

1 by the SP and continued by the Physician Assistants (PAs) in the practice. GM was seen
2 monthly for chronic narcotics for rheumatoid arthritis (RA) as well as hypertension, gout,
3 hyperlipidemia and benign prostatic hyperplasia (BPH). In April 2008, GM entered into a
4 controlled substances agreement with the practice. In May 2008, GM was diagnosed with
5 anxiety and Respondent prescribed Xanax.

6 5. In September 2008, Respondent renewed the Percocet and Xanax. The
7 following month, Respondent referred GM for psychiatric services after he was noted to
8 have increased lethargy and depression. Respondent renewed the prescriptions for
9 Percocet and Xanax. In April 2009, GM was diagnosed with depression and Respondent
10 prescribed Prozac. In October 2009, Respondent added Flexeril to the prescriptions for
11 Percocet, Xanax and Prozac without documenting his rationale. On May 16, 2010, GM
12 was admitted to Maricopa Medical Center for an overdose of Flexeril, Percocet, and
13 Xanax. GM was noted to have a history of polysubstance abuse and depression.

14 6. BM was an established patient from May 2004 through April 2010. From
15 September 2008 through April 2010, Respondent saw BM on eighteen occasions. BM
16 was seen for routinely renewing or prescribing Percocet, Soma, and Flexeril for various
17 pain conditions including chronic low back pain, rheumatoid arthritis, sinusitis, abdominal
18 pain, tooth pain, kidney stones, ovarian cysts and fibroids. There was little to no
19 documentation in the subjective section or exam findings consistent with the diagnosis,
20 and there was no documentation of rationale or justification of prescriptions. There was
21 also little to no documentation in the subjective section on mental disorders, though BM
22 was diagnosed with anxiety, post traumatic stress disorder, depression disorder, and
23 bipolar disorder. In August 2006, Respondent denied an early renewal of BM's narcotics.
24 In November 2007, Respondent saw BM following hospitalization in a psychiatric hospital
25 for a nervous breakdown. BM's new medications at the hospital included Depakote,

1 Ambien, and Risperdal. There was no change in the quantity of narcotics and muscle
2 relaxers noted from prior prescribing patterns.

3 7. In April 2008, BM entered into a pain contract with the practice. In August
4 2008, a normal exam was documented. Percocet and Soma were written for rheumatoid
5 arthritis and Celexa was renewed for depression. There was no documentation of BM's
6 suicide ideation, depression, frequency of Xanax use, frequency of narcotics use, family
7 issues, suicidal thoughts or referral to mental health.

8 8. In January 2010, BM was admitted to the hospital and noted to have bipolar
9 disorder I, depressive type. BM gave a history of having been depressed and having had
10 suicide attempts. BM was seen by Respondent in March 2010 for rheumatoid arthritis,
11 anxiety, depression, degenerative joint disease, hypertension, Gastroesophageal reflux
12 disease (GERD), hypothyroidism, and nausea. There was nothing written in the subjective
13 other than refills needed. A normal exam was documented. On April 13, 2010, BM was
14 admitted to Maricopa Medical Center for a multi-drug overdose and cardiac arrest. BM
15 expired the following day. The autopsy report declared the cause of death as an
16 accidental overdose of mixed drug intoxication.

17 9. The standard of care for patients with psychiatric conditions on chronic
18 opioid therapy requires a physician assistant to exhibit the proper caution in these patients
19 with high risk factors of abuse.

20 10. Respondent deviated from the standard of care by failing to exhibit the
21 proper caution in a patient with high risk factors of abuse.

22 11. The standard of care for patients with psychiatric conditions on chronic
23 opioid therapy requires a physician assistant to monitor and screen the patients for abuse,
24 addiction, and psychiatric decompensation.

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1 12. Respondent deviated from the standard of care by failing to monitor and
2 screen the patients for abuse, addiction, and psychiatric decompensation.

3 13. The standard of care for patients with psychiatric conditions on chronic
4 opioid therapy requires psychiatric referral when indicated.

5 14. Respondent deviated from the standard of care by failing to refer the patient
6 to a psychiatrist when it was clearly indicated.

7 15. Respondent prescribed the medications that were directly responsible for
8 GM's drug overdose. Respondent also prescribed medications that are directly
9 responsible for the death of BM as determined by the autopsy report.

10 16. Respondent placed both patients at increased risk for abuse and potential for
11 overdose.

12 CONCLUSIONS OF LAW

13 1. The Arizona Regulatory Board of Physician Assistants possesses jurisdiction
14 over the subject matter hereof and over Respondent.

15 2. The conduct and circumstances described above constitute unprofessional
16 conduct pursuant to A.R.S. § 32-2501(18)(j) ("[a]ny conduct or practice that is or might be
17 harmful or dangerous to the health of a patient or the public."); and A.R.S. § 32-
18 2501(18)(p) ("[f]ailing or refusing to maintain adequate records on a patient.").

19 ORDER

20 IT IS HEREBY ORDERED THAT:

21 1. Respondent is issued a Decree of Censure.

22 2. Respondent is placed on probation for **ONE year** with the following terms
23 and conditions:

24 a. Respondent shall within six months of the effective date of this Order
25 complete the Physician Assessment and Clinical Education Program (PACE) prescribing

1 course. The course hours shall be in addition to the continuing medical education hours
2 required for the biennial renewal of medical licensure. The probation shall terminate upon
3 successful completion of the chart reviews.

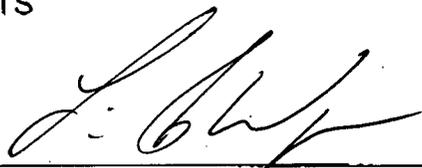
4 b. Within 30 days from the effective date of the Order, Respondent shall
5 enter into a contract with a Board approved monitoring service, at his expense. The
6 monitoring company shall conduct a chart review following the completion of the PACE
7 courses, prior to termination of the Probation.

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

17 DATED AND EFFECTIVE this 24th day of February, 2011.

18
19 ARIZONA REGULATORY BOARD OF PHYSICIAN
20 ASSISTANTS



22 By 
23 Lisa S. Wynn
24 Executive Director

25 **CONSENT TO ENTRY OF ORDER**

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

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

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

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

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

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

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

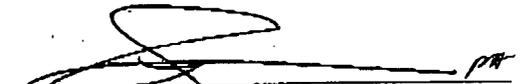
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8. If any part of the Order is later declared void or otherwise unenforceable, the remainder of the Order in its entirety shall remain in force and effect.

9. 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.

10. Any violation of this Order constitutes unprofessional conduct as defined in A.R.S. § 32-2501(21)(k), and may result in disciplinary action pursuant to A.R.S. § 32-2551.

11. Respondent has read and understands the conditions of probation.


ROBERT G. MITCHELSON, P.A.

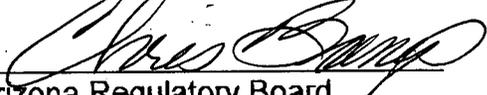
DATED: 2, 3, 11

EXECUTED COPY of the foregoing mailed this 27th day of February 2011 to:

Robert G. Mitchelson, P.A.
ADDRESS OF RECORD

ORIGINAL of the foregoing filed this 27th day of February 2011 with:

Arizona Regulatory Board of Physician Assistants
9545 E. Doubletree Ranch Road
Scottsdale, AZ 85258


Arizona Regulatory Board
of Physician Assistants Staff