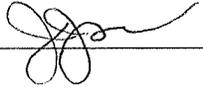


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And

Clinton Damron, D.O.

Address of record

A handwritten signature in black ink, appearing to read 'Clinton Damron', is written over a horizontal line that spans across the page.

1 5. This Consent Agreement, or any part thereof, may be considered in any
2 future disciplinary action against Respondent.

3 6. This Consent Agreement does not constitute a dismissal or resolution of
4 this or other matters currently pending before the Board, if any, and does not constitute
5 any waiver, express or implied, of the Board's statutory authority or jurisdiction.

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

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

17 9. This Consent Agreement, once approved and signed, is a public record
18 that will be publicly disseminated as a formal action of the Board and will be reported to
19 the National Practitioner Data Bank and to the Board's website.

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

23 11. If the Board does not adopt this Consent Agreement, (1) Respondent will
24 not assert as a defense that the Board's consideration of the Consent Agreement
25 constitutes bias, prejudice, prejudgment or other similar defense; and (2) the Board will
26 not consider content of this Consent Agreement as an admission by Respondent.

27

1 REVIEWED AND ACCEPTED THIS 27 DAY OF April, 2016.

2 Clinton Damron

3 Clinton Damron, D.O.

4
5 **JURISDICTIONAL STATEMENT**

6 1. The Board is empowered, pursuant to A.R.S. § 32-1800, *et seq.* to
7 regulate the licensing and practice of osteopathic medicine in the State of Arizona.

8 2. Respondent holds license No. 4407 issued by the Board to practice as an
9 osteopathic physician.

10 **FINDINGS OF FACT**

11 1. The Board initiated case DO-15-0081A after receiving a complaint from a
12 patient's daughter. The daughter alleged that Respondent may have been prescribing
13 pain medication inappropriately to her mother and thus, contributing to her mother's
14 death.

15 2. The Board's Medical Consultant reviewed Respondent's medical records
16 in the case. She also performed a pharmacy audit and chart -review of ten additional
17 patient charts belonging to Respondent.

18 3. The Medical Consultant's review found that Respondent routinely
19 prescribed large quantities of controlled substances to patients, the standards of care
20 regarding the practice of pain management were not followed, and he ignored signs of
21 possible drug abuse and diversion by his patients.

22 4. Patient E.M.D. began treatment in March 2008. No old medical records
23 were requested or reviewed. She was placed on methadone without first obtaining an
24 EKG.

25 5. A controlled substance contract or agreement was not offered or signed.
26
27

1 6. The patient's daughter called Respondent's office several times with
2 concerns about her mother's sedation from the prescribed controlled substances.

3 7. In March 2011, E.M.D. was seen in the emergency room after being found
4 unresponsive. She admitted taking several medications for sleep. Her drug screen was
5 positive for amphetamines but Respondent did not discuss that with her. In May 2013,
6 she was found unconscious and taken to the emergency room wherein she admitted
7 she had consumed two (2) fifths of vodka. In June 2013, she was taken to the
8 emergency room and found to have alcohol intoxication.

9 8. Respondent was prescribing large doses of opioids and benzodiazepines
10 in combination. The patient was on multiple benzodiazepines at the same time. She
11 was on multiple sedating medications at the same time and was abusing alcohol.

12 9. A chart review showed there was no consult with a pain management
13 specialist for patients M.B., T.D., D.F., and B.K.

14 10. Urine drug screens were inconsistent or not performed for patients T.R.
15 and T.D.

16 11. According to the chart review, an unusually large amount of controlled
17 substances were prescribed for patients M.B., V.G., J.K., B.K., T.R., and D.F.

18 12. Respondent received multiple warnings from the patient's insurance
19 company regarding concerns with prescribing or use of multiple providers or
20 pharmacies yet Respondent continued to prescribe controlled substances for patients
21 T.D., V.G., and B.K.

22 13. A patient (T.D.) was on an unusually high dose of Tylenol, over 3000mg
23 per day. In 2012, he was noted to have significantly elevated liver enzymes (4-5 times
24 higher than normal). He was referred to the emergency room and told to discontinue all
25 Tylenol products. Respondent continued the Tylenol 3 within a few weeks and for years
26 afterward.

27

1 Respondent may prescribe benzodiazepines in the form of Lorazepam and
2 sedative hypnotic in the form of Ambien (Zolpidem) for no greater than a thirty (30) day
3 supply at each visit.

4 2. **IT IS FURTHER ORDERED**, Respondent shall attend the three-day CPEP
5 Continuing Medical Education (CME) course on opioids and prescribing. The CME
6 hours must be **approved in advance** by the Board's Executive Director, and shall be in
7 addition to the hours required for biennial renewal of his osteopathic medical license.
8 Respondent shall be responsible for all costs associated with this Order. Respondent's
9 failure to complete the CME may subject him to future disciplinary action by the Board.
10 **This CME must be completed within six (6) months of the effective date of this**
11 **Consent Agreement. Proof of completion of the CME shall be submitted to the**
12 **Board within 3 weeks of completing the coursework.**

13 3. **Costs:** Respondent shall bear all costs incurred regarding compliance
14 with this Order.

15 4. Any violation of this Consent Agreement constitutes unprofessional
16 conduct and may result in disciplinary action and or referral to the appropriate law
17 enforcement agency.
18



ISSUED THIS 2nd DAY OF May, 2016.
STATE OF ARIZONA
BOARD OF OSTEOPATHIC EXAMINERS
IN MEDICINE AND SURGERY

By:



Jenna Jones, Executive Director

1 Original filed this 2nd day of May, 2016 with the:

2 Arizona Board of Osteopathic Examiners
3 In Medicine and Surgery
4 9535 East Doubletree Ranch Road
5 Scottsdale AZ 85258-5539

6 Copy of the foregoing sent via regular mail this
7 2nd day of May, 2016 to:

8 Clinton Damron, D.O.
9 Address of Record

10 And

11 Steven Perlmutter, Esq.
12 8655 E. Via De Ventura, Ste. G-200
13 Scottsdale, AZ 85258

14 Copy of the foregoing sent via regular mail
15 this 2nd day of May, 2016 to:

16 Jeanne Galvin, AAG
17 Office of the Attorney General SGD/LES
18 1275 West Washington
19 Phoenix AZ 85007

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