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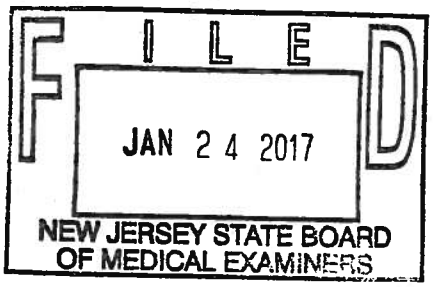

STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF LAW
BOARD OF MEDICAL EXAMINERS

IN THE MATTER OF THE SUSPENSION OR REVOCATION OF THE LICENSE OF ANTHONY ENRICO, JR., D.P.M. LICENSE NO. 25MD00172300 TO PRACTICE PODIATRY IN THE STATE OF NEW JERSEY	Administrative Action VERIFIED COMPLAINT

Christopher S. Porrino, Attorney General of the State of New Jersey, by Delia DeLisi, Deputy Attorney General, with offices located at 124 Halsey Street, P.O. Box 45029, Newark, New Jersey 07101, by way of Verified Complaint says:

GENERAL ALLEGATIONS

1. Complainant, Attorney General of New Jersey, is charged with enforcing the laws of the State of New Jersey pursuant to N.J.S.A. 52:17A-4(h), and is empowered to initiate administrative disciplinary proceedings against persons licensed by the New Jersey

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State Board of Medical Examiners pursuant to N.J.S.A. 45:1-14 et seq.

2. The New Jersey State Board of Medical Examiners ("Board") is charged with the duty and responsibility of regulating the practice of medicine and surgery, including podiatric medicine ("podiatry"), in the State of New Jersey pursuant to N.J.S.A. 45:9-1 et seq. and, with specific regards to podiatry, N.J.S.A. 45:5-1 et seq.

3. Pursuant to N.J.S.A. 45:1-22, the Board may enter an order of temporary suspension pending a plenary hearing on an Administrative Complaint upon a palpable showing by the Attorney General of a clear and imminent danger to the public health, safety, and welfare.

4. Pursuant to N.J.S.A. 45:5-7, podiatry is defined as "the diagnosis or treatment of . . . any ailment of the human foot, including local manifestations of systemic diseases as they appear on the lower leg or foot [.]" Under N.J.S.A. 45:5-7, podiatry does not include:

> treatment of systemic diseases of any other part of the body, or the holding out of a right or ability to treat the same by any one or more of the following means: local medical, mechanical, surgical, manipulative and physio-therapeutic, including the application of any of the aforementioned means to the lower leg and ankle for the treatment of a foot ailment.

The term "local medical" refers to "the prescription or use of a therapeutic agent or remedy where the action or reaction is

intended for a localized area or part." Ibid.

5. Respondent, Anthony Enrico, Jr., D.P.M. ("Respondent"), is a podiatrist, who, at all times relevant hereto, has been licensed to practice podiatry in the State of New Jersey with License number 25MD00172300. The current status of Respondent's license is "Active". At all times relevant hereto, Respondent maintained practices at and around Paterson, New Jersey and Passaic, New Jersey. (Curriculum Vitae of Anthony Enrico, D.P.M. attached as Exhibit W to the Certification of Deputy Attorney General Delia DeLisi ("DeLisi Cert."))

6. Dr. Enrico initially became known to the Board upon receipt of information that Horizon Blue Cross Blue Shield had conducted an audit that found irregularities in his care, treatment and billing practices. On September 18, 2013, the Acting Attorney General filed a complaint and the matter was transferred to the Office of Administrative Law on December 6, 2013. (Final Consent Order attached to DeLisi Cert. as Exhibit X).

7. On January 22, 2016, Respondent settled that pending action and entered into a Final Consent Order with the Board. (DeLisi Cert., Exhibit X). Under that Final Consent Order, Dr. Enrico agreed to a twelve month suspension of his podiatry license. This was a stayed suspension to be served as a period of probation ending on January 21, 2017. Respondent was also to undergo a Board approved competency evaluation and assessment within three months

of the filing of the January 22, 2016 Order, obtain a monitor and complete coursework.[1] Dr. Enrico entered into this agreement with the Board while denying the allegations set forth in the complaint. (DeLisi Cert., Exhibit X).

8. Dr. Enrico again became known to the Office of the Attorney General upon information and allegations of indiscriminate prescribing of Controlled Dangerous Substances ("CDS"), specifically opioids in large quantities and strengths.

9. On March 22, 2016, Enforcement Bureau ("EB") Investigators Leida E. Martinez and Kathleen Cefalu served Dr. Enrico with a Demand for Inspection of Professional Premises and a subpoena for the medical records of eleven (11) patients.[2] (Certification of Leida E. Martinez dated March 22, 2016, filed herewith ("Martinez Cert.")).

10. Among the Controlled Dangerous Substances (CDS) that Respondent prescribed for the seven (7) patients discussed below were Oxycodone, Endocet, Percocet, Xanax, Vicodin, Lunesta, Vyvanse, Tylenol with Codeine and Ambien.

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[1] Respondent completed the assessment on December 16, 2016 and has an ongoing monitor. Although requested, the Attorney General has no information as to Respondent's completion of coursework in ethics, podiatric recordkeeping and the fifty hours of intensive podiatric education required by the January 22, 2016 Consent Order.

[2] Patient records for N.B., S.C., L.E., R.K., K.C., D.E., and M.E. were obtained, among others not included for the purpose of this Complaint. Pursuant to Board policy, patient initials are being used throughout this Complaint to preserve confidentiality. The identities of the patients are known to Respondent.

11. These CDS drugs, as the descriptions below from the United States Food and Drug Administration approved package inserts and/or the Physician's Desk Reference ("PDR") establish, are dangerous medications with habit forming potential to be utilized cautiously. The descriptions follow:

a. Oxycodone/Roxicodone are common names for oxycodone hydrochloride which is an opioid analgesic. It is used for management of moderate to severe acute and chronic pain. During all times relevant hereto, Oxycodone has been a Schedule II CDS as defined in N.J.S.A. 24:21-6 and N.J.A.C. 13:45H-10.1 (a) (citing 21 C.F.R. 1308.12 (b) (1) (xiii)).

b. Percocet (Endocet in generic form) is an opioid analgesic that contains both oxycodone hydrochloride and acetaminophen. Percocet is indicated for the relief of moderate to moderately severe pain. During all times relevant hereto, Percocet has been a Schedule II CDS as defined in N.J.S.A. 24:21-6 and N.J.A.C. 13:45H-10.1 (a) (citing 21 C.F.R. 1308.12 (b) (1) (vi)). Percocet contains a boxed warning indicating that it is "[a]ssociated with cases of acute liver failure, at times resulting in liver transplant and death. Most cases of liver injury are associated with APAP use at doses >4000mg/day, and

often involve >1 APAP-containing product." (See http://www.pdr.net).

c. Vicodin is an opioid analgesic that contains both hydrocodone bitartrate and acetaminophen. Vicodin is indicated for the relief of moderate to moderately severe pain. During all times relevant hereto, Vicodin has been a Schedule II CDS as defined in N.J.S.A. 24:21-6 and N.J.A.C. 13:45H-10.1 (a) (citing 21 C.F.R. 1308.12 (b) (1) (vi)). Vicodin contains a boxed warning indicating that it is "[a]ssociated with cases of acute liver failure, at times resulting in liver transplant and death. Most cases of liver injury are associated with APAP use at doses >4000mg/day, and often involve >1 APAP-containing product." (See http://www.pdr.net).

d. Xanax is the brand name for Alprazolam. Xanax is a benzodiazepine used to treat anxiety disorders and panic disorders. At all times relevant hereto Xanax was a Schedule IV CDS as defined by N.J.S.A. 24:21-8 and N.J.A.C. 13:45H-10.1 (a) (citing 21 C.F.R. 1308.14 (c) (2)).

e. Tylenol with Codeine is an opioid analgesic that contains codeine and acetaminophen. Codeine is indicated for the relief of mild to moderate pain.

During all times relevant hereto, Codeine has been a Schedule III CDS as defined in N.J.S.A. 24:21-6 and N.J.A.C. 13:45H-10.1 (a) (citing 21 C.F.R. 1308.12 (b) (1) (i)).

f. Ambien is the brand name for Zolpidem. Ambien is a hypnotic sedative primarily used for the treatment of insomnia. During all times relevant hereto, Ambien has been a Schedule IV CDS as defined by N.J.S.A. 24:21-8 and N.J.A.C. 13:45H-10.1 (a) (citing 21 C.F.R. 1308.14 (c) (54)).

g. Lunesta is the brand name for eszoplicone. Lunesta is a hypnotic sedative primarily used for the treatment of insomnia. During all times relevant hereto, Lunesta has been a Schedule IV CDS as defined by N.J.S.A. 24:21-8 and N.J.A.C. 13:45H-10.1 (a) (citing 21 C.F.R. 1308.14 (c) (54)).

h. Vyvanse is a central nervous system stimulant indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) and moderate to severe binge eating disorder. During all times relevant hereto, Vyvanse has been a Schedule II CDS as defined in N.J.S.A. 24:21-6 and N.J.A.C. 13:45H-10.1 (a) (citing 21 C.F.R. 1308.12 (b) (1) (xiii)).

COUNT I
(Patient R.K.)

12. The General Allegations are repeated and re-alleged as if set forth at length herein.

13. R.K. is currently a 51 year old male. His first patient note submitted by Respondent is for November 16, 2012, at which time he was diagnosed with Morton's neuroma of the 3rd interspace, cramping, muscle spasm, diabetic neuropathy, and nerve entrapment with severe pain bilateral. (Patient Record of R.K., attached as Exhibit A to DeLisi Cert., Bates Stamp 000714-715).

14. R.K. continued treatment with Respondent through at least November 9, 2016. (DeLisi Cert., Exhibit A, Bates Stamp 000714-930; Prescriptions and Profiles, attached as Exhibit J to DeLisi Cert., Bates Stamp PHA000002).

15. During the course of his care under Respondent, R.K. had objective findings of and/or was diagnosed with the following conditions: decreased vibratory, sharp/dull, light touch, severe diabetic neuropathy and nerve entrapment/pain upon palpitation, posterior tibial and common peroneal nerves, Tarsal Tunnel Syndrome, neuroma of the 3rd interspace, ankle joint synovitis, capsulitis, ankle pain with crepitation, osteoarthritis, onychocryptosis with paronychia, hypertrophied nail groove and subungual exostosis left hallux, muscle spasm and cramping,

Achilles tendinitis, diabetic with history of toe amputation, trophic skin changes, absent pedal hair growth, cool feet, pedal edema, varicosities, diminished pedal pulses, peripheral arterial disease, diabetic ulcer left and right foot, gangrene 3rd toe left foot, charcot right foot and left foot. (DeLisi Cert., Exhibit A, Bates Stamp 000714, 000715, 000716, 000727, 000728, 000753, 000776, 000784, 000787, 000792, 000794, 000830, 000831; Expert Report of Robert Bier, DPM ("Bier Report") attached as Exhibit Y to DeLisi Cert., p.11-12). The validity of these diagnoses is questionable given that each of the seven patients mentioned in this complaint had most of the same diagnoses and for both feet, except for patient N.B. who had a below the knee amputation on one leg. (DeLisi Cert., Bier Report, Exhibit Y, p.21-22).

16. Respondent treated R.K. with large quantities of addictive opiates for at least five years knowing there was a strong potential for the abuse or diversion of these drugs by R.K. (DeLisi Cert., Bier Report, Exhibit Y, 12-15).

17. The following chart shows the course of CDS prescribed to R.K. by Respondent over approximately the last two years. A comprehensive list of his prescribing is attached as Exhibit CC.

Date	Medication	Amount
8/7/2014	Endocet 10mg[3]	60
8/19/2014	Vicodin 7.5-325mg	30
9/3/2014	Oxycodone/APAP 10-325	60
9/3/2014	Lyrica 75mg	60
9/8/2014	Alprazolam 1mg	30
9/24/2014	Oxycodone/APAP 10-325	60
9/30/2014	Oxycodone/APAP 10-325mg	60
10/15/2014	Lyrica 75mg	30
10/29/2014	Alprazolam 1mg	30
11/20/2014	Oxycodone/APAP 10-325	60
12/5/2014	Oxycodone 30mg	60
12/11/2014	Alprazolam 1mg	30
12/24/2014	Oxycodone/APAP 10-325	60
12/31/2014	Lyrica 75mg	60
1/7/2015	Alprazolam 1mg	60
1/21/2015	Endocet 10mg	60
1/30/2015	Alprazolam 1mg	60
12/13/2015	Endocet 10mg	60
2/26/2015	Oxycodone/APAP 10-325	60
3/9/2015	Alprazolam 1mg	60
3/11/2015	Endocet 10mg	60
3/25/2015	Zolpidem Tartrate 5mg	30
3/25/2015	Alprazolam 1mg	60
4/8/2015	Endocet 10mg	60
8/14/2015	Endocet 10mg	60
9/2/2015	Endocet 10mg	60
9/2/2015	Alprazolam 1mg	60
9/23/2015	Endocet 10mg	60
10/23/2015	Lyrica 75mg	60
10/23/2015	Endocet 10mg	60
11/11/2015	Endocet 10mg	60
11/11/2015	Alprazolam 1mg	30
12/4/2015	Endocet 10mg	60
12/16/2015	Alprazolam 1mg	30

[3] Respondent usually notes Percocet in the patient record and on the prescription while most pharmacy records show that Endocet/Oxycodone/APAP was filled

12/23/2015	Oxycodone 30mg	90
1/19/2016	Alprazolam 1mg	60
1/21/2016	Endocet 10mg	60
1/30/2016	Zolpidem 10mg	20
2/19/2016	Endocet 10mg	60
2/28/2016	Oxycodone 30mg	60
3/3/2016	Oxycodone 30mg	60
4/13/2016	Endocet 10mg	60
5/12/2016	Endocet 10mg	60
7/20/2016	Endocet 10mg	60
8/12/2016	Endocet 10mg	60
9/28/2016	Diazepam 500 5mg	5
10/5/2016	Endocet 10mg	60

18. As early as February 23, 2011, Respondent was prescribing R.K. 60 pills of oxycodone hydrochloride 30mg, every 8-10 hours. (DeLisi Cert., Exhibit N, Bates Stamp CVS000195). On September 21, 2011, he prescribed R.K. 30 pills of Alprazolam .5mg (DeLisi Cert., Exhibit N, Bates Stamp CVS000002). This is only known from R.K.'s pharmacy prescription profile records as the patient record supplied by Respondent for R.K. does not exist until more than a year later on November 16, 2012. (DeLisi Cert., Exhibit A, Bates Stamp 000714). Because there is no patient record, it is unknown what, if any, the treatment plan was for prescribing these drugs to R.K. Pharmacy records show that Respondent was prescribing R.K. 60 pills of oxycodone hydrochloride every 7 to 14 days for about two years, and prescribed other CDS like Alprazolam, Lunesta, Zolpidem and Endocet. (DeLisi Cert., Exhibits H-N). For more than five years, Respondent prescribed R.K. narcotics, switching between

oxycodone hydrochloride and Endocet at 120 pills a month. Respondent also intermittently prescribed R.K. Alprazolam, Zolpidem, Diazepam, Vicodin and Lyrica. (DeLisi Cert., Exhibits H-N).

19. On November 16, 2012, Respondent first records prescribing R.K. "Oxycodone 30mg #60. 1 every 4-6 hours prn pain only." (DeLisi Cert., Exhibit A, Bates Stamp 000714-715). Yet on this date, Respondent actually wrote two separate prescriptions for oxycodone for the exact same dosage and amount which R.K. filled four days apart at two different pharmacies. (DeLisi Cert., Exhibit L, Bates Stamp RIV000011, RIV000074; Exhibit M, Bates Stamp RITE000002-3; Exhibit CC). Respondent formulated no plan to transition R.K. to a non-narcotic medication for treatment of any of his conditions, and made no attempts to taper the potency or dosage of CDS prescribed to R.K. (DeLisi Cert., Exhibit Y, Bier Report, p.15).

20. Respondent failed to specifically identify in his notes which diagnosis, or diagnoses, required prescribing CDS narcotic analgesics. (DeLisi Cert., Exhibit Y, Bier Report, p.15)). Because of this, it is questionable for which of R.K.'s many podiatric diagnoses Respondent was treating with CDS, as chronic narcotic prescribing is not an accepted form of treatment for any of R.K.'s diagnoses. (DeLisi Cert., Exhibit Y, Bier Report, p.12-15).

Respondent recorded no comments in the patient record as to how R.K. was benefitting, or not, from the narcotics prescribed. Respondent's chronic prescribing of narcotic analgesics represents a gross deviation from the standard of care for the conditions with which R.K. was diagnosed. (DeLisi Cert., Exhibit Y, Bier Report, p.12-15).

21. Respondent did not asses R.K. for any substance abuse problems, failed to conduct drug screens, failed to enter into a Controlled Substances Agreement with this patient and failed to assess the efficacy of the narcotics he prescribed. (DeLisi Cert., Exhibit Y, Bier Report, p.15).

22. Respondent did not utilize the prescription monitoring program ("PMP") for this patient until years into his prescribing and only after the Attorney General's Office subpoenaed the patient record. (Certification of Matthew R. Wetzel, Acting Administrator New Jersey Prescription Monitoring Program, dated December 6, 2016 filed herewith ("Wetzel Cert."); Martinez Cert.). Had Respondent checked, he would have seen and noted that in addition to the 30 pills of Alprazolam 1mg and Diazepam 5mg he prescribed R.K. in April 2014, that R.K. also received 30 pills of Temazepam from another doctor. (DeLisi Cert., Exhibit L, Bates Stamp RIV000037). This also occurred in June 2013 when Respondent prescribed R.K. 60 pills of Alprazolam 2mg, the same month he received 90 pills of

Alprazolam 0.5mg from another doctor. (DeLisi Cert., Exhibit L, Bates Stamp RIV000023).

24. Respondent also failed to refer R.K. for evaluation by a pain management specialist. (DeLisi Cert., Exhibit Y, Bier Report p.19). Referral should have been done early on in R.K.'s treatment, especially since his clinical conditions did not require narcotic analgesia. (DeLisi Cert., Exhibit Y, Bier Report, 19).

25. In addition to grossly negligent prescribing, Respondent failed to appropriately follow up on R.K.'s extensive debridement on his left foot on June 24, 2013. (DeLisi Cert., Exhibit A, Bates Stamp 000778-779; Exhibit Y, Bier Report p.18-19). Respondent only met with R.K. for two follow-up visits; June 26, 2013, and July 5, 2013. (DeLisi Cert., Exhibit A, Bates Stamp 000780, 000782; Exhibit Y, Bier Report p.19). R.K.'s next visit was more than two months later on September 12, 2013, when he returned with gangrene and cellulitis on the third toe of his left foot, which required amputation. (DeLisi Cert., Exhibit A, Bates Stamp 000784-787; Exhibit Y, Bier Report p.19). This represents a gross deviation in the podiatric medical/surgical standards of care as the amputation of R.K.'s toe could have been avoided . (DeLisi Cert., Exhibit Y, Bier Report, p.18-19).

26. Respondent's actions described herein constitute gross negligence that endangered the life, health, welfare or safety of

R.K. in violation of N.J.S.A. 45:1-21(c); repeated acts of negligence in violation of N.J.S.A. 45:1-21(d); professional or occupational misconduct in violation of N.J.S.A. 45:1-21(e); failure to comply with the provisions of an act or regulation administered by the Board in violation of N.J.S.A. 45:1-21(h), specifically failure to perform an appropriate history, physical examination and formulate a treatment plan prior to issuing a prescription in violation of N.J.A.C. 13:35-7.1A; failure to reevaluate treatment plans in violation of N.J.A.C. 13:35-7.6; the issuing of prescriptions for controlled dangerous substances indiscriminately or without good cause in violation of N.J.S.A. 45:1-21(m); and the failure to be of good moral character as required for licensing as a physician pursuant to N.J.S.A. 45:9-6.

27. Respondent's indiscriminate prescribing of CDS and the failure to diagnose and/or treat R.K.'s underlying medical conditions demonstrates such poor judgment that his continued practice places the public's health, safety, and welfare in clear and imminent danger and warrants temporary suspension of his license to practice podiatry pursuant to N.J.S.A. 45:1-22.

COUNT II
(Patient N.B.)

28. The General Allegations and those of Count I are repeated and re-alleged as if set forth at length herein.

29. N.B. is currently a 61 year old male. His first patient note submitted by Respondent in response to the Attorney General's subpoena is for September 11, 2012, at which time he was diagnosed with onychocryptosis, cellulitis, and subungal exostosis of the involved toe. (DeLisi Cert., Exhibit B, Bates Stamp 000001-002).

30. N.B. continued treatment with Respondent through August 25, 2015. (Exhibit B, Bates Stamp, 000100-127).

31. During the course of his care under Respondent, N.B. was diagnosed with the following conditions: Anesthesia/paraestheia /diminished Semms Weinstein, Tarsal Tunnel Syndrome, Plantar Fasciitis, left below knee amputation with a stump ulcer, and neuroma of the 3rd interspace. (DeLisi Cert., Exhibit B, Bates Stamp 000001, 000003, 000017, 000086; Exhibit Y, Bier Report p.2-3). The validity of these diagnoses is questionable given that each of the seven patients mentioned in this complaint had most of the same diagnoses, just for both feet, whereas N.B., a below the knee amputee of one leg, had these diagnoses for one foot. (DeLisi Cert., Exhibit Y, Bier Report p.21-22).

32. Respondent treated N.B. with large quantities of addictive opiates for three and a half years, knowing there was a strong potential for the abuse or diversion of these drugs by N.B. (DeLisi Cert., Exhibit Y, Bier Report).

33. The following chart shows the course of CDS prescribed to N.B. by Respondent during the last two years of his treatment. A comprehensive list of his prescribing is attached as Exhibit CC.

8/10/2013	OXYCODONE-ACETAMINOPHEN 5-325	60
8/20/2013	OXYCODONE-ACETAMINOPHEN 5-325	60
8/29/2013	OXYCODONE-ACETAMINOPHEN 5-325	60
9/7/2013	OXYCODONE-ACETAMINOPHEN 5-325	60
9/13/2013	OXYCODONE-ACETAMINOPHEN 5-325	60
9/24/2013	OXYCODONE-ACETAMINOPHEN 5-325	60
10/4/2013	OXYCODONE-ACETAMINOPHEN 5-325	60
10/11/2013	OXYCODONE-ACETAMINOPHEN 5-325	60
10/22/2013	OXYCODONE-ACETAMINOPHEN 5-325	60
10/31/2013	OXYCODONE-ACETAMINOPHEN 5-325	60
11/8/2013	OXYCODONE-ACETAMINOPHEN 5-325	60
11/15/2013	OXYCODONE-ACETAMINOPHEN 5-325	60
11/26/2013	OXYCODONE-ACETAMINOPHEN 5-325	60
12/6/2013	OXYCODONE-ACETAMINOPHEN 5-325	60
12/13/2013	OXYCODONE-ACETAMINOPHEN 5-325	60
12/24/2013	OXYCODONE-ACETAMINOPHEN 5-325	60
1/2/2014	OXYCODONE-ACETAMINOPHEN 5-325	60
1/11/2014	OXYCODONE-ACETAMINOPHEN 5-325	60
1/21/2014	ENDOCET 5-325 TABLET	60
1/30/2014	OXYCODONE-ACETAMINOPHEN 5-325	60
2/7/2014	ENDOCET 5-325 TABLET	60
2/18/2014	ENDOCET 5-325 TABLET	60
2/28/2014	ENDOCET 5-325 TABLET	60
3/19/2014	ENDOCET 5-325 TABLET	60
3/28/2014	OXYCODONE-ACETAMINOPHEN 10-325	60
4/11/2014	OXYCODONE-ACETAMINOPHEN 10-325	60
4/25/2014	OXYCODONE-ACETAMINOPHEN 10-325	60
5/9/2014	OXYCODONE-ACETAMINOPHEN 10-325	60
5/23/2014	OXYCODONE-ACETAMINOPHEN 10-325	60
6/6/2014	OXYCODONE-ACETAMINOPHEN 10-325	60
6/20/2014	OXYCODONE-ACETAMINOPHEN 10-325	60
7/3/2014	OXYCODONE-ACETAMINOPHEN 10-325	60
7/17/2014	OXYCODONE-ACETAMINOPHEN 10-325	60
8/6/2014	OXYCODONE-ACETAMINOPHEN 10-325	60

8/20/2014	OXYCODONE-ACETAMINOPHEN 10-325	60
9/2/2014	OXYCODONE-ACETAMINOPHEN 10-325	60
9/16/2014	OXYCODONE-ACETAMINOPHEN 10-325	60
10/1/2014	OXYCODONE-ACETAMINOPHEN 10-325	60
10/15/2014	OXYCODONE-ACETAMINOPHEN 10-325	60
10/28/2014	OXYCODONE-ACETAMINOPHEN 10-325	60
11/11/2014	OXYCODONE-ACETAMINOPHEN 10-325	60
11/20/2014	Percocet 10 m.g.	60
11/28/2014	Percocet 10 m.g.	60
12/9/2014	ENDOCET 10-325 MG TABLET	60
12/23/2014	ENDOCET 10-325 MG TABLET	60
1/24/2015	OXYCODONE-ACETAMINOPHEN 10-325	60
2/3/2015	OXYCODONE-ACETAMINOPHEN 10-325	60
2/23/2015	ENDOCET 10-325 MG TABLET	60
3/5/2015	OXYCODONE-ACETAMINOPHEN 10-325	60
3/17/2015	OXYCODONE-ACETAMINOPHEN 10-325	60
3/31/2015	OXYCODONE-ACETAMINOPHEN 10-325	60
4/14/2015	ENDOCET 10-325 MG TABLET	60
4/28/2015	ENDOCET 10-325 MG TABLET	60
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5/26/2015	ENDOCET 10-325 MG TABLET	60
6/9/2015	ENDOCET 10-325 MG TABLET	60
6/23/2015	ENDOCET 10-325 MG TABLET	60
7/7/2015	ENDOCET 10-325 MG TABLET	60
7/7/2015	ZOLPIDEM TARTRATE 10 MG TABLET	30
7/28/2015	ENDOCET 10-325 MG TABLET	60
8/11/2015	ENDOCET 10-325 MG TABLET	60

34. As early as February 7, 2012, Respondent began prescribing N.B. Endocet. (DeLisi Cert., Exhibit O, Bates Stamp MAR000046). This is only known from N.B.'s pharmacy records as the patient record supplied by Respondent for N.B. does not exist until six months later on September 11, 2012. (DeLisi Cert., Exhibit B). Because there is no patient record, it is unknown what the

treatment plan was for N.B. as to these drugs. (DeLisi Cert., Exhibit B).

35. The first documents showing Respondent prescribing CDS to N.B. are dated September 11, 2012. On that date, Respondent recorded a prescription for Percocet 10mg at a frequency of "1 every 4-6 hours for severe pain only." (DeLisi Cert., Exhibit B, Bates Stamp 000002). Respondent does not include anything further in his notes as to his plan for prescribing CDS to N.B. Respondent continued to prescribe Percocet/Endocet to N.B. for more than three and a half years with no mention about N.B.'s progress with this drug. (DeLisi Cert., Exhibit B, Bates Stamp 000001-135).

36. Respondent formulated no plan to transition N.B. to a non-narcotic medication for the treatment of any of his conditions. (DeLisi Cert., Exhibit Y, Bier Report p.15). On March 26, 2013, Respondent tapered the potency of the Percocet prescribed to N.B. from the 10mg dosage down to a 5mg dosage. (DeLisi Cert., Exhibit O, Bates Stamp MAR000040). A year later, on March 28, 2014, Respondent increased the potency of Percocet back to 10mg and continued to prescribe, on average, 120 pills per month. (DeLisi Cert., Exhibit B, Bates Stamp 000067-000072). In the patient notes supplied, Respondent did not note any reason indicating why he made these changes in prescribing to N.B. over the course of his treatment. (DeLisi Cert., Exhibit B).

37. Respondent failed to specifically identify in his notes which diagnosis, or diagnoses, required prescribing CDS narcotic analgesics. (DeLisi Cert., Exhibit Y, Bier Report, p.15). Because of this, it is questionable which of his many podiatric diagnoses Respondent was treating N.B. for with CDS, as chronic narcotic prescribing is not an accepted form of treatment for any of them. (Bier Report, p.12-15). Respondent recorded no comments in the patient record as to how N.B. was benefitting, or not, from the narcotics prescribed. Respondent's chronic prescribing of narcotic analgesics represents a gross deviation from the standard of care for the conditions which N.B. was diagnosed. (Bier Report, p.12-15).

38. "Patient denies . . . Illicit drug abuse" appeared in Respondent's notes for many of N.B.'s visits without any drug screens or any documentation to corroborate these conclusory statements. (DeLisi Cert., Exhibit B, Bates Stamp 000001-008).

39. Respondent did not assess N.B. for any substance abuse problems, failed to enter into a Controlled Substances Agreement with this patient and failed to assess the efficacy of the narcotics he prescribed. (DeLisi Cert., Exhibit Y, Bier Report p.15).

40. Respondent did not utilize the PMP for N.B. while N.B. was his patient. Respondent only checked N.B. on the PMP after the

Attorney General's Office subpoenaed his patient record. (Wetzel Cert.; Martinez Cert.). Had Respondent checked, he would have seen and noted that in addition to the 120 pills of Endocet he prescribed N.B. in July 2015, N.B. received an additional 30 pills of Endocet from another doctor. (DeLisi Cert., Exhibit O, Bates Stamp MAR000029). This also occurred in January, March, and April in 2015: in January 2015, N.B. received 60 pills of oxycodone/APAP from Respondent and an additional 60 pills of Endocet 10-325mg from another doctor; in March 2015, N.B. received 180 pills of oxycodone/APAP 10-325mg from Respondent and an additional 60 pills of oxycodone/APAP 10-325mg from another doctor; and, in April 2015, N.B. received 120 pills of Endocet 10-325mg from Respondent and an additional 60 pills of Endocet 10-325mg from another doctor. (DeLisi Cert., Exhibit O, Bates Stamp MAR000030-31.

41. On July 28, 2015, Respondent notes that he discussed wound care and pain management consultations with N.B. who was not happy with Respondent's "suggestions" and wanted to continue the same treatment with Respondent. (DeLisi Cert., Exhibit B, Bates Stamp 000123). By August 25, 2015, Respondent discharged N.B. with referrals for a wound care consultation and a pain management consultation. Respondent notes that N.B. "got very irate (sic) and loud" and was given his last prescription for pain medication and a copy of his complete record. (DeLisi Cert., Exhibit B, Bates Stamp

000127). There is no indication that Respondent notified N.B. in writing thirty days prior to the August 25, 2015 date when the licensee-patient relationship was actually terminated, as is required pursuant to N.J.A.C 13:35-6.22(c)1. There is no indication as to why, during this late stage of his treatment, Respondent decided to refer N.B. for wound care and pain management.

42. Respondent failed to refer N.B. for evaluation by a pain management specialist until more than three years into his treatment. (DeLisi Cert., Exhibit Y, Bier Report, p.19; Exhibit B, Bates Stamp 000127). Referral to a pain management specialist should have been done early on in N.B.'s treatment, especially since his clinical conditions did not require narcotic analgesia. (DeLisi Cert., Exhibit Y, Bier report, p.19).

43. In addition to his grossly negligent prescribing, as early as September 11, 2012, N.B. had a chronic non-healing ulcer to his left below knee amputation site which required an immediate referral for evaluation of his prosthesis. (DeLisi Cert., Exhibit Y, Bier Report P.18) Yet, N.B.'s records show that he did not have this evaluation until two years later. (DeLisi Cert., Exhibit Y, Bier Report, p.18). In addition, had N.B. been referred to wound care prior to July 28, 2015, "it is within reasonable medical probability that the stump ulcer would not have progressed to bone and would have healed." (DeLisi Cert., Exhibit Y, Bier Report,

p.18).

44. Respondent's actions described herein constitute gross negligence that endangered the life, health, welfare or safety of N.B. in violation of N.J.S.A. 45:1-21(c); repeated acts of negligence in violation of N.J.S.A. 45:1-21(d); professional or occupational misconduct in violation of N.J.S.A. 45:1-21(e); failure to comply with the provisions of an act or regulation administered by the Board in violation of N.J.S.A. 45:1-21(h), specifically failure to perform an appropriate history, physical examination and formulate a treatment plan prior to issuing a prescription in violation of N.J.A.C. 13:35-7.1A; exceeding 120 dosage units of a Schedule II CDS prescribed without reason to do so and failure to reevaluate treatment plans in violation of N.J.A.C. 13:35-7.6; the issuing of prescriptions for controlled dangerous substances indiscriminately or without good cause in violation of N.J.S.A. 45:1-21(m); failure to notify a patient in writing thirty days prior to terminating the licensee-patient relationship in violation of N.J.A.C 13:35-6.22(c)1 and the failure to be of good moral character as required for licensing as a physician pursuant to N.J.S.A. 45:9-6.

45. Respondent's indiscriminate prescribing of CDS and the failure to diagnose and/or treat N.B.'s underlying medical conditions, demonstrates such poor judgment that his continued

practice places the public's health, safety, and welfare in clear and imminent danger and warrants temporary suspension of his license to practice podiatry pursuant to N.J.S.A. 45:1-22.

Count III
(Patient S.C.)

46. The General Allegations and those of the previous counts are repeated and re-alleged as if set forth at length herein.

47. S.C. is currently a 53 year old male. His first patient note submitted by Respondent in response to the Attorney General's subpoena is for October 9, 2012, at which time he was diagnosed with bilateral plantar fasciitis, heel spur syndrome with bursitis, Tarsal Tunnel Syndrome with nerve entrapment, muscle spasm, and neuritis. (DeLisi Cert., Exhibit C, Bates Stamp 000550-551).

48. S.C. continued treatment with Respondent through at least December 6, 2016. (DeLisi Cert., Exhibit C, Bates Stamp 000550-713; Exhibit O, Bates Stamp MAR000003).

49. During the course of his care under Respondent, S.C. had objective findings of and/or was diagnosed with the following conditions: decreased vibration sensation, decreased sharp/dull sensation, decreased light touch sensation, Tarsal Tunnel Syndrome, neuropathy/neuritis, Plantar Fasciitis, heel spur syndrome, heel bursitis, neuroma of the 3rd interspace, ankle joint synovitis and capsulitis with crepitation, onychrocryptosis/paronychia,

hypertrophy nails, cellulitis, subungual exostosis left hallux and right hallux, weakness/muscle spasms, Achilles tendinitis, and tightness of Achilles tendon. (DeLisi Cert., Exhibit C, Bates Stamp 000550, 000551, 000555, 000590, 000592, 000650; Exhibit Y, Bier Report, p.3). The validity of these diagnoses is questionable given that each of the seven patients mentioned in this complaint had most of the same diagnoses and for both feet, except for patient N.B. who had a below the knee amputation on one leg. (DeLisi Cert., Exhibit Y, Bier Report, p.21-22).

50. Respondent treated S.C. with large quantities of addictive opiates for more than five years knowing there was a strong potential for the abuse or diversion of these drugs by S.C. (DeLisi Cert., Exhibit Y, Bier Report, p.12-15).

51. The following chart shows the course of CDS prescribed to S.C. by Respondent over the last two years. A comprehensive list of his prescribing is attached as Exhibit CC.

Date	Medication	Amount
12/2/14	ENDOCET 10-325 MG TABLET	60
12/9/14	Percocet 10mg	60
12/16/14	ENDOCET 10-325 MG TABLET	60
12/30/14	ENDOCET 10-325 MG TABLET	60
1/13/15	ENDOCET 10-325 MG TABLET	60
1/20/15	Percocet 10mg	60
1/28/2015	PERCOCET 10-325 MG TABLET	60
2/10/2015	ENDOCET 10-325 MG TABLET	60
2/27/2015	Tylenol with Codeine #3	20
3/3/2015	ENDOCET 10-325 MG TABLET	60

3/17/2015	OXYCODONE-ACETAMINOPHEN 10-325	60
3/31/2015	OXYCODONE-ACETAMINOPHEN 10-325	60
4/14/2015	ENDOCET 10-325 MG TABLET	60
4/28/2015	ENDOCET 10-325 MG TABLET	60
5/12/2015	ENDOCET 10-325 MG TABLET	60
5/26/2015	ENDOCET 10-325 MG TABLET	60
6/9/2015	ENDOCET 10-325 MG TABLET	60
6/23/2015	ENDOCET 10-325 MG TABLET	60
7/7/2015	ENDOCET 10-325 MG TABLET	60
7/28/2015	OXYCODONE-ACETAMINOPHEN 10-325	60
8/11/2015	ENDOCET 10-325 MG TABLET	60
8/25/2015	ENDOCET 10-325 MG TABLET	60
9/8/2015	ENDOCET 10-325 MG TABLET	60
9/29/2015	ENDOCET 10-325 MG TABLET	60
10/13/2015	ENDOCET 10-325 MG TABLET	60
10/27/2015	ENDOCET 10-325 MG TABLET	60
11/10/2015	ENDOCET 10-325 MG TABLET	60
11/17/2015	ENDOCET 10-325 MG TABLET	60
12/1/2015	ENDOCET 10-325 MG TABLET	60
12/15/2015	ENDOCET 10-325 MG TABLET	60
12/22/2015	ENDOCET 10-325 MG TABLET	60
1/5/2016	ENDOCET 10-325 MG TABLET	60
1/15/2016	ENDOCET 10-325 MG TABLET	60
2/2/2016	ENDOCET 10-325 MG TABLET	60
2/16/2016	ENDOCET 10-325 MG TABLET	60
2/29/2016	ENDOCET 10-325 MG TABLET	60
4/5/2016	ENDOCET 10-325 MG TABLET	60
4/19/2016	ENDOCET 10-325 MG TABLET	60
5/4/2016	ENDOCET 10-325 MG TABLET	60
8/16/2016	ENDOCET 10-325 MG TABLET	60
8/30/2016	ENDOCET 10-325 MG TABLET	60
9/13/2016	ENDOCET 10-325 MG TABLET	60
9/27/2016	ENDOCET 10-325 MG TABLET	60
10/11/2016	ENDOCET 10-325 MG TABLET	60
10/24/2016	ENDOCET 10-325 MG TABLET	60
11/6/2016	ENDOCET 10-325 MG TABLET	60
11/22/2016	ENDOCET 10-325 MG TABLET	60
12/6/2016	ENDOCET 10-325 MG TABLET	60

52. As early as January 4, 2011, Respondent began prescribing Endocet to S.C. (DeLisi Cert., Exhibit O, Bates Stamp MAR000022). This is only known from S.C.'s pharmacy records as the patient record supplied by Respondent for S.C. does not exist until more than a year and a half later on October 9, 2012. (DeLisi Cert., Exhibit C). Because there is no patient record, it is unknown what the treatment plan was for prescribing S.C. these drugs. On January 4, 2011, Respondent prescribed S.C. 30 pills of Endocet 7.5-325mg Within that same month Respondent gave S.C. 3 more prescriptions for Endocet, totaling 120 pills. (DeLisi Cert., Exhibit O, Bates Stamp MAR000022). This weekly prescribing continued for over a year. (DeLisi Cert., Exhibit O, Bates Stamp MAR000014-22). Respondent then sporadically increased the dosage to 10-325mg, and increased the amount of pills prescribed at one time to 60. By April 2014, Respondent was prescribing S.C. 60 pills of Endocet 10-325mg about every two weeks. (DeLisi Cert., Exhibit O, Bates Stamp MAR000003-9).

53. It is difficult to determine from the record what Respondent's reasons were for changing and/or sustaining prescribed dosages due to the absence of many progress notes. For instance, despite Respondent having prescribed Endocet/Percocet 10-325mg on March 3, 2015, March 17, 2015, March 31, 2015 and April 14, 2015, there are no notes in S.C.'s patient record documenting this prescribing. (DeLisi Cert., Exhibit C, Bates Stamp 000645-647;

Exhibit O, Bates Stamp MAR000007).

54. On October 9, 2012, Respondent first recorded a prescription for 30 pills of Percocet 7.5mg at a frequency of "q6hours." (DeLisi Cert., Exhibit C, Bates Stamp 000551). Respondent does not include anything further in his notes as to his plan for prescribing CDS to S.C. On November 20, 2012, he increases the potency to 10mg and then lowers it again to 7.5mg the following week. Respondent prescribes Percocet/Endocet to S.C. for more than five years with no mention as to how S.C. is responding to this drug. (DeLisi Cert., Exhibit C). Respondent formulated no plan to transition S.C. to a non-narcotic medication for treatment of any of his conditions and does not explain changes in dosage prescribed in his records. (DeLisi Cert., Exhibit Y, Bier Report, p.15).

55. Respondent failed to specifically identify in his notes which diagnosis, or diagnoses, required prescribing CDS narcotic analgesics. (DeLisi Cert., Exhibit Y, Bier Report, p.15). Because of this, it is questionable which of his many podiatric diagnoses Respondent was treating S.C. for with CDS, as chronic narcotic prescribing is not an accepted form of treatment for any of them. (DeLisi Cert., Exhibit Y, Bier Report, p.12-15). Respondent recorded no comments in the patient record as to how S.C. was benefitting, or not, on the narcotics prescribed. Respondent

prescribing a chronic dosage of narcotic analgesics represents a gross deviation from the standard of care for the conditions which S.C. was diagnosed. (DeLisi Cert., Exhibit Y, Bier Report, p.12-15).

56. Respondent did not asses S.C. for any substance abuse problems, failed to conduct drug screens, failed to enter into a Controlled Substances Agreement with this patient and failed to assess the efficacy of the narcotics he prescribed. (DeLisi Cert., Exhibit Y, Bier Report p.15).

57. Respondent also failed to refer S.C. for evaluation by a pain management specialist until at least five years into his treatment. (DeLisi Cert., Exhibit Y, Bier Report, p.19; DeLisi Cert., Exhibit C, Bates Stamp 000691). Referral to a pain management specialist should have been done early on in S.C.'s treatment, especially since his clinical conditions did not require narcotic analgesia. (DeLisi Cert., Exhibit Y, Bier report, p.19).

58. Respondent did not utilize the PMP for this patient until years into his prescribing and after the Attorney General's Office subpoenaed his patient record. (Wetzel Cert.; Martinez Cert.).

59. Respondent's actions described herein constitute gross negligence that endangered the life, health, welfare or safety of S.C. in violation of N.J.S.A. 45:1-21(c); repeated acts of negligence in violation of N.J.S.A. 45:1-21(d); professional or

occupational misconduct in violation of N.J.S.A. 45:1-21(e); failure to comply with the provisions of an act or regulation administered by the Board in violation of N.J.S.A. 45:1-21(h), specifically failure to perform an appropriate history, physical examination and formulate a treatment plan prior to issuing a prescription in violation of N.J.A.C. 13:35-7.1A; exceeding 120 dosage units of a Schedule II CDS prescribed without reason to do so and failure to reevaluate treatment plans in violation of N.J.A.C. 13:35-7.6; the issuing of prescriptions for controlled dangerous substances indiscriminately or without good cause in violation of N.J.S.A. 45:1-21(m); and the failure to be of good moral character as required for licensing as a physician pursuant to N.J.S.A. 45:9-6.

60. Respondent's indiscriminate prescribing of CDS and the failure to diagnose and/or treat S.C.'s underlying medical conditions, demonstrates such poor judgment that his continued practice places the public's health, safety, and welfare in clear and imminent danger and warrants temporary suspension of his license to practice podiatry pursuant to N.J.S.A. 45:1-22.

Count IV
(Patient K.C.)

61. The General Allegations and those of the previous counts are repeated and re-alleged as if set forth at length herein.

62. K.C. is currently a 52 year old female. Her first patient note submitted by Respondent is for September 11, 2012, at which time she was diagnosed by Respondent with bilateral plantar fasciitis, heel spur syndrome with bursitis, and Tarsal Tunnel Syndrome with nerve entrapment. (Patient Record of K.C., attached as Exhibit D, Bates Stamp 000327-328). While under Respondent's care, K.C. was living at the same address as S.C., noted above, who was also a patient of Respondent's. (DeLisi Cert., Exhibit N, Bates Stamp CVS000002-4; Exhibit O).

63. K.C. continued to be treated by Respondent through at least November 29, 2016. (DeLisi Cert., Exhibit D, Bates Stamp 000326-549, Exhibit O, Bates Stamp MAR000047).

64. During the course of her care under Respondent, K.C. had objective findings of and/or was diagnosed with the following conditions: decreased vibration sensation, decreased sharp/dull sensation, decreased light touch sensation, Tarsal Tunnel Syndrome, Plantar Fasciitis, heel spur syndrome, neuroma of the 3rd interspace, ankle pain, synovitis, capsulitis, edema, osteoarthristis, onychrocyptosis left hallux and right hallux with paronychia, hypertrophy of nail groove and subungual exostosis, muscle spasms, cramping, Achilles tendinitis, fractured metatarsal right foot. (Exhibit D, Bates Stamp 000327, 000328, 000342, 000344, 000363, 000403, 000420, 000425, Bier Report, p.4-6). The validity

of these diagnoses is questionable given that each of the seven patients mentioned in this complaint had most of the same diagnoses and for both feet, except for patient N.B. who had a below the knee amputation on one leg. (DeLisi Cert., Exhibit Y, Bier Report, p.21-22).

65. Respondent treated K.C. with large quantities of addictive opiates for more than five years knowing there was a strong potential for the abuse or diversion of these drugs by K.C. (DeLisi Cert., Exhibit Y, Bier Report, p.12-15).

66. The following chart shows the course of CDS prescribed to K.C. by Respondent over the last two years. A comprehensive list of his prescribing is attached as Exhibit CC.

Date	Medication	Amount
11/18/14	Percocet 10mg	60
11/25/2014	ENDOCET 10-325 MG TABLET	60
12/9/2014	ENDOCET 10-325 MG TABLET	60
12/23/2014	ENDOCET 10-325 MG TABLET	60
1/6/2015	ENDOCET 10-325 MG TABLET	60
1/20/2015	PERCOCET 10-325 MG TABLET	60
2/3/2015	PERCOCET 10-325 MG TABLET	60
2/17/2015	ENDOCET 10-325 MG TABLET	60
2/27/14	Percocet 10mg	60
3/6/2015	ENDOCET 10-325 MG TABLET	30
3/13/2015	OXYCODONE-ACETAMINOPHEN 10-325	30
3/20/2015	OXYCODONE-ACETAMINOPHEN 10-325	60
4/3/2015	OXYCODONE-ACETAMINOPHEN 10-325	60
4/17/2015	ENDOCET 10-325 MG TABLET	30
4/24/2015	ENDOCET 10-325 MG TABLET	30
5/1/2015	ENDOCET 10-325 MG TABLET	60

5/15/2015	ENDOCET 10-325 MG TABLET	60
5/29/2015	ENDOCET 10-325 MG TABLET	60
6/16/2015	ENDOCET 10-325 MG TABLET	60
6/17/2015	VYVANSE 70 MG CAPSULE	30
6/20/15	Percocet 10mg	60
6/30/2015	ENDOCET 10-325 MG TABLET	60
7/14/2015	ENDOCET 10-325 MG TABLET	60
7/24/2015	OXYCODONE-ACETAMINOPHEN 10-325	60
8/4/2015	ENDOCET 10-325 MG TABLET	60
8/18/2015	ENDOCET 10-325 MG TABLET	60
9/1/2015	ENDOCET 10-325 MG TABLET	60
9/11/15	Percocet 10mg	60
9/22/2015	ENDOCET 10-325 MG TABLET	60
10/6/2015	ENDOCET 10-325 MG TABLET	60
10/20/2015	ENDOCET 10-325 MG TABLET	60
11/3/2015	ENDOCET 10-325 MG TABLET	60
11/24/2015	ENDOCET 10-325 MG TABLET	60
12/8/2015	ENDOCET 10-325 MG TABLET	60
12/29/2015	ENDOCET 10-325 MG TABLET	60
1/12/2016	ENDOCET 10-325 MG TABLET	60
1/26/2016	ENDOCET 10-325 MG TABLET	60
2/9/2016	ENDOCET 10-325 MG TABLET	60
2/23/2016	ENDOCET 10-325 MG TABLET	60
3/15/16	Percocet 10mg	60
3/29/16	Percocet 10mg	60
4/8/16	Percocet 10mg	60
4/12/16	ENDOCET 10-325 MG TABLET	60
4/26/16	ENDOCET 10-325 MG TABLET	60
5/10/2016	ENDOCET 10-325 MG TABLET	60
5/24/2016	ENDOCET 10-325 MG TABLET	60
6/7/2016	ENDOCET 10-325 MG TABLET	60
6/21/2016	ENDOCET 10-325 MG TABLET	60
7/19/2016	ENDOCET 10-325 MG TABLET	60
8/12/2016	ENDOCET 10-325 MG TABLET	60
8/23/2016	ENDOCET 10-325 MG TABLET	60
9/6/2016	ENDOCET 10-325 MG TABLET	60
9/20/2016	ENDOCET 10-325 MG TABLET	60
10/3/2016	ENDOCET 10-325 MG TABLET	60
10/18/2016	ENDOCET 10-325 MG TABLET	60

11/16/2016	ENDOCET 10-325 MG TABLET	60
11/29/2016	ENDOCET 10-325 MG TABLET	60

67. Since at least January 7, 2011, Respondent began prescribing K.C. Percocet 7.5-325mg (DeLisi Cert., Exhibit O, Bates Stamp MAR000081). This is only known from K.C.'s pharmacy records as Respondent did not supply patient records for K.C. prior to September 11, 2012. (DeLisi Cert., Exhibit D). Because there is no patient record prior to September 11, 2012, it is unknown what the treatment plan was for prescribing K.C. this drug. Respondent prescribed K.C. between 90-150 pills of Endocet 7.5-325mg/10-325mg a month for more than four years. (DeLisi Cert., Exhibit O, Bates Stamp MAR000047-81; Exhibit D, Bates Stamp 000326-549). On June 3, 2014, Respondent increased the potency of Percocet to 10-325mg and continued prescribing at that level for the following two and a half years. (DeLisi Cert., Exhibit O, Bates Stamp MAR000047-63). There is no explanation for this increase in dosage as there is no progress note for this visit. (DeLisi Cert., Exhibit D, Bates Stamp 000404-405). Respondent formulated no plan to transition K.C. to a non-narcotic medication for treatment of any of her conditions (DeLisi Cert., Exhibit Y, Bier Report, p.15).

68. Respondent failed to specifically identify in his notes which diagnosis, or diagnoses, required prescribing CDS narcotic analgesics. (DeLisi Cert., Exhibit Y, Bier Report, p.15). Because

of this, it is questionable which of the many podiatric diagnoses Respondent was treating K.C. for with CDS, as chronic narcotic prescribing is not an accepted form of treatment for any of them. (DeLisi Cert., Exhibit Y, Bier Report, p.12-15). Respondent recorded no comments in the patient record as to how K.C. was benefitting, or not, on the narcotics prescribed. Respondent's chronic prescribing of narcotic analgesics represents a gross deviation from the standard of care for the conditions which K.C. was diagnosed. (DeLisi Cert., Exhibit Y, Bier Report, p.12-15).

69. Respondent did not asses K.C. for any substance abuse problems, failed to conduct drug screens, failed to enter into a Controlled Substances Agreement with this patient and failed to assess the efficacy of the narcotics he prescribed. (DeLisi Cert., Exhibit Y, Bier Report, p.15).

70. Respondent also failed to refer K.C. for evaluation by a pain management specialist. (DeLisi Cert., Exhibit Y, Bier Report, p.19; Exhibit D). Referral to a pain management specialist should have been done early on in K.C.'s treatment, especially since her clinical conditions did not require narcotic analgesia. (DeLisi Cert., Exhibit Y, Bier report, p.19).

71. Respondent utilized the PMP for patient K.C. one time in July 2013, almost one year into his prescribing her Percocet. (Wetzel Cert.) He doesn't note having checked the PMP in K.C.'s

record. (DeLisi Cert., Exhibit D, Bates Stamp 000384). Had Respondent noted what was on the PMP at that time, he would have seen and noted that in addition to the 210 pills of Endocet he prescribed her in July 2013, that she also received 144 pills of Endocet from two other doctors and 30 pills of Tramadol from another in that month alone. (DeLisi Cert., Exhibit O, Bates Stamp MAR000066; Exhibit N, Bates Stamp CVS000003; Exhibit D, Bates Stamp 000384). The only other time Respondent checked K.C. on the PMP was years later after the Attorney General's Office subpoenaed her patient record. (Wetzel Cert.; Martinez Cert.).

72. Respondent's actions described herein constitute gross negligence that endangered the life, health, welfare or safety of K.C. in violation of N.J.S.A. 45:1-21(c); repeated acts of negligence in violation of N.J.S.A. 45:1-21(d); professional or occupational misconduct in violation of N.J.S.A. 45:1-21(e); failure to comply with the provisions of an act or regulation administered by the Board in violation of N.J.S.A. 45:1-21(h), specifically failure to perform an appropriate history, physical examination and formulate a treatment plan prior to issuing a prescription in violation of N.J.A.C. 13:35-7.1A; failure to reevaluate treatment plans in violation of N.J.A.C. 13:35-7.6; the issuing of prescriptions for controlled dangerous substances indiscriminately or without good cause in violation of N.J.S.A.

45:1-21(m); and the failure to be of good moral character as required for licensing as a physician pursuant to N.J.S.A. 45:9-6.

73. Respondent's indiscriminate prescribing of CDS and the failure to diagnose and/or treat K.C.'s underlying medical conditions, demonstrates such poor judgment that his continued practice places the public's health, safety, and welfare in clear and imminent danger and warrants temporary suspension of his license to practice podiatry pursuant to N.J.S.A. 45:1-22.

Count V
(Patient D.E.)

74. The General Allegations and those of the previous counts are repeated and re-alleged as if set forth at length herein.

75. D.E. is currently a 34 year old male patient. His first patient note submitted by Respondent in response to the Attorney General's subpoena is for September 18, 2012, at which time he was diagnosed with onychocryptosis, cellulitis, and subungal exostosis of the involved toe. (DeLisi Cert., Exhibit E, Bates Stamp 000135-137).

76. D.E. continued to be treated by Respondent through at least November 25, 2016. (DeLisi Cert., Exhibit E, Bates Stamp, 000135-193; Exhibit V, Bates Stamp NOUR000007).

77. During the course of his care under Respondent, D.E. had objective findings of and/or was diagnosed with the following conditions: Tarsal Tunnel Syndrome, Plantar Fasciitis, Neuroma of the 3rd interspace, ankle joint pain, synovitis, capsulitis, osteoarthritis, muscle spasms and cramping, and Achilles tendinitis. (DeLisi Cert., Exhibit E, Bates Stamp, 000141, 000145, 000147, 000150, 000151, 000160; DeLisi Cert., Exhibit Y, Bier Report). The validity of these diagnoses is questionable given that each of the seven patients mentioned in this complaint had most of the same diagnoses and for both feet, except for patient N.B. who had a below the knee amputation on one leg. (DeLisi Cert., Exhibit Y, Bier Report, p.21-22).

78. Respondent treated D.E. with large quantities of addictive opiates for three and a half years knowing there was a strong potential for the abuse or diversion of these drugs by D.E. (DeLisi Cert., Exhibit Y, Bier Report, p.12-15).

79. The following chart shows the course of CDS prescribed to D.E. by Respondent.

Date	Medication	Amount
6/26/2012	OXYCODONE HCL 30 MG TABLET	60
8/3/2012	OXYCODONE HCL 30 MG TABLET	60
9/18/2012	TYLENOL WITH CODEINE #3	20
10/17/2012	TYLENOL WITH CODEINE #3	20
12/27/2012	TYLENOL WITH CODEINE #3	30
4/26/2013	OXYCODONE HCL 30 MG TABLET	30

5/17/2013	OXYCODONE HCL 30 MG TABLET	60
7/18/2013	OXYCODONE HCL 30 MG TABLET	60
9/20/2013	OXYCODONE HCL 30 MG TABLET	60
12/5/2013	OXYCODONE HCL 30 MG TABLET	60
1/14/2014	OXYCODONE HCL 30 MG TABLET	60
2/19/2014	OXYCODONE HCL 30 MG TABLET	60
4/25/2014	OXYCODONE HCL 30 MG TABLET	60
5/23/2014	OXYCODONE HCL 30 MG TABLET	60
9/17/2014	OXYCODONE HCL 30 MG TABLET	60
10/21/2014	OXYCODONE HCL 30 MG TABLET	60
11/25/2014	OXYCODONE HCL 30 MG TABLET	60
12/2/2014	OXYCODONE HCL 30 MG TABLET	60
12/17/2014	OXYCODONE HCL 30 MG TABLET	60
1/14/2015	OXYCODONE HCL 30 MG TABLET	60
2/18/2015	OXYCODONE HCL 30 MG TABLET	60
3/17/2015	OXYCODONE HCL 30 MG TABLET	60
4/1/2015	OXYCODONE HCL 30 MG TABLET	60
4/8/2015	OXYCODONE HCL 30 MG TABLET	60
4/22/2015	OXYCODONE HCL 30 MG TABLET	60
5/19/2015	OXYCODONE HCL 30 MG TABLET	60
6/8/2015	OXYCODONE HCL 30 MG TABLET	60
6/26/2015	OXYCODONE HCL 30 MG TABLET	60
6/29/2015	OXYCODONE HCL 30 MG TABLET	60
7/15/2015	OXYCODONE HCL 30 MG TABLET	60
8/21/2015	OXYCODONE HCL 30 MG TABLET	60
10/4/2015	OXYCODONE HCL 30 MG TABLET	60
11/14/2015	OXYCODONE HCL 30 MG TABLET	60
12/24/2015	OXYCODONE HCL 30 MG TABLET	60
1/18/2016	OXYCODONE HCL 30 MG TABLET	60
2/17/2016	OXYCODONE HCL 30 MG TABLET	60
2/25/2016	OXYCODONE HCL 30 MG TABLET	60
5/19/2016	OXYCODONE HCL 30 MG TABLET	60
7/18/2016	OXYCODONE HCL 30 MG TABLET	60
8/22/2016	OXYCODONE HCL 30 MG TABLET	60
9/22/2016	OXYCODONE HCL 30 MG TABLET	60
10/31/2016	OXYCODONE HCL 30 MG TABLET	60
11/25/2016	OXYCODONE HCL 30 MG TABLET	60

80. On at least August 3, 2012, Respondent began prescribing

D.E. Oxycodone 30mg. This is only known from D.E.'s prescription profile records as the patient record supplied by Respondent for D.E. do not exist until the following month on September 28, 2012. (DeLisi Cert., Exhibit E, Bates Stamp 000136; Exhibit U, Bates Stamp MCD000002).

81. Respondent first documents prescribing oxycodone hydrochloride to D.E. on April 26, 2013 at a frequency of "1 every 6-8 hours PRN for severe pain only." (DeLisi Cert., Exhibit E, Bates Stamp 000136). Respondent does not include anything further in his notes as to his plan for prescribing this CDS to D.E. Respondent continues to prescribe oxycodone hydrochloride 30mg to D.E. for more than three years with no mention as to how D.E. is doing on this drug. (DeLisi Cert., Exhibit E, Bates Stamp 000136-000198). Respondent formulated no plan to transition D.E. to a non-narcotic medication for treatment of any of his conditions and made no attempts to taper the potency or dosage of CDS prescribed to D.E. (DeLisi Cert., Exhibit Y, Bier Report, p.15).

82. Respondent failed to specifically identify in his notes which diagnosis, or diagnoses, required prescribing CDS narcotic analgesics. (DeLisi Cert., Exhibit Y, Bier Report, p.15). Because of this omission, it is questionable which of his many podiatric diagnoses Respondent was treating D.E. for with CDS, as chronic narcotic prescribing is not an accepted form of treatment for any of them. (DeLisi Cert., Exhibit Y, Bier Report, p.12-15).

Respondent recorded no comments in the patient record as to how D.E. was benefitting, or not, on the narcotics prescribed. (DeLisi Cert., Exhibit Y, Bier Report, p.15). Respondent's chronic prescribing of narcotic analgesics represents a gross deviation from the standard of care for the conditions which D.E. was diagnosed. (DeLisi Cert., Exhibit Y, Bier Report, p.12-15).

83. "[I]llicit drug use (never used)" appeared under "social history" in Respondent's notes for most of D.E.'s visits despite a lack of any drug screens or any documentation to corroborate these conclusory statements. (DeLisi Cert., Exhibit E, Bates Stamp 000136-184).

84. Respondent did not assess D.E. for any substance abuse problems, failed to enter into a Controlled Substances Agreement with this patient and failed to assess the efficacy of the narcotics he prescribed. (DeLisi Cert., Exhibit Y, Bier Report, p.15).

85. Respondent did not utilize the prescription monitoring program ("PMP") for patient D.E. until years into his prescribing and only after the Attorney General's Office subpoenaed his patient record. (Wetzel Cert.; Martinez Cert.).

86. Respondent also failed to refer D.E. for evaluation by a pain management specialist. (DeLisi Cert., Exhibit Y, Bier Report, p.19; Exhibit E). Referral to a pain management specialist should have been done early on in D.E.'s treatment, especially since his

clinical conditions did not require narcotic analgesia. (DeLisi Cert., Exhibit Y, Bier Report, p.19).

87. Respondent's actions described herein constitute gross negligence that endangered the life, health, welfare or safety of D.E. in violation of N.J.S.A. 45:1-21(c); repeated acts of negligence in violation of N.J.S.A. 45:1-21(d); professional or occupational misconduct in violation of N.J.S.A. 45:1-21(e); failure to comply with the provisions of an act or regulation administered by the Board in violation of N.J.S.A. 45:1-21(h), specifically failure to reevaluate treatment plans in violation of N.J.A.C. 13:35-7.6; the issuing of prescriptions for controlled dangerous substances indiscriminately or without good cause in violation of N.J.S.A. 45:1-21(m); and the failure to be of good moral character as required for licensing as a physician pursuant to N.J.S.A. 45:9-6.

88. Respondent's indiscriminate prescribing of CDS and the failure to diagnose and/or treat D.E.'s underlying medical conditions, demonstrates such poor judgment that his continued practice places the public's health, safety, and welfare in clear and imminent danger and warrants temporary suspension of his license to practice podiatry pursuant to N.J.S.A. 45:1-22.

Count VI
(Patient M.E.)

89. The General Allegations and those of the previous counts are repeated and re-alleged as if set forth at length herein.

90. M.E. is currently a 33 year old female. She was first treated by Respondent on October 3, 2012, at which time she was diagnosed with Achilles tendonitis, synovitis, edema, muscle spasm, and Tarsal Tunnel Syndrome. (DeLisi Cert., Exhibit E, Bates Stamp 000259-260). M.E. was also diagnosed as having a right ankle sprain with edema. (DeLisi Cert., Exhibit E, Bates Stamp 000260). On this date, Respondent prescribed M.E. 30 pills each of Mobic and Oxycodone 30mg every 6-8 hours for severe pain only. (DeLisi Cert., Exhibit E, Bates Stamp 000259-260). The validity of these diagnoses is questionable given that each of the seven patients mentioned in this complaint had most of the same diagnoses and for both feet, except for patient N.B. who had a below the knee amputation on one leg. (DeLisi Cert., Exhibit Y, Bier Report, p.21-22).

91. There was a break in M.E.'s treatment between October 17, 2012 and December 18, 2013. (DeLisi Cert., Exhibit F, Bates Stamp 000262-263). On December 18, 2013, Respondent prescribed M.E. 60 pills of Oxycodone 30mg, but there is no note in M.E.'s patient record for that date. (DeLisi Cert., Exhibit V, Bates Stamp NOUR000003). On January 23, 2014, Respondent assessed M.E. with trauma/ankle sprain with severe pain in right foot and ankle.

(DeLisi Cert., Exhibit F, Bates Stamp 000264).[4] The following week, on January 31, 2014, Respondent's assessment of M.E. was ankle sprain with synovitis and capsulitis right ankle, Tarsal Tunnel syndrome with nerve entrapment bilateral. Thereafter, M.E. continued treatment with Respondent through at least November 9, 2016. (DeLisi Cert5., Exhibit F, Bates Stamp 000259-293, DeLisi Cert., Exhibit V, Bates Stamp NOUR000004).

92. During the course of her care under Respondent, M.E. had objective findings of and/or was diagnosed with the following conditions: decreased sharp/dull, vibratory, light touch and Semmes Weinstein monofilament sensations, Tarsal Tunnel syndrome, Plantar Fasciitis, bursitis, synovitis capsulitis, ankle joint, restricted range of motion, ankle sprain, osteoarthritis, muscle spasms and cramping, and Achilles tendinitis. (Exhibit E, Bates Stamp 000260, 000262, 000265, 000268, 000274, 000275, 000284, Bier Report, 8-9).

93. Respondent treated M.E. with large quantities of addictive opiates for years knowing there was a strong potential for the abuse or diversion of these drugs by M.E. (DeLisi Cert., Exhibit Y, Bier Report, p.12-15).

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[4] Respondent's patient record is devoid of any explanation for the 14 month gap in treatment. Despite this, and apparently without even seeing M.E., Respondent immediately resumes her Oxycodone prescribing regime in December 2013.

94. The following chart shows the course of CDS prescribed to M.E. by Respondent.

Date	Medication	Amount
10/3/2012	Oxycodone 30mg	30
10/17/2012	Oxycodone 30mg	30
12/18/2013	Oxycodone 30mg	60
1/23/2014	Oxycodone 30mg	60
3/7/2014	Oxycodone 30mg	60
5/30/2014	Oxycodone 30mg	60
10/29/2014	Oxycodone 30mg	60
11/4/2014	Oxycodone 30mg	60
12/8/2014	Oxycodone 30mg	60
1/24/2015	Oxycodone 30mg	60
2/18/2015	Oxycodone 30mg	60
3/2/2015	Oxycodone 30mg	60
4/1/2015	Oxycodone 30mg	60
4/15/2015	Oxycodone 30mg	60
4/22/2016	Oxycodone 30mg	60
5/14/2015	Oxycodone 30mg	60
5/29/2015	Oxycodone 30mg	60
6/16/2015	Oxycodone 30mg	60
6/29/2015	Oxycodone 30mg	60
8/22/2015	Oxycodone 30mg	60
10/4/2015	Oxycodone 30mg	60
11/14/2015	Oxycodone 30mg	60
12/24/2015	Oxycodone 30mg	60
1/18/2015	Oxycodone 30mg	60
2/17/2016	Oxycodone 30mg	60
2/25/2016	Oxycodone 30mg	60
6/18/2016	Oxycodone 30mg	60
9/8/2016	Oxycodone 30mg	60
10/6/2016	Oxycodone 30mg	60
11/9/2016	Oxycodone 30mg	60

95. Respondent failed to specifically identify in his notes which diagnosis, or diagnoses, required prescribing CDS narcotic

analgesics. (DeLisi Cert., Exhibit Y, Bier Report, p.15). Because of this, it is questionable which of his many podiatric diagnoses Respondent was treating M.E. for with CDS, as chronic narcotic prescribing is not an accepted form of treatment for any of them. (DeLisi Cert., Exhibit Y, Bier Report, p.12-15). Respondent recorded no comments in the patient record as to how M.E. was benefitting, or not, on the narcotics prescribed. Respondent's chronic prescribing of narcotic analgesics represents a gross deviation from the standard of care for the conditions which M.E. was diagnosed. (DeLisi Cert., Exhibit Y, Bier Report, p.12-15).

96. Respondent began prescribing M.E. oxycodone hydrochloride at the highest possible dosage with no treatment plan regarding this narcotic prescribing. (DeLisi Cert., Exhibit E, Bates Stamp 000259-260). Respondent did not asses M.E. for any substance abuse problems, failed to conduct drug screens, failed to enter into a Controlled Substances Agreement with this patient and failed to assess the efficacy of the narcotics he prescribed. (DeLisi Cert., Exhibit Y, Bier Report p.15).

97. Respondent also failed to refer M.E. for evaluation by a pain management specialist until more than three years after he began prescribing her narcotics. (DeLisi Cert., Exhibit Y, Bier Report, p.19; Exhibit E, Bates Stamp 291). Respondent noted in M.E.'s patient record on February 17, 2016, "due to continued pain

and minimal improvement patient was referred to neurologist and Pain management Physician." (DeLisi Cert., Exhibit E, Bates Stamp 291). Referral to a pain management specialist should have been done early on in M.E.'s treatment, especially since her clinical conditions did not require narcotic analgesia. (DeLisi Cert., Exhibit Y, Bier report, p.19).

98. Respondent did not utilize the PMP for M.E. until after the Attorney General's Office subpoenaed her patient record. (Wetzel Cert.; Martinez Cert.).

99. Respondent's actions described herein constitute gross negligence that endangered the life, health, welfare or safety of M.E. in violation of N.J.S.A. 45:1-21(c); repeated acts of negligence in violation of N.J.S.A. 45:1-21(d); professional or occupational misconduct in violation of N.J.S.A. 45:1-21(e); failure to comply with the provisions of an act or regulation administered by the Board in violation of N.J.S.A. 45:1-21(h), specifically failure to reevaluate treatment plans in violation of N.J.A.C. 13:35-7.6; the issuing of prescriptions for controlled dangerous substances indiscriminately or without good cause in violation of N.J.S.A. 45:1-21(m); and the failure to be of good moral character as required for licensing as a physician pursuant to N.J.S.A. 45:9-6.

100. Respondent's indiscriminate prescribing of CDS and the failure to diagnose and/or treat M.E.'s underlying medical conditions, demonstrates such poor judgment that his continued practice places the public's health, safety, and welfare in clear and imminent danger and warrants temporary suspension of his license to practice podiatry pursuant to N.J.S.A. 45:1-22.

Count VII
(Patient L.E.)

101. The General Allegations and those of the previous counts are repeated and re-alleged as if set forth at length herein.

102. L.E. is currently a 36 year old male. He was first treated by Respondent on June 17, 2014, and was diagnosed with osteoarthritis, edema, muscle spasm, Achilles tendinitis, Tarsal Tunnel syndrome with nerve entrapment, and compression neuropathy of the posterior tibial nerve. (DeLisi Cert., Exhibit G, Bates Stamp 000199-201).

103. L.E. continued treatment with Respondent through at least March 2, 2016. (DeLisi Cert., Exhibit F, Bates Stamp 000199-258; Exhibit R, Bates Stamp COM000003).

104. During the course of his care under Respondent, L.E. had objective findings of and/or was diagnosed with the following conditions: decreased vibratory sensation, sharp/dull sensation, light touch, (+) Tinel's sign, Tarsal Tunnel Syndrome, Plantar

fasciitis and bursitis, neuroma of the 3rd interspace, ankle joint pain, decreased painful range of motion, O.A./D.J.D., synovitis, capsulitis, crepitation, muscle spasms and weakness, Achilles tendinitis, anterior tibialis tendinitis. (DeLisi Cert., Exhibit G, Bates Stamp 000200, 000201, 000203, 000204, 000213, 000226, 000235, Exhibit Y, Bier Report, p.9-10). The validity of these diagnoses is questionable given that each of the seven patients mentioned in this complaint had most of the same diagnoses and for both feet, except for patient N.B. who had a below the knee amputation on one leg. (DeLisi Cert., Exhibit Y, Bier Report, p.21-22).

105. Respondent treated L.E. with large quantities of addictive opiates for almost two years knowing there was a strong potential for the abuse or diversion of these drugs by L.E. (DeLisi Cert., Exhibit Y, Bier Report, p.12-15).

106. The following chart shows the course of CDS prescribed to L.E. by Respondent.

Date	Medication	Amount
6/17/2014	Oxycodone 30mg	60
7/1/2014	Oxycodone 30mg	60
8/5/2014	Oxycodone 30mg	60
8/19/2014	Oxycodone 30mg	60
9/10/2014	Oxycodone 30mg	60
9/24/2014	Oxycodone 30mg	60
10/8/2014	Oxycodone 30mg	60
10/29/2014	Oxycodone 30mg	60
11/19/2014	Oxycodone 30mg	60
12/11/2014	Oxycodone 30mg	60

1/7/2015	Oxycodone 30mg	60
2/4/2015	Oxycodone 30mg	60
3/24/2015	Oxycodone 30mg	60
4/15/2015	Oxycodone 30mg	60
5/6/2015	Oxycodone 30mg	60
5/20/2015	Oxycodone 30mg	60
6/10/2015	Oxycodone 30mg	60
6/27/2015	Oxycodone 30mg	60
7/15/2015	Oxycodone 30mg	60
9/4/2015	Oxycodone 30mg	60
10/29/2015	Oxycodone 30mg	60
12/10/2015	Oxycodone 30mg	60
12/29/2015	Oxycodone 30mg	60
1/13/2016	Oxycodone 30mg	60
2/3/2016	Oxycodone 30mg	60
2/29/2016	Oxycodone 30mg	60
3/2/2016	Oxycodone 30mg	60

107. On June 17, 2014, Respondent began prescribing L.E. 60 pills of oxycodone hydrochloride 30mg for severe pain every 6-8 hours. (DeLisi Cert., Exhibit G, Bates Stamp 000202). At each visit thereafter, Respondent prescribed the same prescription for oxycodone despite L.E.'s continued complaints of pain. (DeLisi Cert., Exhibit G, Bates Stamp 199-252). The quantity and dosage prescribed remained the same regardless of whether L.E. saw Respondent once or twice a month. (DeLisi Cert., Exhibit G, Bates Stamp 199-252). Respondent formulated no plan to transition L.E. from this narcotic medication and made no attempts to taper the potency or dosage of CDS prescribed to L.E. (DeLisi Cert., Exhibit Y, Bier Report, p.15)

108. Respondent failed to specifically identify in his notes which diagnosis, or diagnoses, required prescribing CDS narcotic analgesics. (DeLisi Cert., Exhibit Y, Bier Report, p.15). Because of this, it is questionable which of his many podiatric diagnoses respondent was treating L.E. for with CDS, as chronic narcotic prescribing is not an accepted form of treatment for any of them. (DeLisi Cert., Exhibit Y, Bier Report, p.12-15). Respondent recorded no comments in the patient record as to how L.E. was benefitting, or not, on the narcotics prescribed. Respondent's chronic prescribing of narcotic analgesics represents a gross deviation from the standard of care for the conditions which L.E. was diagnosed. (DeLisi Cert., Exhibit Y, Bier Report, p.12-15).

109. Respondent did not asses L.E. for any substance abuse problems, failed to conduct drug screens, failed to enter into a Controlled Substances Agreement with this patient and failed to assess the efficacy of the narcotics he prescribed. (DeLisi Cert., Exhibit Y, Bier Report, p.15).

110. Respondent also failed to refer L.E. for evaluation by a pain management specialist despite his "chronic pain with minimal relief" until February 29, 2016. (DeLisi Cert., Exhibit G, Bates Stamp 000251-2; Exhibit Y, Bier Report, p.19). Referral should have been done early on in L.E.'s treatment, especially since his

clinical conditions did not require narcotic analgesia. (DeLisi Cert., Exhibit Y, Bier Report, p.19).

111. Respondent did not utilize the PMP for this patient until years into his prescribing and only after the Attorney General's Office subpoenaed the patient record. (Wetzel Cert.; Martinez Cert.).

112. Respondent's actions described herein constitute gross negligence that endangered the life, health, welfare or safety of L.E. in violation of N.J.S.A. 45:1-21(c); repeated acts of negligence in violation of N.J.S.A. 45:1-21(d); professional or occupational misconduct in violation of N.J.S.A. 45:1-21(e); failure to comply with the provisions of an act or regulation administered by the Board in violation of N.J.S.A. 45:1-21(h), specifically failure to reevaluate treatment plans in violation of N.J.A.C. 13:35-7.6; the issuing of prescriptions for controlled dangerous substances indiscriminately or without good cause in violation of N.J.S.A. 45:1-21(m); and the failure to be of good moral character as required for licensing as a physician pursuant to N.J.S.A. 45:9-6.

113. Respondent's indiscriminate prescribing of CDS and the failure to diagnose and/or treat L.E.'s underlying medical conditions, demonstrates such poor judgment that his continued practice places the public's health, safety, and welfare in clear

and imminent danger and warrants temporary suspension of his license to practice podiatry pursuant to N.J.S.A. 45:1-22.

Count VIII
(Practicing Outside the Scope of Podiatry)

114. The General Allegations and those of the previous counts are repeated and re-alleged as if set forth at length herein.

115. In addition to prescribing narcotics to his patients for diagnoses that did not require this course of treatment, Respondent practiced outside the scope of his Podiatric license by prescribing CDS for ailments that do not concern the foot, including Ambien and Lunesta(for trouble sleeping), Vyvanse (possibly for ADHD), and Xanax (for anxiety and trouble sleeping).

116. On September 20, 2011, February 21, 2012 and July 13, 2012, Respondent prescribed Alprazolam (Xanax) to R.K. We only know this from R.K.'s pharmacy record as there are no patient records for these dates. (DeLisi Cert., Exhibit N, Bates Stamp CVS000002, Exhibit L, Bates Stamp RIV000003). On December 13, 2012, R.K. visited Respondent's office for physical therapy. Respondent noted that R.K. was having difficulty sleeping at night and that R.K. appeared to be in a very agitated state. (DeLisi Cert., Exhibit A, Bates Stamp 000723-724). Respondent did not note that he performed a physical examination of R.K. on this date. Respondent issued a prescription to R.K. for Xanax to be taken "in

the morning and at bedtime for anxiety and difficulty sleeping." (DeLisi Cert., Exhibit A, Bates Stamp 000724). Respondent prescribed Xanax to R.K. on several other occasions: April 7, 2014, September 8, 2014, October 29, 2014, December 11, 2014, January 7, 2015, January 30, 2015, March 9, 2015, September 2, 2015, November 11, 2015, December 18, 2015, and January 19, 2016. For most of these dates there is no note in the patient record. (DeLisi Cert., Exhibit N, Bate Stamped CVS000001; Exhibit K, Bates Stamp VAL000016, 19-20, 22, 23, 25, 27-29; Exhibit J, Bates Stamp PHA000002).

117. Respondent also prescribed Ambien to R.K. on at least four occasions: on March 20, 2012, August 21, 2012, March 25, 2015 and January 30, 2016. (DeLisi Cert., Exhibit N, Bates Stamp CVS00002, Exhibit L, Bate Stamp RIV000006, Exhibit K, Bate Stamp VAL000020, 23; Exhibit J, Bates Stamp PHA000002). The only record of this prescribing is in Respondent's patient record for a January 30, 2016 physical therapy visit where he notes that he prescribed Ambien and that R.K. had difficulty sleeping (DeLisi Cert., Exhibit A, Bates Stamp 000888). There is no notation in the record that the sleep difficulties were related to any podiatric condition.

118. Respondent also prescribed R.K. Lunesta on two separate dates in July 2012. (DeLisi Cert., Exhibit L, Bates Stamp RIV000002, 4). Respondent supplied no patient records for these

dates and we have no information as to how Respondent arrived at prescribing this sleep aid for his podiatric patient.

119. On July 7, 2015, N.B. visited Respondent's office for a follow-up evaluation of right foot numbness and burning on the bottom of his right foot. (DeLisi Cert., Exhibit B, Bates Stamp 000120). After conducting an examination, Respondent prescribed N.B. Ambien, for sleep, and Percocet. (Exhibit B, Bates Stamp 000120-121).

120. On June 17, 2015, Respondent prescribed K.C. 30 pills of Vyvanse 70mg. There is nothing in Respondent's patient record to indicate that this was even prescribed. (DeLisi Cert., Exhibit D). We only know of this prescription from K.C.'s pharmacy records. (DeLisi Cert., Exhibit O, Bates Stamp MAR000056). Vyvanse is a CDS used to treat ADHD.

121. Respondent's CDS prescribing for ailments unrelated to the lower leg and foot are outside the scope of his training and license as a podiatrist.

122. Respondent's actions described herein constitute gross negligence that endangered the life, health, welfare or safety of his patients in violation of N.J.S.A. 45:1-21(c); repeated acts of negligence in violation of N.J.S.A. 45:1-21(d); professional or occupational misconduct in violation of N.J.S.A. 45:1-21(e) and

failure to comply with the provisions of an act or regulation administered by the Board in violation of N.J.S.A. 45:1-21(h).

Count IX
(Failure to comply with an Investigation)

123. On March 22, 2016, Respondent was served with a Demand for Inspection of Premises and a Subpoena Duces Tecum for patient medical records. All of the above referenced patients were named in the March 22, 2016 subpoena. Under this subpoena, Respondent was required to provide "any and all original medical records." (Martinez Cert.) The subpoena permitted Respondent to provide certified true copies, which he did, in lieu of the original records. The subpoena further stated that "records shall be provided in their entirety from the onset of the treatment and to date." As illustrated, Respondent failed to provide patient records for years of treatment for patients R.K., N.B., S.C., K.C., and for D.E. and M.E. to a lesser degree. Initial patient records are missing as well as records that should be interspersed throughout the record. It is unknown, and thus impedes the Attorney General's investigation, when Respondent began treatment for these patients. It is also unknown what transpired during these patient visits, what information was learned by Respondent during them or whether there simply are no records for the visits because they did not occur.

124. Respondent's failure to fully comply with the Attorney

General's subpoena by failing to provide the full patient records is a violation of his duty to cooperate with a Board investigation pursuant to N.J.A.C. 13:45C-1.2. Respondent's failure to cooperate with this Board constitutes professional or occupational misconduct pursuant to N.J.S.A. 45:1-21(e) and the basis for disciplinary action pursuant to N.J.S.A. 45:1-21(h).

WHEREFORE, Complainant demands the entry of an Order:

1. Temporarily suspending Respondent's license to practice podiatry in the State of New Jersey pending the conclusion of a plenary hearing in this matter, pursuant to N.J.S.A. 45:1-22;

2. Suspending or revoking the Respondent's license to practice podiatry in the State of New Jersey following a plenary hearing;

3. Assessing civil penalties against Respondent for each and every separate unlawful act as set forth in the individual counts above, pursuant to N.J.S.A. 45:1-21;

4. Assessing a civil penalty against Respondent for these acts as violations subsequent to an administrative order having been entered in a prior, separate and independent proceeding, pursuant to N.J.S.A. 45:1-25;

5. Requiring Respondent to pay costs, including investigative costs, attorney's fees and costs, expert and fact witness fees and costs, expert and fact witness costs, costs of trial, and transcript costs, pursuant to N.J.S.A. 45:1-25; and

6. Ordering such other and further relief as the Board shall deem just and appropriate under the circumstances.

CHRISTOPHER S. PORRINO
ATTORNEY GENERAL OF NEW JERSEY

BY: _____
Delia A. DeLisi
Deputy Attorney General

DATED: January 24, 2017