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BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of

CHARLES B. EVANS, M.D.

Holder of License No. 37616
For the Practice of Allopathic Medicine
In the State of Arizona.

Case No. MD-21-0510A, MD-21-0825A

ORDER FOR DECREE OF CENSURE AND PROBATION; AND CONSENT TO THE SAME

Charles B. Evans, M.D. ("Respondent") elects to permanently waive any right to a hearing and appeal with respect to this Order for Decree of Censure and Probation; admits the jurisdiction of the Arizona Medical Board ("Board"); and consents to the entry of this Order by the Board.

FINDINGS OF FACT

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

2. Respondent is the holder of License No. 37616 for the practice of allopathic medicine in the State of Arizona. Respondent's license is subject to Order for Letter of Reprimand and Probation; and Consent to the Same in cases MD-18-0779A and MD-18-1053A ("Original Order"). The Original Order identified deviations from the standard of care with regard to Respondent's controlled substance prescribing practices, and included terms and conditions of probation including a requirement for Respondent to complete intensive, in person continuing medical education ("CME") in controlled substance prescribing and subsequently undergo periodic chart reviews by a Board-approved monitoring company ("Monitor").

3. In each of the cases referenced herein, the Monitor found deficiencies in Respondent's documentation and/or identified patients for whom Respondent failed to meet generally accepted standards of practice.

4. Based on the concerns identified by the Monitor's reviews, Board staff requested Medical Consultant ("MC") review to further address whether Respondent's treatment of the patients at issue met generally acceptable standards of care.

MD-21-0510A

5. In MD-21-0510A, an MC reviewed Respondent's care and treatment of Patients JK, CJ, JI and ST. Based on the care rendered, a Second MC specializing in endocrinology also reviewed the care of JK and CJ.

6. JK was a 45-year-old male that initiated care with Respondent in October 2020. JK had recently moved to Arizona from Nebraska after a recent discharge from 60-day inpatient alcohol rehabilitation. JK had a past medical history ("PMH") of opioid use disorder ("OUD"), hypertension, alcohol abuse, tobacco use, chronic low back pain, interstitial pulmonary fibrosis, depression, hypothyroidism, deep vein thrombosis and pulmonary embolism as well as osteoarthritis. JK was also being treated for hypogonadism with intramuscular ("IM") testosterone weekly and Provigil 200mg prescribed by other providers. Respondent prescribed JK medications including Cytomel 50mcg daily, Suboxone 8/2mg three times daily, Wellbutrin XL 300mg daily, Lexapro 20mg daily, lisinopril-HCTZ 10/12.5mg. Respondent noted that JK could use marijuana to help with relaxation and sleep at night, stating that it helped JK with pain relief. On November 17, 2020, JK's blood pressure was elevated at 180/112.

7. CJ was a 61-year-old male who was an established patient of Respondent's practice. TCJ had a PMH of testicular hypofunction, hypothyroidism, and ADHD. Respondent prescribed CJ medications including levothyroxine 75mcg daily, Tadalafil 80mg, Adderall 10mg twice daily, Flomax 0.4mg daily, and sildenafil 20mg every 24 hours as needed. CJ was seen weekly by Respondent for IM testosterone injections, as well as anastrozole and HCG. CJ's testosterone dose varied from 200-240mg IM weekly, and his

anastrozole dose varied from 1-1.5mg weekly. CJ's testosterone level was variable with a low of 423 and a high of 1152.

8. JI was a 43-year-old male who was an established patient of Respondent's practice. JI had a PMH of chronic pain, morbid obesity, low back pain, obstructive sleep apnea, and generalized anxiety. Respondent prescribed JI medications including oxycodone 30mg 2 tablets every four hours, methadone 20mg every eight hours, Arimidex 0.5mg weekly, Xanax 2mg twice daily, and IM testosterone. JI's opioid medications were prescribed at a daily morphine milligram equivalent ("MME") of 720.

9. ST was 43-year-old female that initiated care with Respondent in February 2018. ST had a PMH of fibromyalgia, chronic pain syndrome, asthma, and Sicca syndrome. Respondent prescribed ST medications including oxycodone 30mg twice daily, morphine ER 60mg three times daily, Zofran 4mg every twelve hours as needed, and Vistaril 25mg daily as needed.

10. The standard of care prohibits a physician from prescribing opioids without a clinical justification. Respondent deviated from the standard of care for Patient JK by prescribing Suboxone without a clinical justification. Respondent deviated from the standard of care for Patients JI and ST by prescribing opioids to him without clinical justification.

11. The standard of care requires a physician to address aberrant UDS results. Respondent deviated from the standard of care for Patient JK, and CJ by failing to address aberrant UDS results.

12. The standard of care requires a physician to obtain and review a patient's prior medical records prior to prescribing controlled substances. Respondent deviated from the standard of care for Patient JK by failing to obtain and review the patient's prior medical records.

13. The standard of care requires a physician to evaluate an in office hypertensive event. Respondent deviated from the standard of care for Patient JK by failing to address an elevated blood pressure at an office visit.

14. The standard of care prohibits a physician from prescribing amphetamines without a clinical justification. Respondent deviated from the standard of care for Patient CJ by prescribing Adderall without a clinical justification.

15. The standard of care requires a physician providing testosterone therapy to attain and maintain proper therapeutic levels of testosterone. Respondent deviated from the standard of care for Patient CJ by failing to maintain proper therapeutic levels of testosterone.

16. The standard of care prohibits a physician from prescribing Arimidex to a patient with no estrogenization signs or symptoms. Respondent deviated from the standard of care for Patient CJ by prescribing Arimidex to a patient with no signs of estrogen excess.

17. The standard of care prohibits a physician from prescribing HCG without a clinical rationale. Respondent deviated from the standard of care for Patient CJ by prescribing HCG without a clinical rationale.

18. There was potential for patient harm for all patients including the risk of opioid induced respiratory depression for JK, JI and ST, Patient CJ was at risk of abuse or diversion, Patient JK was at risk of a cardiac or vascular event and Patient CJ was at increased risk for developing a prostate issue or polycythemia.

MD-21-0825A

19. In MD-21-0825A, an MC ("Third MC") reviewed Respondent's care and treatment of EB.

20. EB was a 69-year-old male with a past medical history of head and neck cancer in remission who established care with Respondent on August 4, 2020. EB was on supraphysiologic doses of testosterone, DHEA, and thyroid replacement prescribed by another provider. Respondent documented a directed review of systems to assess hormonal deficiencies, reviewed EB's risk factors for hormone replacement and performed labs to assess EB's hormone levels.

21. On August 11, 2020, EB presented to Respondent's office for follow-up. Respondent discussed the out-of-range lab values and management recommendations including reduction of the testosterone dose, initiation of Arimidex, counseling on high cholesterol and bringing attention to an abnormal PSA.

22. On September 15, 2020, EB presented to Respondent's office for follow-up. Respondent reaffirmed EB's testosterone level and PSA was elevated and questioned the source of his testosterone treatment. Respondent documented the need for discontinuation of replacement therapy and a recommendation for referral to Urology.

23. On January 7, 2021, EB presented to Respondent's office for follow-up. EB's lab results remained elevated in regard to all hormone levels and PSA. The first digital rectal exam was also documented. Respondent directed EB to stop testosterone replacement therapy ("TRT") and seek consultation with a urologist.

24. In May of 2021, EB was diagnosed with biopsy proven adenocarcinoma of the prostate.

25. The standard of care prohibits a physician from providing prescription refills for testosterone when a patient takes TRT at an unacceptable dose. Respondent deviated from the standard of care for Patient EB by providing prescription refills of testosterone despite repeated recommendations that Testosterone replacement be discontinued or reduced.

26. The standard of care requires a physician to obtain a free PSA level in the risk assessment of a patient with an elevated PSA. Respondent deviated from the standard of care for Patient EB by failing to obtain a free PSA level in a patient with an elevated PSA.

27. The standard of care prohibits a physician from prescribing Arimidex to a patient with supraphysiologic levels of testosterone and no estrogenization signs or symptoms. Respondent deviated from the standard of care for Patient EB by prescribing Arimidex to a patient with supraphysiologic levels of testosterone and no signs of estrogen excess.

28. There was potential for patient harm in that the delay in diagnosis may have led to a later stage prostate cancer disease state and the milieu of higher serum Testosterone levels potentially enhanced tumor growth.

Procedural History

29. Effective March 21, 2022, Respondent entered into an Interim Practice Restriction ("Practice Restriction") requiring completion of Continuing Medical Education ("CME") in hormone replacement therapy, and prohibiting him from prescribing or dispensing opioid medications, or providing Medication Assisted Therapy ("MAT") for the treatment of opioid use disorder. The Practice Restriction further stated that in order to request termination or modification, Respondent would be required to demonstrate that he was safe to practice.

30. On March 17-21, 2022, Respondent completed 4.5 hours of Category I CME regarding hormone replacement therapy and related topics.

31. On July 20, 2022, and August 4, 2022, Respondent underwent a Physician Assessment with a Board-approved facility ("Facility"). Based on the findings and results, the Facility opined that Respondent achieved a Pass Category II, signifying that

Respondent performed competently overall, with recommendations to remediate deficiencies identified during the evaluation.

32. On December 1, 2022, Respondent reviewed the Facility's recommended "Practical Guide to Clinical Medicine" and completed four CME hours of CME in clinician-patient communication.

33. Effective March 31, 2023, Respondent entered into an Amended Interim Consent Agreement that modified the terms of the Practice Restriction, vacating the prescribing restrictions, and requiring Respondent to enroll in chart reviews with a Board-approved monitoring company to conduct periodic chart reviews at Respondent's expense ("Amended Practice Restriction").

34. On June 13, 2023, Respondent enrolled in chart reviews with a Board-approved monitoring company ("Second Monitor").

CONCLUSIONS OF LAW

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

b. The conduct and circumstances described in MD-21-0510A above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(e)("Failing or refusing to maintain adequate records on a patient.").

c. The conduct and circumstances described in MD-21-0510A and MD-21-0825A above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(r)("Committing any conduct or practice that is or might be harmful or dangerous to the health of the patient or the public.").

ORDER

IT IS HEREBY ORDERED THAT:

1. The Original Order and Amended Practice Restriction are terminated as of the effective date of this Order, and this Order constitutes the final resolution of these matters.

2. Respondent is issued a Decree of Censure.

3. Respondent is placed on Probation for a period of 2 years with the following terms and conditions:

a. Chart Reviews

Respondent shall continue to undergo periodic chart reviews with a Board-approved monitoring company at Respondent's expense. The chart reviews shall involve current patients' charts for care rendered after the date of the Amended Practice Restriction. Based upon the chart review, the Board retains jurisdiction to take additional disciplinary or remedial action.

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.

c. Tolling

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

medicine. Periods of temporary or permanent residence or practice outside Arizona or of non-practice within Arizona, will not apply to the reduction of the probationary period.

d. Probation Termination

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

Prior to the termination of Probation, Respondent must submit a written request to the Board for release from the terms of this Order. Respondent's request for release will be placed on the next pending Board agenda, provided a complete submission is received by Board staff no less than 30 days prior to the Board meeting. Respondent's request for release must provide the Board with evidence establishing that she has successfully satisfied all of the terms and conditions of this Order. The Board has the sole discretion to determine whether all of the terms and conditions of this Order have been met or whether to take any other action that is consistent with its statutory and regulatory authority.

4. 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)

DATED AND EFFECTIVE this ~~4th~~ 31st day of August, 2023.

ARIZONA MEDICAL BOARD

By [signature]
Patricia E. McSorley
Executive Director

CONSENT TO ENTRY OF ORDER

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

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

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

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

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

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

state agency or officer or political subdivisions of the State relating to this matter or other matters concerning Respondent.

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

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

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

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

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

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

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

CHARLES B. EVANS, M.D.

DATED: 7/7/23

EXECUTED COPY of the foregoing mailed
this 3rd day of August, 2023 to:

Charles B. Evans, M.D.
Address of Record

J. Arthur Eaves, Esq.
Sanders & Parks, PC
3030 North 3rd Street, Suite 1300
Phoenix, Arizona 85012
Attorney for Respondent

ORIGINAL of the foregoing filed
this 3rd day of August, 2023 with:

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

Michelle Robles
Board staff