

1 **BEFORE THE ARIZONA MEDICAL BOARD**

2 In the Matter of

3 **JOHN W. MCGETTIGAN, M.D.**

4 Holder of License No. 12606
5 For the Practice of Allopathic Medicine
6 In the State of Arizona.

**Case No. MD-21-0691A, MD-22-0055A,
MD-22-0082A**

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

7 John W. McGettigan, M.D. ("Respondent") elects to permanently waive any right to
8 a hearing and appeal with respect to this Order for a Decree of Censure and Probation
9 with Practice Restriction; admits the jurisdiction of the Arizona Medical Board ("Board");
10 and 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 12606 for the practice of
15 allopathic medicine in the State of Arizona.

16 3. Respondent's license is subject to Findings of Fact, Conclusions of Law and
17 order for Decree of Censure and Probation with Practice Restriction in case MD-18-0026A
18 effective January 8, 2021 ("Current Order"). The Current Order requires Respondent to
19 undergo periodic chart reviews with a Board-approved monitoring company ("Monitor").

20 **MD-21-0691A**

21 4. The Board initiated case MD-21-0691A after receiving an unfavorable chart
22 review from the Monitor. Based on the report, Board staff requested Medical Consultant
23 ("MC") review of Respondent's care and treatment of four patient charts (CL, LF, CH and
24 RR). Deviations from the standard of care and documentation deficiencies were identified
25 for all four patients.

1 5. CL was a 64-year-old male who was an established patient of Respondent's
2 clinic for treatment of chronic knee pain and osteoarthritis. Respondent prescribed CL
3 medications including clonazepam 0.25mg twice daily, Fentanyl 25mcg/hr patch every 48
4 hours, Buspar 10mg three times daily, and oxycodone hydrochloride 30mg every 6-8
5 hours. The MC noted that CL was identified as having a high risk for opioid abuse.

6 6. LF was a 58-year-old female that established care with Respondent's clinic
7 in 2020 with a past medical history including cervical stenosis, PTSD and Bipolar
8 disorder. Respondent prescribed LF medications including hydromorphone 8mg every 6-
9 8 hours as needed and morphine sulfate ER 60mg every 8 hours.

10 7. CH was a 64-year-old female who initiated care with Respondent's clinic in
11 2018. CH had a medical history of chronic pain due to herniation of the nucleus pulposus,
12 discoid lupus erythematosus, depression, and fibromyalgia. Respondent prescribed CH
13 medications including lorazepam, Cymbalta 40mg daily, morphine sulfate ER 30mg every
14 8 hours and morphine sulfate 30mg every 6 hours as needed.

15 8. RR was a 56-year-old male who was an established patient of
16 Respondent's clinic. Respondent provided androgen hormone replacement therapy to
17 RR, prescribing medications including BioTE 2300mg pellets.

18 9. MCs who reviewed the care and treatment of these four patients identified
19 deviations from the standard of care for all patients, including failure to refer high risk
20 patients to a pain management specialist, failure to refer a patient with co-occurring mental
21 health issues to a behavioral health specialist for treatment, failure to address aberrant
22 urine drug screens and by prescribing a non-FDA approved treatment for androgen
23 hormone therapy without a documented clinical justification or appropriate laboratory
24 testing. There was potential patient harm identified for all patients, including the risk for
25

1 addiction, overdose and death for CL, FL and CH. Additionally, RR was at risk of elevated
2 red blood cell count, blood clots, exacerbation of prostate cancer and cardiac disease.

3 **MD-22-0055A**

4 10. Case MD-22-0055A was initiated after receiving an unfavorable chart review
5 from the Monitor. Based on the report, Board staff requested MC review of Respondent's
6 care and treatment of three patient charts (BA, CA and DD). Deviations from the
7 standard of care and documentation deficiencies were identified for all three patients.

8 11. BA was an 88-year-old female who initiated care with Respondent's clinic in
9 2019. BA had a medical history of cervical and upper back pain. Respondent prescribed
10 BA medications including hydrocodone bitartrate-acetaminophen 5/300mg every 4-6
11 hours. Additionally, BA received trigger point injections.

12 12. CA was a 38-year-old female seen at Respondent's clinic for chronic pain
13 management. CA had a medical history including ADHD, anxiety, lumbar radiculopathy,
14 fibromyalgia, chronic pain, and degenerative disc disease. Respondent prescribed CA
15 medications including Valium 10mg three times daily as needed, OxyContin ER 40mg
16 every 8 hours, oxycodone 30mg every 8 hours as needed, and Adderall 30mg twice daily.

17 13. DD was a 42-year-old male patient who was an established patient of
18 Respondent's clinic for treatment of low testosterone. Respondent prescribed DD
19 medications including testosterone cypionate 200mg/ml injections .75cc weekly and
20 sildenafil 100mg daily as needed. On September 9, 2021, DD's free testosterone level
21 was tested and noted to be within normal limits.

22 14. MCs who reviewed the care and treatment of these three patients identified
23 deviations from the standard of care for all patients, including failure to address
24 inconsistencies in the CSPMP reports and urine screens for BA and CA and by
25 prescribing testosterone injections to DD despite normal testosterone levels.

1 15. Potential harm was identified for all three patients, including addiction and
2 overdose for BA and CA, and testicular atrophy for Patient DD.

3 **MD-22-0082A**

4 16. The Board initiated case MD-22-0082A after receiving an unfavorable chart
5 review from the Monitor. Based on the Monitor's report, Board staff requested MC review
6 of Respondent's care and treatment of Patient MY.

7 17. MY was a 48-year-old male who was an established patient of
8 Respondent's practice with a medical history of hypogonadism and hypertension ("HTN")
9 who saw Respondent for hormone replacement therapy. On multiple dates of treatment,
10 MY had blood pressure results that were outside of normal limits.

11 18. On May 17, 2021, MY presented to Respondent's clinic for follow-up. At the
12 time of the visit, MY's medication list included Anastrozole 0.5mg twice a week, Lisinopril
13 10mg daily, testosterone 20mg/ml 0.6cc injection twice a week. MY's vitals showed an
14 elevated blood pressure of 159/98. Respondent referred MY to endocrinology for a
15 thyroid nodule.

16 19. The MC opined that Respondent deviated from the standard of care for MY
17 by failing to address the patient's elevated blood pressure and by prescribing testosterone
18 therapy to a patient with uncontrolled hypertension. There was potential for patient harm in
19 that MY was at risk for stroke, heart attack, pulmonary hypertension, kidney failure and
20 aneurysm.

21 20. Effective January 17, 2023 Respondent entered into an Interim Consent
22 Agreement for Practice Restriction prohibiting him from practicing medicine.

23 21. Respondent is in compliance with the terms and conditions of the Interim
24 Consent Agreement for Practice Restriction.

25

1 prescribe controlled substances, but may assign patients to studies involving the
2 evaluation of controlled substances. Respondent shall only engage in active patient care
3 within the scope of his role as Principal Investigator and in accordance with study
4 protocols. These activities may include but are not limited to screening examinations of
5 potential study subjects to assess appropriateness for study enrollment, evaluating study
6 subjects to assess clinical response to an investigational therapy, evaluating adverse
7 events, assessments of primary study endpoints, and consultations with sub-investigators
8 in relation to those ongoing clinical trials. If the study subject requires treatment outside of
9 the study parameters, Respondent will transfer care to another licensed provider.
10 Respondent shall not engage in patient care outside of the parameters identified in these
11 clinical trials.

12 **b. Obey All Laws**

13 Respondent shall obey all state, federal and local laws, all rules governing the
14 practice of medicine in Arizona.

15 **c. Notice Requirements**

16 In the event Respondent should leave Arizona to reside or practice outside the
17 State or for any reason should Respondent stop practicing medicine in Arizona,
18 Respondent shall notify the Executive Director in writing within ten days of departure and
19 return or the dates of non-practice within Arizona. Non-practice is defined as any period of
20 time exceeding thirty days during which Respondent is not engaging in the practice of
21 medicine.

22 **d. Probation Termination**

23 This Order is permanent for the duration of Respondent's licensure and shall not
24 terminate except upon cancellation, expiration, revocation, or surrender of Respondent's
25 license.

1 3. The Current Order (case MD-18-0026A) is terminated as of the effective date
2 of this Order.

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

5 DATED AND EFFECTIVE this ___12th___ day of ___June___, 2023.

7 ARIZONA MEDICAL BOARD

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

11 **CONSENT TO ENTRY OF ORDER**

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

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

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

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

23 5. All admissions made by Respondent in this Order are solely for final
24 disposition of this matter and any subsequent related administrative proceedings or civil
25 litigation involving the Board and Respondent. Therefore, said admissions by Respondent

1 are not intended or made for any other use, such as in the context of another state or
2 federal government regulatory agency proceeding, civil or criminal court proceeding, in the
3 State of Arizona or any other state or federal court.

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

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

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

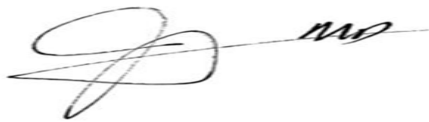
21 9. If any part of the Order is later declared void or otherwise unenforceable, the
22 remainder of the Order in its entirety shall remain in force and effect.

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

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

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

8
9 13. ***Respondent has read and understands the conditions of probation.***

10
11 

12
13 _____
JOHN W. MCGETTIGAN, M.D.

DATED: ___ May 31, 2023 ___

14
15
16 EXECUTED COPY of the foregoing mailed
this _12th_ day of _June___, 2023 to:

17 John W. McGettigan, M.D.
18 Address of Record

19 Susan Trujillo, Esq.
20 Quarles & Brady, LLP
Two North Central Avenue, Suite 600
21 Phoenix, Arizona 85004-1032
Attorney for Respondent

22
23 ORIGINAL of the foregoing filed
this _12th_ day of _June_, 2023 with:

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

Michelle Robles

Board staff

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25