

1 **BEFORE THE ARIZONA MEDICAL BOARD**

2 In the Matter of

3 **MURALI D. TALLURI, M.D.**

4 Holder of License No. 19237
5 For the Practice of Allopathic Medicine
6 In the State of Arizona.

**Case Nos. MD-18-0958A, MD-18-1013A,
MD-19-0047 and MD-19-0238A**

**ORDER FOR DECREE OF CENSURE
AND PROBATION WITH PRACTICE
RESTRICTION; AND CONSENT TO
THE SAME**

7 Murali D. Talluri, M.D. ("Respondent") elects to permanently waive any right to a
8 hearing and appeal with respect to this Order for Decree of Censure and Probation with
9 Practice Restriction; admits the jurisdiction of the Arizona Medical Board ("Board"); 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 19237 for the practice of
15 allopathic medicine in the State of Arizona.

16 3. The Board initiated case numbers MD-18-0958A, MD-18-1013A, MD-19-
17 0047 and MD-19-0238A pursuant to the Board's Findings of Fact, Conclusions of Law and
18 Order for Letter of Reprimand, Civil Penalty and Probation issued in cases MD-15-1390A
19 and MD-16-0479A ("Order"), which required Respondent to enter into a contract with a
20 Board-approved monitoring company to perform periodic chart reviews in order to monitor
21 Respondent's care and treatment of patients after his completion of Board-approved
22 intensive in-person continuing medical education ("CME") in opioid prescribing, as well as
23 the Professional/Problem0Based Ethics ("ProBE") program offered by the Center for
24 Personalized Education for Physicians ("CPEP") for ethics and boundaries. The required
25 CME courses were completed in October, 2017 and Respondent entered into a contract
for chart reviews on May 17, 2018.

1 including oxycodone 30mg every 6 hours, gabapentin 300mg three times daily, and
2 trazodone 100mg daily. An MRI of LH's knee showed a chronic ACL tear with
3 degenerative changes and a lumbar MRI showed minimal changes.

4 10. SH was a 62 year-old female with a past medical history of opioid
5 dependence, hypertension, anxiety, depression, and a history of breast cancer.
6 Respondent prescribed SH medications including clonazepam 1mg twice daily, Prozac
7 80mg daily, Wellbutrin 300mg daily, Pristiq 25mg daily, and Suboxone 8mg daily.

8 11. AE was a 40 year-old male with a past history of alcoholism, hypogonadism,
9 attention deficit disorder, anxiety, depression, and opioid dependence. Respondent
10 prescribed AE medications including Suboxone 8mg three times daily, Adderall 20mg
11 three times daily, Xanax 1mg twice daily, Zyprexa 10mg daily, and clonazepam 1mg three
12 times daily.

13 12. RF was a 63 year-old male with a past medical history of diabetes,
14 hypertension, hypogonadism, and opioid dependency. Respondent prescribed RF
15 Suboxone 8mg daily.

16 13. PS was a 38 year-old male patient with a past medical history of opioid
17 dependency. Respondent prescribed PS Subutex 8mg three times daily.

18 14. CD was a 65 year-old male patient with a past medical history of opioid
19 dependence, hypertension, alcoholism, and hypogonadism. Respondent prescribed CD
20 medications including Zubsolv 8.6/2.1mg three times daily, Cialis 5mg daily, Lisinopril
21 20mg daily, and clonidine 0.1mg daily.

22 15. The two MC's were critical of Respondent's failure to trial non-pharmacologic
23 treatments prior to prescribing opioids for patient LH, and the first MC noted delays in the
24 orthopedic evaluation of LH's knee pain and physical therapy evaluation for back pain. The
25 second MC opined that Respondent's documentation for all five patients was inadequate,

1 noting with information appeared to be carried forward without review for accuracy, new
2 medications were added without clinical indication or discussion, and different medication
3 doses were identified in different parts of the notes.

4 16. The standard of care prohibits a physician from prescribing high dose opioids
5 for non-malignant pain without justification. Respondent deviated from the standard of
6 care for Patient LH by prescribing high dose opioids for non-malignant pain without
7 justification.

8 17. Actual patient harm was identified in that LH experienced a delay in
9 orthopedic evaluation of knee pain and physical therapy for back pain. There was
10 potential for patient harm in that LH was at risk for complications of unnecessary opioid
11 therapy.

12 **MD-19-0238A**

13 18. An MC reviewed Respondent's care and treatment of three patients for
14 whom deficiencies were identified by the monitoring company.

15 19. MS was a 77 year-old female with a past medical history of Parkinson's
16 disease, Alzheimer's disease, dystonia, hypertension, hyperlipidemia, spinal deformity,
17 multiple falls, and chronic pain. Respondent began visiting MS at an assisted living facility
18 ("ALF") on September 21, 2018 and continued to see MS on a weekly basis. MS required
19 several adjustments in her blood pressure and pain medications with the assistance of a
20 pain specialist.

21 20. NC was an 85 year-old female with a past medical history of Alzheimer's
22 disease with memory loss, hypertension, hypothyroidism, macular degeneration, recent
23 heart valve replacement, and dyspnea. Respondent prescribed NC medications including
24 blood pressure medications, bronchial dilators, atorvastatin, meclizine, and aspirin.

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1 Respondent began visiting NC at an ALF on January 1, 2018 and continued to see her on
2 a weekly basis until April 2018 when Respondent began seeing NC monthly.

3 21. RF was a 66 year-old male with a past medical history of chemical
4 dependence, hypertension, diabetes and hypogonadism. RF initiated care with
5 Respondent on January 28, 2015. Respondent prescribed Suboxone 8mg and advised a
6 follow up visit in 30 days. On October 21, 2016, Respondent initiated prescriptions of
7 benzodiazepines to RF.

8 22. The MC determined that in all three cases, Respondent's documentation was
9 inaccurate and inadequate. In the case of patient RF, the MC found that Respondent
10 prescribed Suboxone and benzodiazepines concomitantly without a clinical rationale.

11 23. The standard of care prohibits a physician from prescribing opiates and
12 benzodiazepines concomitantly without a clinical rationale. Respondent deviated from this
13 standard of care by prescribing for RF Suboxone and benzodiazepines concomitantly
14 without a clinical rationale.

15 24. There was the potential for patient harm in the case of patient RF in that
16 minimal attention was paid to other problems.

17 CONCLUSIONS OF LAW

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

20 b. 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 c. 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 or
25 might be harmful or dangerous to the health of the patient or the public.").

1 **ORDER**

2 IT IS HEREBY ORDERED THAT:

- 3 1. Respondent is issued a Decree of Censure.
4 2. Respondent is placed on Probation for a period of 10 years with the following

5 terms and conditions:

6 **a. Practice Restriction**

7 Respondent's practice is restricted in that the Respondent is prohibited from
8 prescribing controlled substances until receiving permission from the Board to do so after
9 completing the Continuing Medical Education ("CME") as stated in paragraph 2(b) of this
10 Order, completed within six months of the date of request for termination is made; and,
11 must be accompanied by proof of enrollment with a Board-approved monitoring company
12 for chart reviews as stated in paragraph 2(c) of this Order. Respondent shall not request
13 release from the Practice Restriction for five years from the effective date of this Order.

14 **b. Continuing Medical Education**

15 Within six months prior to the date of Respondent's request for termination of the
16 Practice Restriction, Respondent shall complete no less than 15 hours of Board staff pre-
17 approved Category I Continuing Medical Education ("CME") in an intensive, in-person
18 course regarding controlled substances prescribing. Prior to attending the CME course,
19 Respondent shall submit his request for CME to the Board for pre-approval. Upon
20 completion of the CME, Respondent shall provide Board staff with satisfactory proof of
21 attendance. The CME hours shall be in addition to the hours required for the biennial
22 renewal of medical licensure.

23 **c. Chart Reviews**

24 Prior to requesting release from the Practice Restriction, Respondent shall enter
25 into a contract with a Board-approved monitoring company to perform periodic chart

1 reviews at Respondent's expense. The chart reviews shall involve current patients' charts
2 for care rendered after the date Respondent returned to practice as stated herein. After
3 three consecutive favorable chart reviews, Respondent may petition the Board to request
4 termination of the Probation. Respondent shall not request early termination of the
5 Probation without having completed the chart review process.

6 **d. Obey All Laws**

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

10 **e. Tolling**

11 In the event Respondent should leave Arizona to reside or practice outside the
12 State or for any reason should Respondent stop practicing medicine in Arizona,
13 Respondent shall notify the Executive Director in writing within ten days of departure and
14 return or the dates of non-practice within Arizona. Non-practice is defined as any period of
15 time exceeding thirty days during which Respondent is not engaging in the practice of
16 medicine. Periods of temporary or permanent residence or practice outside Arizona or of
17 non-practice within Arizona, will not apply to the reduction of the probationary period.

18 **f. Probation Termination**

19 Prior to the termination of Probation, Respondent must submit a written request to
20 the Board for release from the terms of this Order. Respondent's request for release will
21 be placed on the next pending Board agenda, provided a complete submission is received
22 by Board staff no less than 30 days prior to the Board meeting. Respondent's request for
23 release must be accompanied by three consecutive favorable chart reviews and must
24 provide the Board with evidence establishing that he has successfully satisfied all of the
25 terms and conditions of this Order.

1 Respondent shall not request early termination of Probation without having
2 completed the chart review process. In the event that Respondent petitions the Board for
3 Probation termination and the Practice Restriction is in effect at the time of the request, the
4 Board may require any combination of examinations and/or evaluations in order to
5 determine whether or not Respondent is safe to prescribe controlled substances. The
6 Board may continue the Practice Restriction and Probation or take any other action
7 consistent with its statutory and regulatory authority.

8 3. This Order supersedes all previous consent agreements and stipulations
9 between the Board and/or Executive Director and Respondent in this matter, and is the
10 final resolution of this matter.

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

13 DATED AND EFFECTIVE this 9th day of October, 2020.

14
15 ARIZONA MEDICAL BOARD

16 By Patricia E. McSorley
17 Patricia E. McSorley
18 Executive Director

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20 **CONSENT TO ENTRY OF ORDER**

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

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

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

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

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

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

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

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

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

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

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

15 12. Respondent acknowledges that, pursuant to A.R.S. § 32-2501(16), he
16 cannot act as a supervising physician for a physician assistant while his license is on
17 probation.

18 13. ***Respondent has read and understands the conditions of Probation.***

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21 MURALI D. TALLURI, M.D.

DATED: 9-10-2020

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1 EXECUTED COPY of the foregoing mailed
this 9th day of October, 2020 to:

2
3 Calvin Raup
4 Calvin L. Raup, PLLC
5 531 E Thomas Road, Suite 104
6 Phoenix, AZ 85012
7 Attorney for Respondent

8 ORIGINAL of the foregoing filed
this 9th day of October, 2020 with:

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

12 Michelle Hobus
13 Board staff
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