

1 **BEFORE THE ARIZONA MEDICAL BOARD**

2 In the Matter of

3 **GORDON T. DONESKEY, M.D**

4 Holder of License No. 15879
5 For the Practice of Medicine
6 In the State of Arizona.

Case No. MD-19-0419A

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

7 Gordon T. Doneskey, M.D. ("Respondent"), elects to permanently waive any right to
8 a 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 number 15879 for the practice of
15 allopathic medicine in the State of Arizona.

16 3. The Board initiated case number MD-19-0419A after receiving notification of
17 a malpractice settlement regarding Respondent's care and treatment of a 55 year-old
18 female patient ("SD") alleging improper management of pain medication with subsequent
19 death. Based on the complaint, Board staff requested Medical Consultant ("MC") review
20 of Respondent's care and treatment of SD and four additional patients (MH, RM DH and
21 RLM).

22 4. SD was a 55 year-old female who was an established patient of
23 Respondent's practice. SD had a medical history chronic back pain, lumbrosacral disc
24 disease, insomnia, diabetes mellitus, and peripheral neuropathy. Respondent prescribed
25 SD medications including oxycodone 30mg, zolpidem 10mg, Lyrica 50mg, and Cymbalta.

1 On July 1, 2016, SD expired due to acute oxycodone intoxication. SD was on 540
2 morphine milligram equivalents (“MME”) of opiates at the time of her demise.

3 5. MH was a 56 year-old male patient who was an established patient of
4 Respondent’s practice. MH had a medical history of degenerative arthritis, lumbar spinal
5 stenosis, panic disorder, morbid obesity, obstructive sleep apnea, diabetes mellitus, and
6 hypertension. Respondent’ prescribed MH medications including Soma 350mg,
7 oxycodone 20mg, and alprazolam 2mg, and Adderall 15mg. Over the last two years of
8 Respondent’s care reviewed, Respondent prescribed MH approximately 180 MME daily.

9 6. RM was a 47 year-old male patient who was an established patient of
10 Respondent’s practice. RM had a medical history of cervical radiculopathy, hypertension,
11 diabetes mellitus, and depression. Respondent prescribed RM medications including
12 MSContin 100mg, oxycodone 15mg, and amlodipine 5mg. Over the course of the last two
13 years of care reviewed, Respondent tapered RM’s opioid prescriptions from 540 MME to
14 350 MME daily.

15 7. DH was a 55 year-old female patient who was an established patient of
16 Respondent’s practice. DH had a medical history of chronic back pain secondary to
17 lumbar stenosis, sleep apnea, anxiety, depression, obesity, diabetes mellitus, and
18 hypertension. Respondent prescribed DH medications including Soma 350mg, oxycodone
19 15mg, lorazepam 0.5mg, gabapentin 300mg, and bupropion 150mg. DH was noted to be
20 non-compliant with her CPAP. Over the last two years of care reviewed, Respondent
21 prescribed DH opioid medications totaling 135 MME daily.

22 8. RLM was a 63 year-old male patient who was an established patient of
23 Respondent’s practice. RLM had a medical history of chronic lumbar spine pain, insomnia,
24 and anxiety. Respondent prescribed RLM’s medications including morphine sulfate CR
25

1 60mg, oxycodone 30mg, alprazolam 2mg, and Seroquel 400mg. Over the last two years of
2 care reviewed, Respondent prescribed RLM opioid medications totaling 450 MME daily.

3 9. The MC who reviewed Respondent's care identified deviations from the
4 standard of care with regard to all five patients reviewed including prescribing high dose
5 opioids for all patients without adequate justification, prescribing opioids in combination
6 with other controlled substances without adequate clinical rationale, failing to monitor any
7 of the patients reviewed for compliance using urinary drug screens or checking the
8 Controlled Substance Prescription Monitoring Profile ("CSPMP"), failing to address
9 aberrant behavior, and failing to trial non-pharmaceutical therapies prior to prescribing
10 controlled substances.

11 10. Actual patient harm was identified in that SD died of an overdose of
12 medications prescribed by Respondent. There was potential for patient harm in that all
13 patients were at risk for overdose, diversion and death.

14 11. Effective June 2, 2020 Respondent entered into an Interim Consent
15 Agreement for Practice Restriction that prohibited him from prescribing controlled
16 substances pending the outcome of this investigation.

17 CONCLUSIONS OF LAW

18 1. The Board possesses jurisdiction over the subject matter hereof and over
19 Respondent.

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

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

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

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

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

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

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

4 10. *Respondent has read and understands the terms of this agreement.*

5
6 Gordon T. Doneskey
GORDON T. DONESKEY, M.D.

Dated: July 3, 2020

7
8 EXECUTED COPY of the foregoing mailed by
US Mail this 1st day of August, 2020 to:

9 Gordon T. Doneskey, M.D.
10 Address of Record

11 ORIGINAL of the foregoing filed this
12 1st day of August, 2020 with:

13 The Arizona Medical Board
1740 West Adams, Suite 4000
14 Phoenix, Arizona 85007

15 Michelle Prodes
16 Board staff