC
17 5050 North 40th Street
Phoenix, Arizona 85018
Attorney for Respondent

18 ORIGINAL of the foregoing filed
19 this 9th day of June, 2022 with:

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

22 Michelle Robus
23 Board staff
24
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