

1 **BEFORE THE ARIZONA MEDICAL BOARD**

2 In the Matter of

Case No. MD-23-0460A, MD-23-0777A

3 **WENHUI CAI, M.D.**

4 Holder of License No. 40751
5 For the Practice of Allopathic Medicine
6 In the State of Arizona.

**ORDER FOR LETTER OF REPRIMAND
AND PROBATION; AND CONSENT TO
THE SAME**

7 Wenhui Cai, M.D. ("Respondent") elects to permanently waive any right to a hearing
8 and appeal with respect to this Order for Letter of Reprimand and Probation; admits the
9 jurisdiction of the Arizona Medical Board ("Board"); and consents to the entry of this Order
10 by the Board.

11 **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 number 40751 for the practice of
15 allopathic medicine in the State of Arizona.

16 **MD-23-0460A**

17 3. The Board initiated case number MD-23-0460A after receiving a complaint
18 regarding Respondent's care and treatment of six patients. Based on the complaint,
19 Board staff requested Medical Consultant ("MC") review of Respondent's care and
20 treatment of the identified patients. The MC identified deviations from the standard of care
21 and documentation deficiencies.

22 4. AC was a 32-year-old female patient who was initially seen by Respondent in
23 December, 2022. AC's medical history included schizoaffective disorder, anxiety disorder,
24 depression, and retinoblastoma. Respondent prescribed AC medications including Vraylar
25 6mg daily, risperidone 1mg twice daily, sertraline 200mg daily, trazodone 100mg at
bedtime, bupropion XL 300mg every am, and clonazepam 0.5mg at bedtime.

1 5. EJ was a 72-year-old female who was an established patient of
2 Respondent's practice. EJ's medical history included anxiety, major depression disorder,
3 and benzodiazepine and nicotine dependence. Respondent prescribed EJ medications
4 including Seroquel XR 200mg twice daily, Neurontin 300mg twice daily, zolpidem 20mg at
5 bedtime, and clonazepam 1mg twice daily.

6 6. KN was a 65-year-old female patient who was initially seen by Respondent in
7 November, 2019. KN's medical history included bipolar disorder, anxiety disorder, and
8 PTSD. Respondent prescribed KN medications including Geodon 20mg three times daily,
9 bupropion XL 450mg daily, Trintellix 20mg daily, trazodone 100mg at bedtime, and
10 clonazepam 1mg three times daily, and Prazosin 5mg at bedtime. The MC noted that
11 Respondent utilized a template that did not appear to include regularly updated data.

12 7. The standard of care requires a physician to query the Controlled Substance
13 Prescription Monitoring Program ("CSPMP") prior to prescribing controlled substances.
14 Respondent deviated from this standard of care for Patients AC, EJ and KN by failing to
15 query the CSPMP prior to prescribing controlled substances.

16 8. The standard of care requires a physician to medically monitor a patient for
17 side-effects of psychotropic medications. Respondent deviated from the standard of care
18 for Patients AC, EJ and KN by failing to adequately monitor them for side-effects of
19 psychotropic medications.

20 9. There was the potential for patient harm in that AC, EJ and KN were at risk
21 of diversion, medication interactions, overdose, and death.

22 10. The MC identified documentation inaccuracies with regard to two additional
23 patients (KH and MS).

24 11. In his written response to the Board, Respondent stated that his electronic
25 medical record system utilizes integrated data from the CSPMP.

1 **MD-23-0777A**

2 12. The Board initiated case number MD-23-0777A after receiving a complaint
3 regarding Respondent's care and treatment of a 30-year-old female patient ("CT") alleging
4 inappropriate medication management, failure to timely refill medications, and inadequate
5 care and treatment.

6 13. On December 9, 2022, CT initiated care with Respondent's clinic for
7 treatment of ADHD and was seen by a Physician Assistant ("PA"). CT was prescribed
8 atomoxetine 25mg daily.

9 14. On December 23, 2022, the PA increased the atomoxetine to 40mg daily.

10 15. On January 31, 2023, the PA increased the atomoxetine to 60mg daily.

11 16. On March 3, 2023, the PA increased the atomoxetine to daily.

12 17. On April 25, 2023, CT reported side effects from the atomoxetine. The PA
13 discontinued the atomoxetine and started Ritalin IR 5mg twice daily.

14 18. On May 2, 2023, CT emailed the PA and stated, "I've been toying around
15 with 10mg twice a day and I think this would be the right dosage for the moment." The PA
16 increased the Ritalin to 10mg twice daily.

17 19. On June 23, 2023, CT was seen by Respondent who documented an order
18 to continue Ritalin IR 5mg twice daily."

19 20. On July 21, 2023, CT was seen by a Nurse Practitioner ("NP") who noted
20 that CT was taking Ritalin IR 10mg twice daily as needed and complaining of feeling jittery.
21 The NP changed the Ritalin IR to Ritalin LA 10mg every morning.

22 21. The standard of care requires a physician to query the CSPMP prior to
23 prescribing controlled substances. Respondent deviated from this standard of care f by
24 failing to query the CSPMP prior to prescribing controlled substances to Patient CT.

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CONCLUSIONS OF LAW

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

b. The conduct and circumstances described in above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(a) Specifically, Respondent's conduct violated A.R.S. § 36-2606(F) (" . . . a medical practitioner, before prescribing an opioid analgesic or benzodiazepine controlled substance listed in schedule II, III or IV for a patient, shall obtain a patient utilization report regarding the patient for the preceding twelve months from the controlled substances prescription monitoring program's central database tracking system at the beginning of each new course of treatment and at least quarterly while that prescription remains a part of the treatment.").

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

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

e. The conduct and circumstances described in MD-23-0460A above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(kk) ("Knowingly making a false or misleading statement to the board or on a form required by the board or in a written correspondence, including attachments, with the board.").

ORDER

IT IS HEREBY ORDERED THAT:

1. Respondent is issued a Letter of Reprimand.

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

3 **a. Continuing Medical Education**

4 Respondent shall within 6 months of the effective date of this Order obtain no less
5 than 15 hours of Board Staff pre-approved Category I Continuing Medical Education
6 ("CME") in an intensive, in-person/virtual course regarding controlled substance
7 prescribing, and the intensive, virtual medical recordkeeping course offered by the Center
8 for Personalized Education for Physicians ("CPEP"). Respondent shall within **thirty days**
9 of the effective date of this Order submit his request for controlled substance prescribing
10 CME to the Board for pre-approval and proof of enrollment in the CPEP medical
11 recordkeeping course. Upon completion of the CME, Respondent shall provide Board staff
12 with satisfactory proof of attendance. The CME hours shall be in addition to the hours
13 required for the biennial renewal of medical licensure.

14 Within 30 days of successful completion of the CPEP medical recordkeeping CME,
15 Respondent shall enroll in CPEP's personalized implementation program ("PIP").and
16 successfully complete it. Respondent shall comply with any and all requirements and
17 practice recommendations made by his CPEP faculty as well as follow any and all
18 recommendations made for further education and/or remediation by CPEP, subject to the
19 approval of the Board or its staff. Respondent shall provide Board staff with proof that he
20 successfully completed the PIP. Respondent shall sign any and all consents or releases
21 necessary to allow for CPEP to communicate to the Board directly. Respondent shall be
22 responsible for the expenses of participation in the PIP, and shall notify the Board staff of
23 enrollment in them. Respondent shall not revoke any release prior to successful
24 completion of the CME and PIP.

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b. Obey All Laws

Respondent shall obey all state, federal and local laws, all rules governing the practice of medicine in Arizona, and remain in full compliance with any court ordered criminal probation, payments and other orders.

b. Probation Termination

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

3. The Board retains jurisdiction and may initiate new action against Respondent based upon any violation of this Order. A.R.S. § 32-1401(27) s)

DATED AND EFFECTIVE this 7th day of November , 2024.

ARIZONA MEDICAL BOARD

By Patricia E. McSorley
Patricia E. McSorley
Executive Director

CONSENT TO ENTRY OF ORDER

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

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

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

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

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

15 6. Notwithstanding any language in this Order, this Order does not preclude in
16 any way any other State agency or officer or political subdivision of this state from
17 instituting proceedings, investigating claims, or taking legal action as may be appropriate
18 now or in the future relating to this matter or other matters concerning Respondent,
19 including but not limited to, violations of Arizona's Consumer Fraud Act. Respondent
20 acknowledges that, other than with respect to the Board, this Order makes no
21 representations, implied or otherwise, about the views or intended actions of any other
22 state agency or officer or political subdivisions of the State relating to this matter or other
23 matters concerning Respondent.

24 7. Upon signing this agreement, and returning this document (or a copy thereof)
25 to the Board's Executive Director, Respondent may not revoke the consent to the entry of

1 the Order. Respondent may not make any modifications to the document. Any
2 modifications to this original document are ineffective and void unless mutually approved
3 by the parties.


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

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

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

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

16 12. ***Respondent has read and understands the conditions of probation.***

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19 _____
WENHUI CAI, M.D.

DATED: 10/11/2024

20 EXECUTED COPY of the foregoing mailed
21 this 7th day of November, 2024 to:

22 David Toone, Esq.
23 Attorney for Respondent
24 Address of Record

25 ORIGINAL of the foregoing filed
this 7th day of November, 2024 with:

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

3 *Michelle Roberts*

4 Board staff

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