

1 **BEFORE THE ARIZONA MEDICAL BOARD**

2 In the Matter of

3 **CRAIG W. TOLLESON, M.D.**

4 Holder of License No. **36928**
5 For the Practice of Allopathic Medicine
6 In the State of Arizona.

Case No. MD-14-1140A
MD-15-0771A

INTERIM CONSENT AGREEMENT
FOR PRACTICE RESTRICTION

7 **INTERIM CONSENT AGREEMENT**

8 Craig W. Tolleson, M.D. ("Respondent") elects to permanently waive any right to a
9 hearing and appeal with respect to this Interim Consent Agreement for Practice Restriction
10 and consents to the entry of this Order by the Arizona Medical Board ("Board").

11 **INTERIM FINDINGS OF FACT**

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

14 2. Respondent is the holder of License No. 36928 for the practice of allopathic
15 medicine in the State of Arizona.

16 **MD-14-1140A**

17 **Patient BB**

18 3. The Board opened case MD-14-1140A after receiving a complaint regarding
19 Respondent's care and treatment of a 26 year-old male patient ("BB") alleging
20 inappropriate prescribing and medication management resulting in BB's death.

21 4. BB had a history of bipolar disorder, ADHD, PTSD, generalized anxiety
22 disorder, chronic insomnia, Axis II personality pathology, chronic pain and polysubstance
23 dependence. Respondent completed an initial psychiatric evaluation of BB in May of
24 2013. Respondent documented that BB was using two benzodiazepines; however,
25 Respondent did not indicate the dosages for either medication. Respondent started BB on

1 a benzodiazepine withdrawal protocol. Additionally, Respondent prescribed diazepam and
2 continued BB's Xanax prescription. Respondent also initiated treatment for BB with
3 narcotic pain medications on the first visit, for unclear reasons.

4 5. Over the next several months, Respondent discontinued BB's Xanax, but
5 continued prescribing large doses of diazepam as well as narcotic pain medications.
6 Respondent's patient record for BB does not indicate exact dosing instructions for these
7 medications, other than those referenced in the published protocol.

8 6. In January of 2014, Respondent switched BB from diazepam to
9 clonazepam, and began prescribing stimulant medications and continued with the
10 benzodiazepine withdrawal protocol. During the first half of 2014, Respondent prescribed
11 BB large quantities and doses of clonazepam and Halcion as needed for sleep.
12 Respondent also prescribed a combination of Adderall and Wellbutrin for treatment of BB's
13 depression, posttraumatic stress disorder ("PTSD") and attention deficit/hyperactivity
14 disorder ("ADHD").

15 7. In May of 2014, BB was found dead in his residence, likely related to
16 "multiple drug intoxication," according to the death certificate.

17 8. The standard of care requires a physician to substitute a frequently dosed,
18 high potency, short acting benzodiazepine for a long acting, low potency agent and then
19 taper the long acting drug slowly. Respondent deviated from the standard of care with BB
20 by initiating a long acting benzodiazepine agent with continued use of a short acting agent,
21 and prescribing large quantities of diazepam.

22 9. The standard of care requires a physician to frequently follow up with the
23 patient to ensure medication compliance. Respondent deviated from the standard of care
24 for BB by switching the patient to clonazepam at high doses in large quantity for prolonged
25 periods without frequent follow up and little clinical justification.

1 16. The MC found that Respondent's records failed to include clinical
2 documentation to support a justification for the use of controlled substances for SD.

3 Patients SW and MW

4 17. Respondent prescribed patients MD and SW controlled substances, but did
5 not provide the Board with any medical records regarding his care and treatment of these
6 patients.

7 Patient KP

8 18. Respondent treated a 24 year-old male patient ("KP") with a history of
9 Bipolar Disorder, ADHD and Intermittent Explosive Disorder. Respondent did not provide
10 the Board with an initial psychiatric evaluation or psychiatric progress notes.

11 19. According to Respondent's narrative, KP had a waxing and waning course
12 with multiple medication trials. Respondent treated KP with benzodiazepines, narcotic
13 pain medications and stimulants without documentation. Additionally, Respondent treated
14 KP for multiple physical conditions, but did not document a physical examination or
15 provide progress notes.

16 20. The standard of care requires a physician to adequately document services
17 provided, drugs prescribed, diagnostic impression or treatment plan. With regard to all
18 patients reviewed, Respondent deviated from the standard of care by failing to adequately
19 document services provided, drugs prescribed, lack of diagnostic impression or treatment
20 plan.

21 21. All patients were at risk for potential harm such as patient injury and/or death
22 due to inadequate documentation of services provided, drugs prescribed, lack of
23 diagnostic impression or treatment plan.

24 22. The MC additionally noted that with regard to these patients that the
25 deviations from the standard of care were extreme. The MC expressed concern that the

1 prescribing practices as identified in pharmacy records indicates simultaneous use of
2 multiple controlled substances without the proper level of caution and in types, dosages
3 and quantities far beyond what is generally considered safe and effective.

4 **MD-15-0771A**

5 23. The Board initiated case number MD-15-0771A after receiving notification
6 indicating that Respondent was found guilty of an extreme DUI on February 11, 2009 that
7 had not previously been reported to the Board as required by statute.

8 24. According to the relevant police report, Yavapai County Sheriff's Office
9 responded to a report of a single vehicle accident on September 7, 2008. Respondent
10 was seated in the vehicle and informed officers that he had consumed a glass of wine
11 earlier in the day and that he declined medical transport. The report states that
12 Respondent failed field sobriety tests and was placed under arrest. Results of a
13 subsequent breathalyzer and blood test for alcohol were .149 and .156. On or about
14 February 11, 2009, Respondent was convicted and subsequently sentenced for Extreme
15 DUI.

16 25. In his written response to the Board, Respondent stated that he swerved to
17 avoid a mule deer in the road on his way home from Cottonwood and subsequently lost
18 control of his vehicle, landing in a ditch and colliding with a tree stump. Respondent stated
19 that he could not get cell service and waited for assistance. While waiting, Respondent
20 stated that he began to experience symptoms of neurological injury and decided to
21 consume two bottles of wine for its diuretic properties in order to prevent permanent
22 neurological impairment. Respondent also stated in his written response that three young
23 men riding off-road vehicles came to his vehicle subsequently and removed the remaining
24 two bottles of wine from his possession.

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1 26. Respondent did not report the incident to the Board. Respondent stated that
2 he originally did report the DUI arrest to his supervising Medical Director, who agreed to
3 report the incident to all relevant agencies. According to Respondent's supervising
4 Medical Director, Respondent originally told him only that he had been involved in a minor
5 traffic incident with no alcohol involvement. Approximately a year later, the Medical
6 Director found the record of the DUI arrest on the relevant court website.

7 27. In his response to the investigation, Respondent stated that a provider who
8 subsequently examined him proposed that he had survived an acute neurological injury
9 with some damage and that full remission of symptoms might take up to a year. According
10 to medical records obtained by the Board, Respondent presented for an outpatient head
11 CT on September 11, 2008 for head trauma from a motor vehicle accident with persistent
12 nausea. The CT did not identify any acute intracranial abnormality. No subsequent
13 treating records were provided by Respondent corroborating his account, nor could any be
14 located by Board staff. Respondent did not respond to subsequent requests by Board
15 staff to provide additional information regarding his arrest and conviction.

16 28. The aforementioned information was presented to the investigative staff, the
17 medical consultant and the Lead Board Member. All reviewed the information and concur
18 that an interim consent agreement to restrict Respondent's practice is appropriate.

19 29. The investigation into this matter is pending and will be forwarded to the
20 Board promptly upon completion for review and action.

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INTERIM CONCLUSIONS OF LAW

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

2. Pursuant to A.R.S. § 32-1405(C)(25) the Executive Director has authority to enter into a consent agreement when there is evidence of danger to the public health and safety.

3. Pursuant to A.A.C. R4-16-504, the Executive Director may enter into an interim consent agreement when there is evidence that a restriction is needed to mitigate imminent danger to the public's health and safety. Investigative staff, the Board's medical consultant and the Lead Board Member have reviewed the case and concur that an interim consent agreement is appropriate.

1 **INTERIM ORDER**

2 IT IS HEREBY ORDERED THAT:

3 1. Respondent is prohibited from engaging in the practice of medicine in the
4 State of Arizona as set forth in A.R.S. § 32-1401(22) until he applies to the Executive
5 Director and receives permission to do so as stated in paragraph 4 below. Respondent
6 may not request release from or modification of this Interim Consent Agreement for
7 Practice Restriction until he has completed a competency assessment at a Board-
8 approved facility and any recommendations that arise as a result of the assessment
9 including treatment and/or continuing medical education.

10 2. If substance abuse monitoring is recommended during the course of the
11 competency assessment process, Respondent shall enroll in the Board's PHP within 5
12 days of the recommendation to do so. Respondent must comply with all the terms and
13 conditions of PHP monitoring, including at a minimum the following:

- 14 i. Respondent shall not consume alcohol or any food or other substance
15 containing poppy seeds or alcohol.
- 16 ii. Respondent shall not take any illegal drugs or mood altering medications.
- 17 iii. All prescriptions for controlled substances shall be approved by the PHP
18 prior to being filled except in an Emergency. Controlled substances
19 prescribed and filled in an emergency shall be reported to the PHP within 48
20 hours. Respondent shall take no Medication unless the Primary Care
21 Physician ("PCP") or other health care provider to whom the PCP refers
22 Respondent prescribes and the PHP approves the Medication. Respondent
23 shall not self-prescribe any Medication. "Medication" means a prescription-
24 only drug, controlled substance, and over-the counter preparation, other than
25 plain aspirin, plain ibuprofen, and plain acetaminophen. Respondent shall

- 1 submit to random biological fluid, hair and nail testing to ensure compliance
2 with PHP.
- 3 iv. Respondent shall provide the PHP in writing with one telephone number that
4 shall be used to contact Respondent on a 24 hour per day/seven day per
5 week basis to submit to biological fluid, hair and nail testing to ensure
6 compliance with PHP. For the purposes of this section, telephonic notice
7 shall be deemed given at the time a message to appear is left at the contact
8 telephone number provided by Respondent. Respondent authorizes any
9 person or organization conducting tests on the collected samples to provide
10 testing results to the PHP. Respondent shall comply with all requirements
11 for biological fluid, hair and nail collection. Respondent shall pay for all costs
12 for the testing.
- 13 v. Respondent shall provide the PHP with written notice of any plans to travel
14 out of state.
- 15 vi. Respondent shall successfully complete a PHP approved alcohol/drug
16 awareness education class with hours to be directed by PHP.
- 17 vii. Respondent must provide full consent for the PHP to discuss the
18 Respondent's case with the Respondent's PCP or any other health care
19 providers to ensure compliance with PHP.
- 20 viii. The relationship between the Respondent and the PHP is a direct
21 relationship. Respondent shall not use an attorney or other intermediary to
22 communicate with the PHP on participation and compliance issues.
- 23 ix. Respondent shall be responsible for all costs, including PHP costs
24 associated with participating in PHP at the time service is rendered, or within
25 30 days of each invoice sent to the Respondent. An initial deposit of two

1 months PHP fees is due upon entering the program. Failure to pay either
2 the initial PHP deposit or monthly fees 60 days after invoicing will be
3 reported to the Board by the PHP and may result in disciplinary action up to
4 and including revocation.

5 x. In the event that Respondent enrolls in PHP and Respondent resides or
6 practices as a physician in a state other than Arizona, Respondent shall
7 participate in the rehabilitation program sponsored by that state's medical
8 licensing authority or medical society. Respondent shall cause the
9 monitoring state's program to provide written quarterly reports to the PHP
10 regarding Respondent's attendance, participation, and monitoring. The
11 monitoring state's program and Respondent shall immediately notify the PHP
12 if Respondent: a) is non-compliant with any aspect of the monitoring
13 requirements; b) relapses; c) tests positive for controlled substances; d) has
14 low specific gravity urine drug test(s), missed and/or late urine drug tests, or
15 otherwise rejected urine drug tests; and e) is required to undergo any
16 additional treatment.

17 xi. In the event that Respondent enrolls in PHP, the PHP shall immediately
18 notify the Board if Respondent: a) is non-compliant with any aspect of the
19 monitoring requirements or this Interim Consent Agreement; b) relapses; c)
20 tests positive for controlled substances; d) has low specific gravity urine drug
21 test(s), missed and/or late urine drug tests, or otherwise rejected urine drug
22 tests; and e) is required to undergo any additional treatment.

23 3. Respondent shall immediately provide a copy of this Interim Consent
24 Agreement to all employers, hospitals and free standing surgery centers where
25 Respondent currently has or in the future gains employment or privileges. Within 30 days

1 of the date of this Interim Consent Agreement, Respondent shall provide Board staff with a
2 signed statement of compliance with this notification requirement. Respondent is further
3 required to notify, in writing, all employers, hospitals and free standing surgery centers
4 where Respondent currently has or in the future gains employment or privileges of a
5 chemical dependency relapse or violation of this Interim Consent Agreement.

6 4. Once all of the terms and conditions of this Interim Consent Agreement have
7 been met, Respondent may request, in writing, release and/or modification of this Interim
8 Consent Agreement. The Executive Director, in consultation with and agreement of the
9 Lead Board Member and the Chief Medical Consultant, has the discretion to determine
10 whether it is appropriate to release Respondent from this Interim Consent Agreement.

11 5. The Board retains jurisdiction and may initiate new action based upon any
12 violation of this Interim Consent Agreement, including, but not limited to, summarily
13 suspending Respondent's license.

14 4. Because this is an Interim Consent Agreement and not a final decision by
15 the Board regarding the pending investigation, it is subject to further consideration by the
16 Board. Once the investigation is complete, it will be promptly provided to the Board for its
17 review and appropriate action.

18 5. This Interim Consent Agreement shall be effective on the date signed by the
19 Board's Executive Director.

20 RECITALS

21 Respondent understands and agrees that:

22 1. The Board, through its Executive Director, may adopt this Interim Consent
23 Agreement, or any part thereof, pursuant to A.R.S. § 32-1405(C)(25) and A.A.C. R4-16-
24 504.

1 2. Respondent has read and understands this Interim Consent Agreement as
2 set forth herein, and has had the opportunity to discuss this Interim Consent Agreement
3 with an attorney or has waived the opportunity to discuss this Interim Consent Agreement
4 with an attorney. Respondent voluntarily enters into this Interim Consent Agreement and
5 by doing so agrees to abide by all of its terms and conditions.

6 3. By entering into this Interim Consent Agreement, Respondent freely and
7 voluntarily relinquishes all rights to an administrative hearing on the matters set forth
8 herein, as well as all rights of rehearing, review, reconsideration, appeal, judicial review or
9 any other administrative and/or judicial action, concerning the matters related to the
10 Interim Consent Agreement.

11 4. Respondent understands that this Interim Consent Agreement does not
12 constitute a dismissal or resolution of this matter or any matters that may be currently
13 pending before the Board and does not constitute any waiver, express or implied, of the
14 Board's statutory authority or jurisdiction regarding this or any other pending or future
15 investigations, actions, or proceedings. Respondent also understands that acceptance of
16 this Interim Consent Agreement does not preclude any other agency, subdivision, or
17 officer of this State from instituting civil or criminal proceedings with respect to the conduct
18 that is the subject of this Interim Consent Agreement. Respondent further does not
19 relinquish his rights to an administrative hearing, rehearing, review, reconsideration,
20 judicial review or any other administrative and/or judicial action, concerning the matters
21 related to a final disposition of this matter, unless he affirmatively does so as part of the
22 final resolution of this matter.
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1 5. Respondent acknowledges and agrees that upon signing this Interim
2 Consent Agreement and returning it to the Board's Executive Director, Respondent may
3 not revoke his acceptance of this Interim Consent Agreement or make any modifications to
4 it. Any modification of this original document is ineffective and void unless mutually
5 approved by the parties in writing.

6 6. Respondent understands that this Interim Consent Agreement shall not
7 become effective unless and until it is signed by the Board's Executive Director.

8 7. Respondent understands and agrees that if the Board's Executive Director
9 does not adopt this Interim Consent Agreement, he will not assert in any future
10 proceedings that the Board's consideration of this Interim Consent Agreement constitutes
11 bias, prejudice, prejudgment, or other similar defense.

12 8. Respondent understands that this Interim Consent Agreement is a public
13 record that may be publicly disseminated as a formal action of the Board, and that it shall
14 be reported as required by law to the National Practitioner Data Bank.

15 9. Respondent understands that this Interim Consent Agreement does not
16 alleviate his responsibility to comply with the applicable license-renewal statutes and rules.
17 If this Interim Consent Agreement remains in effect at the time Respondent's allopathic
18 medical license comes up for renewal, he must renew his license if Respondent wishes to
19 retain his license. If Respondent elects not to renew his license as prescribed by statute
20 and rule, Respondent's license will not expire but rather, by operation of law (A.R.S. § 32-
21 3202), become suspended until the Board takes final action in this matter. Once the
22 Board takes final action, in order for Respondent to be licensed in the future, he must
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1 submit a new application for licensure and meet all of the requirements set forth in the
2 statutes and rules at that time.

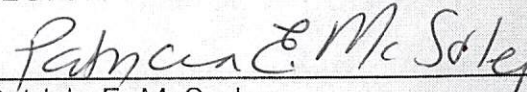
3 10. Respondent understands that any violation of this Interim Consent
4 Agreement constitutes unprofessional conduct under A.R.S. § 32-1401(27)(r) ("[v]iolating a
5 formal order, probation, consent agreement or stipulation issued or entered into by the
6 board or its executive director under this chapter.").

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8 _____
CRAIG W. TOLLESON, M.D.

DATED: July 15, 2016

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10 DATED this 15th day of July, 2016.

11 ARIZONA MEDICAL BOARD

12 By 
13 Patricia E. McSorley
14 Executive Director

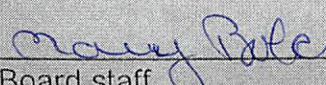
15
16 EXECUTED COPY of the foregoing e-mailed
this 15th day of July, 2016 to:

17 Craig W. Tolleson, M.D.
18 Address of Record

19 Greenberg and Sucher, M.D.
20 Address of Record

21 ORIGINAL of the foregoing filed
this 15th day of July, 2016 with:

22 Arizona Medical Board
23 9545 E. Doubletree Ranch Road
Scottsdale, AZ 85258

24 
25 _____
Board staff