STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF MEDICINE
DISCIPLINARY SUBCOMITTEE

In the Matter of

ROBERT F. SLATTERY, M.D.
License No. 43-01-049960
_____/

Complaint No. 43-13-128893

ADMINISTRATIVE COMPLAINT

Attorney General Bill Schuette, through Assistant Attorney General Bruce C. Johnson, on behalf of the Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing, (Complainant), files this complaint against Robert F. Slattery, M.D., (Respondent), alleging upon information and belief:

1. The Board of Medicine, an administrative agency established by the Public Health Code, 1978 PA 368 as amended, MCL 333.1101 *et seq.*, is empowered to discipline licensees under the Code through its Disciplinary Subcommittee, (DSC).

2. Respondent is licensed to practice medicine pursuant to Article 15 of the Code. At all times relevant to this Administrative Complaint, Respondent practiced psychiatry in solo practice in Ann Arbor, Michigan.

3. Section 16221(a) of the Code authorizes the DSC to discipline licensees for "[a] violation of a general duty, consisting of negligence or failure to exercise due care, including negligent delegation to, or supervision of employees or other

individuals, whether or not injury results, or any conduct, practice, or condition which impairs, or may impair, the ability to safely and skillfully practice the health profession."

4. Section 16221(b)(i) of the Code provides the DSC with authority to take disciplinary action against Respondent for incompetence, as defined in Section 16106 as "a departure from, or failure to conform to, minimal standards of acceptable and prevailing practice for a health profession, whether or not actual injury to an individual occurs."

5. Section 16226 of the Code authorizes the DSC to impose sanctions against a person's license by the Board, if after opportunity for a hearing, the DSC determines that a licensee violated one or more of the subdivisions contained in Section 16221 of the Code.

FACTUAL ALLEGATIONS

Medications

6. Adderall is a Schedule II controlled substance used to treat attention deficit hyperactivity disorder. It has at least some potential for leading to addiction.

7. Effexor XR is a prescription drug used to treat major depressive disorder, panic disorder, social disorder, and generalized anxiety disorder. It has sleep-inducing and hypnotic effects.

8. Trazadone is a prescription drug used to treat major depression and anxiety disorders.

9. Buspirone is a prescription drug used to treat anxiety disorders.

10. Diazepam (valium) is a Schedule IV controlled substance used to treat, among other conditions, anxiety, insomnia, and panic attacks. Its side effects can include sleepiness and impaired coordination and, in rare cases, agitation and increased risk of suicide. It is a benzodiazepine.

11. Xanax (alprazolam) is a Schedule IV controlled substance used to treat anxiety disorders and panic disorder. It is a benzodiazepine.

12. Concerta (methylphenidate) is a Schedule II controlled substance used to treat attention deficit hyperactivity disorder.

13. Celexa (citalopram) is a prescription drug used to treat major depression.

14. Cymbalta (duloxetine) a prescription drug used to treat major depression, generalized anxiety disorder, fibromyalgia, and neuropathic pain.

15. Lexapro (escitalopram) is a prescription drug used to treat major depression and generalized anxiety disorder.

16. Pristiq (desvenlafaxine) is a prescription drug used to treat major depression.

17. Klonopin (clonazepam) is a Schedule IV controlled substance used to treat anxiety disorders and panic disorder. It is a benzodiazepine. Its common side effects include sleepiness, impaired coordination, and agitation, and it may increase the risk of suicide.

18. Promethazine with codeine is a Schedule V controlled substance used to treat cold symptoms and to suppress coughs. It has weak antipsychotic and strong sedative effects.

19. Vicodin (hydrocodone/APAP) is an opioid analgesic which is a Schedule II controlled substance used to treat moderate to severe pain.

20. Suboxone (buprenorphine) is a Schedule III controlled substance used to treat opiate addiction.

21. Sonata (zaleplon) is a Schedule IV controlled substance used to treat insomnia. It can cause problems with balance and, paradoxically, with sleep.

22. Ambien (zolpidem) is a Schedule IV controlled substance used to treat insomnia. It can cause problems with psychomotor and cognitive functions.

23. Synthroid (levothyroxine sodium) is a prescription thyroid replacement used to treat hypothyroidism.

24. Vyvanse (lisdexamfetamine) is a Schedule II controlled substance used to treat attention deficit hyperactivity disorder.

25. Zoloft (Sertraline) is a prescription medication used to treat major depressive disorder, obsessive-compulsive disorder, panic disorder, and social anxiety disorder.

26. MiraLax is a medication used to treat constipation.

27. Ativan (Lorazepam) is a benzodiazepine used to treat anxiety disorders. It is a Schedule IV controlled substance.

28. Wellbutrin (buproprion) is a prescription medication used to treat depression.

29. Dalmane (flurazepam) is a benzodiazepine derivative used to treat mild to moderate insomnia. It is a Schedule IV controlled substance.

30. Dextroamphetamine is a Schedule II controlled substance used to treat attention deficit hyperactivity disorder and narcolepsy.

B.C.

31. Respondent provided psychiatric treatment for B.C. (initials used to protect patient confidentiality), a male, now 23, from at least September 12, 2011 through at least December 5, 2013. Respondent did not document performing an assessment for B.C. until December 24, 2013, which was after he received notice that Complainant was investigating him, and had received a request from Complainant for B.C.'s medical records. In his assessment, Respondent diagnosed B.C. as suffering from generalized anxiety disorder and attention deficit hyperactivity disorder.

32. Although Respondent did not document any therapy sessions for B.C. until May 14, 2012, he began prescribing medications, including controlled substances, for him on September 12, 2011. On that date, he prescribed Adderall, Trazadone, and Effexor XR.

33. Respondent's patient notes for B.C.'s therapy sessions were extremely cursory until December 15, 2013, which was after Complainant sent him its request for patient medical records. A typical entry is that for the September 9, 2012

therapy session, which consists in its entirety of "S: Assaulted at Mich State. O: ↑ anxiety, nightly nightmares. A: GAD R/O PVSD. P: [Listing of medications, with dosages.]"

34. On August 21, 2012, and again on September 4, 2012, Respondent prescribed Vicodin for B.C., without documenting performing a physical examination to evaluate B.C.'s pain. There is no documentation of Respondent seeing B.C. on either of these dates, or in fact on any date between June 26, 2012 and September 9, 2012, although the September 9 patient notes do suggest that the prescriptions may have been written for pain incurred as a result of the assault B.C. suffered about that time.

35. Between June 20, 2013 and August 5, 2013, Respondent prescribed 210 tablets of Xanax 2 mg. 120 tablets of Klonopin 1 mg, 60 tablets of Klonopin 2 mg, and 30 tablets of Diazepam 10 mg for B.C. These prescriptions amounted to an average of 8.9 benzodiazepine tablets prescribed each day, which constitutes a potentially dangerous dosage, significantly outside of recommended range. Respondent failed to document the reasons for prescribing such a high dosage.

A.A.

36. Respondent provided psychiatric treatment for A.A., a male, now 26, from at least June 18, 2012 through at least December 16, 2013. Respondent did not document performing an assessment for A.A. until December 24, 2013, which was after he had received notice that Complainant was investigating him, and had received a request from Complainant for A.A.'s medical records. In his assessment,

Respondent diagnosed A.A. as suffering from attention deficit hyperactivity disorder.

37. Although Respondent did not document any therapy sessions for A.A. until August 22, 2012, he began prescribing Adderall for him on June 18, 2012.

38. Respondent's patient notes for A.A. were extremely cursory until December 16, 2013, which was after Complainant sent him its request for patient medical records. A typical entry is that for the August 22, 2012 therapy session, which consists in its entirety of "S: Good concentration. A: ADHD. P: Renew Adderall 20 bid."

39. At the same time that Respondent was prescribing Adderall, which can pose a risk of addiction, for A.A., another physician was prescribing Suboxone, a medication used to treat opiate addiction, for A.A. There is no documentation of Respondent either discussing the addiction risks of Adderall with A.A., or assessing A.A.'s substance abuse history, or consulting the practitioner who prescribed the Suboxone to discuss A.A.'s treatment, before he prescribed Adderall for A.A.

C.T.

40. Respondent provided psychiatric treatment for C.T., a female, now 32, from at least March 13, 2013 through at least November 19, 2013. Respondent did not document performing an assessment for C.T. until November 19, 2013, which was after he received notice that Complainant was investigating him, and was the date on which Complainant sent him a request for C.T.'s medical records. In his

assessment, Respondent diagnosed C.T. as suffering from major depressive disorder, anxiety, and attention deficit hyperactivity disorder.

41. Respondent did not document any therapy sessions for C.T. until November 19, 2013. He nevertheless, between March 13, 2013 and November 17, 2013, prescribed the following medications for her on an ongoing basis: Effexor XR; Vyvanse; Sonata; Adderall; Ambien; and Synthroid.

42. Respondent prescribed thyroid replacement medications for C.T. without documenting either performing an examination to determine the need for it, or ordering lab work to monitor its effectiveness.

S.B.

43. Respondent provided psychiatric treatment for S.B., a male, now 23, from at least October 27, 2011 through at least February 15, 2013. Respondent did not document performing an assessment for S.B. until December 24, 2013, which was after he had received notice that Complainant was investigating him, and had received a request from Complainant for S.B.'s medical records. In his assessment, Respondent diagnosed S.B. as suffering from general anxiety disorder and attention deficit hyperactivity disorder.

44. Though Respondent did not document any therapy sessions for S.B. till April 30, 2012, he began prescribing him Ritalin and Celexa on October 27, 2011. After the beginning of the documented therapy sessions, Respondent also prescribed Adderall and Xanax for him.

45. Except for the patient notes for February 15, 2013, Respondent's patient notes for S.B. are extremely cursory. The patient notes for the December 7, 2012 session read in full as follows: "S: doing well. O: good concentration. A: ADHD, GAD. P: ↑ Ritalin to 20 mg Q&D." The patient notes for April 30, 2012 (the only other date for which they were kept) provide little more detail.

H.H.

46. Respondent provided psychiatric treatment for H.H., a female, now 31, from at least February 10, 2012 through at least December 30, 2013. Respondent did not document performing an assessment for H.H. until December 24, 2013, which was after he had received notice that Complainant was investigating him, and had received a request from Complainant for H.H.'s medical records. In his assessment, Respondent diagnosed H.H. as suffering from major depression and attention deficit hyperactivity disorder, with a notation "r/o [rule out] borderline personality disorder."

47. Respondent did not document any therapy sessions for C.T. until December 17, 2013. He nevertheless, between February 10, 2012 and December 7, 2013, prescribed the following medications for her on an ongoing basis: Effexor XR; Zoloft; Adderall; Ambien; Celexa; Klonopin; Xanax; Wellbutrin; MiraLax; Ativan; Promethazine with codeine; Wellbutrin; Dalmane; and Dextroamphetamine.

General allegations

48. With respect to all of the patients referenced above, Respondent failed to document performing an initial examination, including a substance abuse assessment and a mental status exam, at the outset of treatment.

49. With respect to all of the patients referenced above, Respondent failed to provide an initial treatment plan, and provided prescriptions prior to performing any documented assessment.

50. With respect to all of the patients referenced above, Respondent failed to conform to prevailing practices for prescription of controlled substances by providing a clear treatment plan, including goals for treatment, following a thorough patient evaluation and a discussion with the patient of potential risks weighed against potential benefits. He also failed to provide a periodic review of the efficacy of the medications, or to obtain Michigan Automated Prescription System (MAPS) reports on the patients.

COUNT I

51. Respondent's conduct as described above constitutes negligence, in violation of section 16221(a) of the Code.

COUNT II

52. Respondent's conduct as described above constitutes incompetence, in violation of section 16221(b)(i) of the Code.

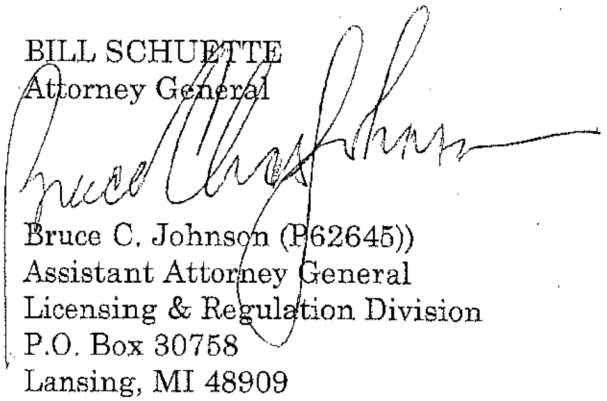
THEREFORE, Complainant requests that this complaint be served upon Respondent and that Respondent be offered an opportunity to show compliance with

all lawful requirements for retention of aforesaid license. If compliance is not shown, Complainant further requests that formal proceedings be commenced pursuant to the Public Health Code, rules promulgated pursuant to it, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 *et seq*.

RESPONDENT IS HEREBY NOTIFIED that, pursuant to section 16231(8) of the Public Health Code, Respondent has 30 days from receipt of this complaint to submit a written response to the allegations contained in it. The written response shall be submitted to the Bureau of Professional Licensing, Department of Licensing and Regulatory Affairs, P.O. Box 30670, Lansing, Michigan 48909, with a copy to the undersigned assistant attorney general. Further, pursuant to section 16231(9), failure to submit a written response within 30 days shall be treated as an admission of the allegations contained in the complaint and shall result in transmittal of the complaint directly to the Board's Disciplinary Subcommittee for imposition of an appropriate sanction.

Respectfully Submitted,

BILL SCHUETTE
Attorney General



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Dated: November 9, 2014

LF: 2015-0123425-B/Slattery, Robert F., M.D., 128893/Complaint – Administrative – 2015-11-05