

1 BEFORE THE ARIZONA MEDICAL BOARD

2 In the Matter of

Case No. MD-19-0007A

3 **AMAR P. SHARMA, M.D.**

**ORDER DENYING REQUEST FOR
REHEARING OR REVIEW**

4 Holder of License No. 40693
5 For the Practice of Allopathic Medicine
6 In the State of Arizona

7
8 At its public meeting on August 5, 2020 the Arizona Medical Board ("Board")
9 considered Amar P. Sharma, M.D.'s ("Respondent") Request for Rehearing or Review of
10 the Board's Order dated June 3, 2020 in the above referenced matter. After considering all
11 of the evidence, the Board voted to deny Respondent's Request for Rehearing or Review.

12 **ORDER**

13 IT IS HEREBY ORDERED that:

14 Respondent's Request for Rehearing or Review is denied. The Board's June 3,
15 2020 Findings of Fact, Conclusions of Law and Order for Letter of Reprimand and
16 Probation in Case MD-19-0007A is effective and constitutes the Board's final
17 administrative order.
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1 RIGHT TO APPEAL TO SUPERIOR COURT

2 Respondent is hereby notified that he has exhausted his administrative remedies.
3 Respondent is advised that an appeal to Superior Court in Maricopa County may be taken
4 from this decision pursuant to title 12, chapter 7, and article 6 of the Arizona Revised
5 Statutes.

6 DATED AND EFFECTIVE this 7th day of August, 2020.

7 ARIZONA MEDICAL BOARD

8
9 By Patricia E. McSorley
10 Patricia E. McSorley
11 Executive Director

12 EXECUTED COPY of the foregoing mailed
13 Via certified mail 9214 8901 9403 8318 157856
14 this 7th day of August, 2020 to:

15 Amar P. Sharma, M.D.
16 Address of Record

17 COPY of the foregoing mailed
18 This 7th day of August, 2020 to:

19 J. Arthur Eaves, Esq.
20 Sanders and Parks, P.C.
21 3030 North 3rd Street Suite 1300
22 Phoenix, Arizona 85012-3099
23 Attorney for Respondent

24 ORIGINAL of the foregoing filed
25 this 7th day of August, 2019 with:

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

Michelle Kobles
Board staff

1 **BEFORE THE ARIZONA MEDICAL BOARD**

2 In the Matter of

Case No. MD-19-0007A

3 **AMAR P. SHARMA, M.D.**

**FINDINGS OF FACT, CONCLUSIONS
OF LAW AND ORDER FOR LETTER
OF REPRIMAND AND PROBATION**

4 Holder of License No. 40693
5 For the Practice of Allopathic Medicine
6 In the State of Arizona.

7 The Arizona Medical Board ("Board") considered this matter at its public meeting on
8 April 7, 2020. Amar P. Sharma, M.D. ("Respondent"), appeared with legal counsel, J.
9 Arthur Eaves, Esq., before the Board for a Formal Interview pursuant to the authority
10 vested in the Board by A.R.S. § 32-1451(H). The Board voted to issue Findings of Fact,
11 Conclusions of Law and Order for Letter of Reprimand and Probation after due
12 consideration of the facts and law applicable to this matter.

13 **FINDINGS OF FACT**

14 1. The Board is the duly constituted authority for the regulation and control of
15 the practice of allopathic medicine in the State of Arizona.

16 2. Respondent is the holder of license number 40693 for the practice of
17 allopathic medicine in the State of Arizona.

18 3. The Board initiated case number MD-19-0007A after receiving a complaint
19 regarding Respondent's care and treatment of a 98 year-old female patient ("DK") alleging
20 failure to properly treat and care for patient; and inappropriate prescribing, administration
21 and management of medications.

22 4. On November 20, 2018, DK presented to the Hospital Emergency
23 Department with complaints of fever, weakness, and disorientation. DK had a past medical
24 history of asymptomatic left frontal meningioma, hypertension, hypothyroidism, and
25 Ménière's disease. A chest x-ray was performed that showed a large infiltrate in the right
upper lobe. A white blood cell count was 29.4 with hemoglobin of 9.4 and hematocrit

1 28.5%. Sodium was low at 126, potassium of 3.4, and creatinine normal at 0.7. In the
2 emergency room, the patient did mount a fever of 102.2 °F with elevated heart rate of 112
3 bpm. DK was diagnosed with community-acquired pneumonia, started on antibiotics, and
4 admitted. Subsequent to admission, DK was found to have septicemia secondary to
5 *Streptococcus pneumoniae*.

6 5. Respondent performed a history and physical ("H&P") on admission and
7 documented the diagnosis in the assessment and plan of chronic pain/chronic back pain
8 with opioid dependency, further documenting that the patient was taking Lyrica, trazodone
9 and methadone along with lidocaine. Respondent's documentation indicated that he
10 checked the Controlled Substance Prescription Monitoring Profile ("CSPMP"). DK was not
11 taking these medications, nor did she have the diagnoses indicated in Respondent's
12 documentation. However, Respondent authorized these medications to be continued
13 during DK's hospitalization.

14 6. On November 23, 2018, DK became hypotensive and bradycardic with
15 altered mental status. Narcan was administered and after a cardiology consultation, DK's
16 symptoms were attributed to administration of medications by error. A neurology
17 consultation concluded that no pre-existing dementia or other cognitive disorders were
18 present prior to the hospitalization. DK subsequently began experiencing staring episodes
19 that were thought to be seizures, requiring administration of cefdinir and Keppra that was
20 continued post-hospitalization.

21 7. The standard of care requires a physician to perform medication
22 reconciliation when admitting a patient to the hospital. Respondent deviated from this
23 standard of care by failing to perform medication reconciliation to verify the accuracy of the
24 medications ordered on admission.

25

1 8. The standard of care requires a physician to demonstrate appropriate
2 verification when prescribing opioid analgesics to an opioid naïve patient an advance age.
3 Respondent deviated from the standard of care by prescribing methadone without
4 performing appropriate verification to ensure patient safety.

5 9. Actual patient harm was identified in that the patient suffered from hypoxia
6 and bradycardia, and was required to take anti-epileptic medications for seizures due to
7 her acute clinical course.

8 10. There was the potential for patient harm in that there was a risk of patient
9 death.

10 11. During the course of the Board's investigation, Board staff reviewed DK's
11 CSPMP, and did not find a record that Respondent accessed the CSPMP or that DK was
12 taking the medications ordered by Respondent prior to her hospitalization.

13 12. During a Formal Interview on this matter, Respondent testified that he did not
14 have an opportunity to speak with the patient's family during his initial evaluation.
15 Respondent stated that on the patient's third day after admission, he received a call from
16 nursing staff informing him that the patient's medication had not been ordered, and he
17 authorized the medication. Respondent testified that he lacked independent recollection
18 regarding the patient's mental status at the time he ordered the medications.

19 13. During that same Formal Interview, Board members noted that Respondent's
20 admission documentation indicated that DK was examined upon admission with her son
21 and caregiver present and that she was actively participating in the discussion. An
22 additional Board member noted that methadone administration in a patient of DK's age
23 requires extra caution. The member additionally recalled statements from DK's family
24 members that they were not consulted regarding her use of methadone. Board members
25 agreed that system error may have contributed to the adverse outcome; however,

1 Respondent bore the ultimate responsibility for ensuring that patient centered care was
2 provided. Board members agreed that the case rose to the level of discipline.

3 **CONCLUSIONS OF LAW**

4 1. The Board possesses jurisdiction over the subject matter hereof and over
5 Respondent.

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

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

12 **ORDER**

13 IT IS HEREBY ORDERED THAT:

- 14 1. Respondent is issued a Letter of Reprimand.
15 2. Respondent is placed on Probation for a period of 12 months with the following
16 terms and conditions:

17 a. **Continuing Medical Education**

18 Respondent shall within 12 months of the effective date of this Order complete the
19 Medical Ethics & Professionalism course (ME-15-Live) offered by Professional
20 Boundaries, Inc. ("PBI"). Respondent shall within **thirty days** of the effective date of this
21 Order submit his proof of enrollment to Board staff. Upon completion of the CME,
22 Respondent shall provide Board staff with satisfactory proof of attendance. The CME
23 hours shall be in addition to the hours required for the biennial renewal of medical
24 licensure. The Probation shall terminate upon Respondent's proof of successful
25 completion of the CME coursework, including receipt of an AIR letter from PBI.

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b. Obey All Laws

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

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

RIGHT TO PETITION FOR REHEARING OR REVIEW

Respondent is hereby notified that he has the right to petition for a rehearing or review. The petition for rehearing or review must be filed with the Board's Executive Director within thirty (30) days after service of this Order. A.R.S. § 41-1092.09(B). The petition for rehearing or review must set forth legally sufficient reasons for granting a rehearing or review. A.A.C. R4-16-103. Service of this order is effective five (5) days after date of mailing. A.R.S. § 41-1092.09(C). If a petition for rehearing or review is not filed, the Board's Order becomes effective thirty-five (35) days after it is mailed to Respondent.

Respondent is further notified that the filing of a motion for rehearing or review is required to preserve any rights of appeal to the Superior Court.

DATED AND EFFECTIVE this 3rd day of June, 2020.

ARIZONA MEDICAL BOARD

By Kristina Audela for
Patricia E. McSorley
Executive Director

1 EXECUTED COPY of the foregoing mailed
2 this 3rd day of June, 2020 to:

3 J. Arthur Eaves, Esq.
4 Sanders and Parks, P.C.
5 3030 North 3rd Street Suite 1300
6 Phoenix, Arizona 85012-3099

7 ORIGINAL of the foregoing filed
8 this 3rd day of June, 2020 with:

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

12 Michelle Reber
13 Board staff
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