

1 **BEFORE THE ARIZONA MEDICAL BOARD**

2 In the Matter of

Case Nos. MD-18-0356A, MD-18-0734A

3 **LISA A. SPARKS, M.D.**

4 Holder of License No. 13545
5 For the Practice of Allopathic Medicine
6 In the State of Arizona.

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

7 Lisa A. Sparks, 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 13545 for the practice of
15 allopathic medicine in the State of Arizona.

16 **MD-18-0356A**

17 3. The Board initiated case number MD-18-0356A after receiving a complaint
18 regarding Respondent's care and treatment of a 62 year-old female patient ("SS") alleging
19 inappropriate prescribing of controlled substances.

20 4. On August 31, 2016, SS presented to Respondent's office and saw a nurse
21 practitioner to establish care for pain management of generalized back pain. SS's medical
22 history included lumbago, insomnia, type 2 diabetes, and GERD. SS's medication list
23 included alprazolam 1mg daily, Baclofen 10mg three times daily, Soma 350mg four times
24 daily, morphine sulfate extended release ("MSER") 100mg every eight hours, MS Contin
25 60mg every eight hours, Methadone 50mg every six hours, and fluoxetine 40mg daily.

1 5. On September 28, 2016, SS initially saw Respondent, who increased the
2 Baclofen to 20mg three times daily and refilled the Soma, MSER, and Methadone. A
3 urinary drug screen ("UDS") performed was negative for Soma.

4 6. Respondent continued to treat SS, and on January 18, 2017 Respondent
5 prescribed SS oxycodone 30mg 1-2 tablets every four hours as needed and refilled the
6 Soma, MSER, MS Contin, Baclofen, and Methadone.

7 7. On June 14, 2017, Respondent added zolpidem 10mg at bedtime and refilled
8 SS's Soma, MSER, MS Contin, Baclofen, and Methadone. A UDS performed was negative
9 for Soma and positive for oxycodone.

10 8. On July 15, 2017, Respondent refilled SS's Soma, MSER, Baclofen,
11 zolpidem, MS Contin, and Methadone. A UDS performed was negative for Xanax.

12 9. On August 9, 2017, Respondent decreased SS's Soma to three times daily
13 and refilled the MSER, Baclofen, zolpidem, MS Contin, and Methadone.

14 10. On March 19, 2018, Respondent added gabapentin 300mg twice daily and
15 refilled the Soma, MSER, Baclofen, zolpidem, MS Contin, and Methadone.

16 11. On April 16, 2018, Respondent increased SS's gabapentin to 600mg three
17 times daily and refilled SS's prescriptions for Soma, MSER, Baclofen, zolpidem, MS
18 Contin, and Methadone.

19 12. The standard of care prohibits a physician from prescribing two high dose
20 long acting opioids without clinical justification. Respondent deviated from this standard of
21 care by prescribing two high dose long acting opioids without clinical justification.

22 13. The standard of care prohibits a physician from prescribing a combination of
23 high dose opioids, benzodiazepines, and Soma without clinical justification. Respondent
24 deviated from the standard of care by prescribing a combination of high dose opioids,
25 benzodiazepines, and Soma without clinical justification.

1 14. The standard of care requires a physician to address aberrant urinary drug
2 screens results. Respondent deviated from the standard of care by failing to address SS's
3 aberrant urine drug screen results.

4 15. The standard of care requires a physician to evaluate and monitor a patient
5 for opioid related adverse effects of depression, sleep apnea and organ dysfunction.
6 Respondent deviated from the standard of care by failing to evaluate and monitor the
7 patient for depression, sleep apnea or organ dysfunction in response to the medication
8 regimen.

9 16. Actual patient harm was identified in that addiction and chemical dependency
10 were perpetuated.

11 17. There was the potential for patient harm in that the patient was at risk for
12 respiratory depression, liver, renal dysfunction, cardiac dysrhythmia from QT prolongation,
13 and death.

14 **MD-18-0734A**

15 18. The Board initiated case number MD-18-0734A after receiving a complaint
16 regarding Respondent's care and treatment of a 58 year-old male patient ("DD") alleging
17 inappropriate prescribing of controlled substances. Based on the complaint, Board staff
18 requested Medical Consultant ("MC") review of Respondent's care and treatment of DD
19 and four other patients.

20 ***Patient DD***

21 19. DD was a 58 year-old male who initiated care with Respondent in October
22 2015. DD's medical history included Crohn's disease with chronic abdominal pain, prior
23 colectomy, ostomy, ileus and rheumatoid arthritis ("RA") for which he reported having had
24 paradoxical reactions to RA medications. Respondent prescribed oxycodone at DD's initial
25 visit, resuming the reported prior dose of a total of 720 mg/day.

1 rheumatologic contributors. Respondent prescribed CR medications including oxycodone
2 IR, oxycodone ER, Methadone, quetiapine, venlafaxine, Soma, alprazolam, zolpidem,
3 promethazine, Fioricet, and clonazepam. Respondent documented that CR missed
4 appointments due to fatigue and noted consideration of counseling and/or psychiatric
5 evaluation with medication management.

6 ***Patient SA***

7 25. SA was a 60 year-old male who was an established patient of Respondent's
8 practice for treatment of chronic pain. Respondent prescribed SA medications including
9 oxycodone, Methadone, Soma, and zolpidem. SA's daily MME exceeded 1000 mg during
10 the course of Respondent's treatment.

11 ***Deviations from the Standard of Care***

12 26. The standard of care prohibits a physician prescribing high dose opioids
13 without clinical justification. Respondent deviated from the standard of care for patients
14 DD, GB, MS, CR and SS by prescribing two high dose long acting opioids to these
15 patients in combination without clinical justification.

16 27. The standard of care requires a physician to evaluate and monitor a patient
17 for opioid related adverse effects of depression, sleep apnea and organ dysfunction.
18 Respondent deviated from the standard of care by failing to evaluate and monitor patients
19 DD, GB, MS, CR and SA for depression, sleep apnea and/or organ dysfunction in
20 response to the medication regimen prescribed by Respondent.

21 28. The standard of care requires a physician to trial self-management
22 strategies, non-pharmacologic treatments, or non-opioid medication in the treatment of
23 pain management. Respondent deviated from the standard of care for patients DD, GB,
24 MS, CR and SA by failing to trial self-management strategies, non-pharmacologic
25 treatments, or non-opioid medication.

1 29. The standard of care prohibits a physician prescribing a combination of high
2 dose opioids and benzodiazepines without clinical justification. Respondent deviated from
3 the standard of care for patients GB, and MS by prescribing a combination of high dose
4 opioids and benzodiazepines without clinical justification.

5 30. The standard of care prohibits a physician prescribing a combination of high
6 dose opioids, benzodiazepines, and Soma without clinical justification. Respondent
7 deviated from the standard of care to patient CR by prescribing a combination of high dose
8 opioids, benzodiazepines, and Soma without clinical justification.

9 31. The standard of care prohibits a physician prescribing a combination of high
10 dose opioids, benzodiazepines, Soma, and zolpidem without clinical justification.
11 Respondent deviated from the standard of care for patient SA by prescribing a
12 combination of high dose opioids, benzodiazepines, Soma, and zolpidem without clinical
13 justification.

14 32. Actual patient harm was identified in that all patients experienced
15 perpetuation of chemical dependency. All patients were at unreasonable risk of the
16 adverse effects of the medications prescribed by Respondent and were at risk of diversion.

17 33. Effective November 29, 2018 Respondent entered into an Interim Consent
18 Agreement for Practice Restriction in MD-18-0356A prohibiting her from prescribing
19 controlled substances in Arizona pending the outcome of a formal interview or formal
20 hearing in the matter.

21 **CONCLUSIONS OF LAW**

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

1 b. The conduct and circumstances described in MD-18-0734A above
2 constitutes unprofessional conduct pursuant to A.R.S. § 32-1401(27)(e) (“Failing or
3 refusing to maintain adequate records on a patient.”).

4 c. The conduct and circumstances described in MD-18-0356A and MD-18-
5 0734A above constitute unprofessional conduct pursuant to A.R.S. § 32-
6 1401(27)(r) (“Committing any conduct or practice that is or might be harmful or dangerous
7 to the health of the patient or the public.”).

8 **ORDER**

9 IT IS HEREBY ORDERED THAT:

10 1. Respondent is issued a Decree of Censure.

11 2. Respondent is placed on Probation for a period of four (4) years with the
12 following terms and conditions:

13 **a. Practice Restriction**

14 Respondent’s practice is restricted in that she is prohibited from prescribing
15 controlled substances until she has completed the controlled substance prescribing
16 Continuing Medical Education (“CME”) as required by paragraph 2(b) of this Order, enters
17 into an agreement with a Board-approved monitor to conduct chart reviews as stated in
18 paragraph 2(c) of this Order, and provides Board staff satisfactory proof of compliance with
19 these requirements.

20 **b. Continuing Medical Education**

21 Respondent shall within 6 months of the effective date of this Order obtain no less
22 than 15 hours of Board Staff pre-approved Category I Continuing Medical Education
23 (“CME”) in an intensive, in-person course regarding controlled substance prescribing, no
24 less than 2 hours of Board staff pre-approved Category I CME regarding potential
25 complications of Methadone prescribing; and complete no less than 2 hours of Board staff

1 pre-approved Category I CME regarding the evaluation of respiratory depression/sleep
2 apnea. Respondent shall within **thirty days** of the effective date of this Order submit her
3 request for CME to the Board for pre-approval. Upon completion of the CME, Respondent
4 shall provide Board staff with satisfactory proof of attendance. The CME hours shall be in
5 addition to the hours required for the biennial renewal of medical licensure

6 **c. Chart Reviews**

7 Within 30 days of completion of the controlled substance prescribing CME,
8 Respondent shall enter into a contract with a Board-approved monitoring company to
9 perform periodic chart reviews at Respondent's expense. The chart reviews shall involve
10 current patients' charts for care rendered after the date Respondent returned to practice as
11 stated herein. Based upon the chart review, the Board retains jurisdiction to take
12 additional disciplinary or remedial action.

13 **d. Obey All Laws**

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

17 **e. Tolling**

18 In the event Respondent should leave Arizona to reside or practice outside the
19 State or for any reason should Respondent stop practicing medicine in Arizona,
20 Respondent shall notify the Executive Director in writing within ten days of departure and
21 return or the dates of non-practice within Arizona. Non-practice is defined as any period of
22 time exceeding thirty days during which Respondent is not engaging in the practice of
23 medicine. Periods of temporary or permanent residence or practice outside Arizona or of
24 non-practice within Arizona, will not apply to the reduction of the probationary period.
25

1 f. **Probation Termination**

2 After three consecutive favorable chart reviews, Respondent may petition the Board
3 to terminate the Probation. Respondent may not request early termination without
4 satisfaction of the chart review requirements as stated in this Order.

5 Prior to any Board consideration for termination of Probation, Respondent must
6 submit a written request to the Board for release from the terms of this Order.
7 Respondent's request for release will be placed on the next pending Board agenda,
8 provided a complete submission is received by Board staff no less than 30 days prior to
9 the Board meeting. Respondent's request for release must provide the Board with
10 evidence establishing that she has successfully satisfied all of the terms and conditions of
11 this Order.

12 The Probation shall not terminate except upon affirmative request of Respondent
13 and approval by the Board. In the event that Respondent requests Probation termination
14 and the Practice Restriction is in effect at the time of the request, the Board may require
15 any combination of examinations and/or evaluations in order to determine whether or not
16 Respondent is safe to prescribe controlled substances and the Board may continue the
17 Practice Restriction or take any other action consistent with its authority.

18 The Board has the sole discretion to determine whether all of the terms and
19 conditions of this Order have been met or whether to take any other action that is
20 consistent with its statutory and regulatory authority.

21 3. This Order supersedes any and all Consent Agreements previously entered
22 into by Respondent and the Board regarding these matters.

23 4. The Board retains jurisdiction and may initiate new action against
24 Respondent based upon any violation of this Order. A.R.S. § 32-1401(27)(s)
25

1 DATED AND EFFECTIVE this 4th day of December, 2020.

2 ARIZONA MEDICAL BOARD

3
4 By Patricia E. McSorley
5 Patricia E. McSorley
6 Executive Director

7 **CONSENT TO ENTRY OF ORDER**

8 1. Respondent has read and understands this Consent Agreement and the
9 stipulated Findings of Fact, Conclusions of Law and Order ("Order"). Respondent
10 acknowledges she has the right to consult with legal counsel regarding this matter.

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

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

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

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

25 6. Notwithstanding any language in this Order, this Order does not preclude in
any way any other State agency or officer or political subdivision of this state from

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

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

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

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

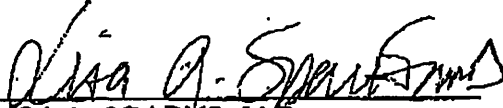
18 10. If the Board does not adopt this Order, Respondent will not assert as a
19 defense that the Board's consideration of the Order constitutes bias, prejudice,
20 prejudgment or other similar defense.

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

25

1 12. Respondent acknowledges that, pursuant to A.R.S. § 32-2501(16), she
2 cannot act as a supervising physician for a physician assistant while her license is on
3 probation.

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

5 
6 LISA A. SPARKS, M.D.

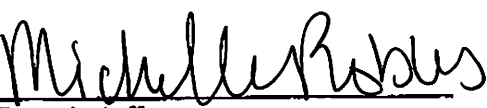
DATED: 4/5/2020

7 EXECUTED COPY of the foregoing mailed
8 this 4th day of December, 2020 to:

9 Rachel DaPena, Esq.
10 Sigurds M. Krolls, Esq.
11 Campbell, Yost, Claire & Norell, P.C.
12 3101 North Central Avenue, Suite 1200
13 Phoenix, Arizona 85012
14 Attorneys for Respondent

15 ORIGINAL of the foregoing filed
16 this 4th day of December, 2020 with:

17 Arizona Medical Board
18 1740 West Adams, Suite 4000
19 Phoenix, Arizona 85007

20 
21 Michelle Rios
22 Board staff
23
24
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