STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF NURSING
DISCIPLINARY SUBCOMMITTEE

In the Matter of

SUSAN LYNN DRUST, R.N., N.P.
License No. 47-04-168366, File No. 47-18-000492

Respondent.

ORDER OF SUMMARY SUSPENSION

The Department filed an *Administrative Complaint* against Respondent as provided by the Public Health Code, MCL 333.1101 *et seq*, the rules promulgated under the Code, and the Administrative Procedures Act, MCL 24.201 *et seq*.

After careful consideration and after consultation with the Chairperson of the Board of Nursing pursuant to MCL 333.16233(5), the Department finds that the public health, safety, and welfare requires emergency action.

Therefore, IT IS ORDERED that Respondent's license to practice nursing in the state of Michigan is SUMMARILY SUSPENDED, commencing the date this *Order* is served.

Under Mich Admin Code, R 792.10702, Respondent may petition for the dissolution of this *Order* by filing a document clearly titled **Petition for Dissolution of Summary Suspension** with the Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing, P.O. Box 30670, Lansing, MI 48909.

MICHIGAN DEPARTMENT OF
LICENSING AND REGULATORY AFFAIRS

Dated: April 24, 2019

By: Cheryl Wykoff Pezon, Director
Bureau of Professional Licensing

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ADMINISTRATIVE COMPLAINT

The Michigan Department of Licensing and Regulatory Affairs, by Cheryl Wykoff Pezon, Director, Bureau of Professional Licensing, complains against Respondent Susan Lynn Drust, R.N., N.P. as follows:

1. The Michigan Board of Nursing is an administrative agency established by the Public Health Code, MCL 333.1101 *et seq.* Pursuant to MCL 333.16226, the Board's Disciplinary Subcommittee (DSC) is empowered to discipline licensees for violations of the Public Health Code.

2. Respondent has a Michigan nursing license and has a specialty certification as a nurse practitioner.

3. After consultation with the Board Chairperson, the Department found that the public health, safety, and welfare requires emergency action. Therefore, pursuant to MCL 333.16233(5), the Department summarily suspended Respondent's license to practice nursing in the state of Michigan, effective upon service of the accompanying *Order of Summary Suspension*.

4. Alprazolam (e.g. Xanax), a schedule 4 controlled substance, is a benzodiazepine used to treat anxiety disorders and panic disorder. Alprazolam is a commonly abused and diverted drug, particularly in its 1 mg and 2 mg dosages.

5. Buprenorphine/naloxone (Suboxone) is an opioid schedule 3 controlled substance commonly used in opioid dependence treatment. Suboxone is known as “prison heroin,” and is commonly abused and diverted. Subutex is buprenorphine without naloxone.

6. Carisoprodol (Soma) is a muscle relaxant and a schedule 4 controlled substance. Carisoprodol has significant potential for abuse, dependence, overdose, and withdrawal, particularly when used in conjunction with opioids and benzodiazepines. Carisoprodol metabolizes as meprobamate, which is an anxiolytic.

7. Clonazepam (e.g. Klonopin), a schedule 4 controlled substance, is a commonly abused and diverted benzodiazepine used to treat seizures, panic disorder, and akathisia.

8. Diazepam (e.g., Valium) is a benzodiazepine schedule 4 controlled substance.

9. Hydrocodone is an opioid. Hydrocodone combination products (e.g., Norco), are Schedule 2 controlled substances due to their high potential for abuse.

10. Methadone is a commonly abused and diverted opioid schedule 2 controlled substance used to treat pain and used, with federal authorization, in detoxification of people with opioid dependence.

11. Phentermine is a commonly abused and diverted stimulant schedule 4 controlled substance.

12. Promethazine with codeine syrup is a schedule 5 controlled substance prescribed for treating cough and related upper respiratory symptoms.

Promethazine with codeine syrup is rarely indicated for any other health condition and is particularly ill-suited for long-term treatment of chronic pain. Promethazine with codeine syrup is a highly sought-after drug of abuse, and is known by the street names “lean,” “purple drank,” and “sizzurp.”

13. Temazepam (e.g., Restoril) is a benzodiazepine schedule 4 controlled substance.

14. Zolpidem (e.g., Ambien), a schedule 4 controlled substance, is a non-benzodiazepine sedative used to treat sleep disorders and is commonly abused and diverted.

15. The federal Centers for Disease Control and Prevention (CDC) guidelines for opioid prescribing direct providers to avoid prescribing opioid pain medication and benzodiazepines concurrently whenever possible.

16. When used in combination, opioids, carisoprodol, and benzodiazepines can produce a feeling of euphoria. These combinations are highly desired for diversion and abuse and have the street name “Holy Trinity.”

MAPS DATA

17. Respondent practices at Susan Drust Family Medicine in Norton Shores, Michigan.

18. Complainant reviewed data from the Michigan Automated Prescription System (MAPS), the State of Michigan’s prescription monitoring program, which gathers data regarding controlled substances dispensed in Michigan.

19. MAPS data revealed that Respondent ranked among Michigan's highest-volume prescribers of commonly abused and diverted controlled substances in 2017 and 2018:

	2017 Q1	***2017 Q2***	***2017 Q3***	***2017 Q4***	***2018 Q1***	***2018 Q2***	***2018 Q3***	***2018 Q4***
(a) Carisoprodol 350 mg	56	37	36	36	24	16	15	12
(b) Methadone (all)		29	21	19	22	19	16	11

20. In total for 2018, Respondent issued prescriptions for:

a. 73,200 tablets of Methadone 10 mg;

b. 23,040 tablets of Carisoprodol 350 mg; and

c. 110,451 tablets of hydrocodone-acetaminophen 10 mg.

Investigative Interview

21. On or about January 29, 2019, Respondent was interviewed by a Department investigator about overprescribing controlled substances and other risky practices.

22. Respondent stated she has a physician that supervises her practice and that she meets with him every quarter. She also stated that her supervising physician only reviews her medical records if she has a specific question.

23. Respondent stated she recently became aware of the CDC Guidelines for Opioid Prescribing for Pain, but she does not know the specifics of the Guidelines. Additionally, she is not familiar with what controlled substances are highly abused and diverted.

24. Respondent stated that she utilizes MAPS on all patients receiving controlled substances and reviews them periodically. Respondent also stated that she conducts urine drug screens and that she will discontinue controlled substances if there are repeated inconsistencies in the drug screen results.

25. Respondent stated she is unfamiliar with the “holy trinity” and with the recommendations related to the prescription of carisoprodol.

26. Respondent stated that she only recently understood that the same dose of one pain medication was not the equivalent to the same dose of a different pain medication. Additionally, Respondent stated she was never trained on morphine milligram equivalents (MME).

27. Respondent stated that patients will bring unused narcotics to her office for destruction. Respondent stated that she does not have the required registration from the DEA to do this, nor does she complete the requisite documentation to account for the returned drugs.

Expert overview of Respondent’s practice

28. As part of an investigation of Respondent’s prescribing practices, the Department received and analyzed medical records of eighteen (18) of Respondent’s patients. The reviewing expert the following deficiencies consistently across files:

a. Respondent did not refer patients for psychotherapy/counseling when they presented with anxiety.

b. Respondent prescribed controlled substances to patients with documented evidence that they were abusing alcohol.

c. Respondent prescribed unsafe combinations (e.g. benzodiazepines and/or sedatives, along with opioids) to patients without documenting the risk or rationale.

d. Respondent failed to document addressing problematic urine drug screens.

e. Respondent’s treatment notes appeared to frequently be boilerplate.

f. Respondent failed to document any consideration of alternatives to opioid treatment.

29. Overall, the expert noted that Respondent, “often fails to practice in due care.” Additionally, the expert felt that Respondent failed to conform to the minimum standard of care in prescribing controlled substances.

Individual Patient Examples

30. The expert discovered the following deficiencies in the individual medical files Respondent produced, in addition to those noted above:

Patient DW[1]

(a) Respondent prescribed hydrocodone, carisoprodol and alprazolam, contrary to CDC guidelines and failed to document the rationale or potential risks.

(b) DW had multiple noncompliant drug screes, including failing to test positive for prescribed medications, which may be indicative of diversion. Respondent failed to document addressing these screens with DW.

Patient GH

(c) Respondent prescribed hydrocodone, phentermine, buprenorphine, carisoprodol and temazepam, contrary to CDC guidelines and failed to document the rationale or potential risks.

(d) GH had multiple noncompliant drug screes, including failing to test positive for prescribed medications and testing positive for a medication (alprazolam) that she was not prescribed, which may be indicative of diversion. Respondent noted that GH would have to present for pill counts, but there is no documentation that she was compliant.

Patient KE

(e) Respondent prescribed promethazine with codeine syrup, hydrocodone, carisoprodol and clonazepam, contrary to CDC guidelines and failed to document the rationale or potential risks.

Patient JE

(f) Respondent prescribed several benzodiazepines, methadone, and carisoprodol, contrary to CDC guidelines and failed to document the rationale or potential risks. This combination could cause serious side-effects, including central nervous system depression leading to coma and death.

Patient BB

(g) Respondent prescribed methadone, carisoprodol and alprazolam, contrary to CDC guidelines and failed to document the rationale or

[1]Patients initials used to protect confidentiality.

potential risks. BB has a history of COPD with oxygen dependence and congestive heart failure, which warrant caution in prescribing medications that may aggravate these conditions.

(h) BB had multiple noncompliant drug screes, including failing to test positive for prescribed medications and testing positive for a medication that she was not prescribed, which may be indicative of diversion.

(i) BB's records indicate that she is actively using alcohol, which Respondent failed to document addressing.

(j) Records indicate that BB may be filling controlled substances for family members in Respondent's practice, while the family members are incarcerated. Respondent does not appear to address this in any meaningful manner.

Patient AH

(k) Respondent prescribed carisoprodol for long-term use, contrary to manufacturer recommendations. Respondent also prescribed methadone and hydrocodone with to AH, a combination that could cause serious side-effects. Respondent failed to document the risks or rationale.

(l) Respondent fails to document any type of functional assessment, which is outside guidelines for treating chronic pain.

Patient DK

(m) Respondent prescribed hydrocodone and carisoprodol, contrary to CDC guidelines and failed to document the rationale or potential risks.

(n) DK had multiple noncompliant drug screes, including failing to test positive for prescribed medications and testing positive for medications that she was not prescribed, which may be indicative of diversion. DK also tested positive for marijuana. Respondent failed to document addressing any of these tests.

Patient JM

(o) Respondent prescribed methadone, hydrocodone, alprazolam, and carisoprodol, contrary to CDC guidelines and failed to document the rationale or potential risks.

(p) JM had multiple noncompliant drug screens, which may be indicative of diversion. Respondent failed to document addressing any of these tests.

Patient AR

(q) Respondent prescribed promethazine with codeine syrup, hydrocodone, carisoprodol and diazepam, contrary to CDC guidelines and failed to document the rationale or potential risks.

(r) Respondent diagnosed AR with stress and pain related to AR's sons being incarcerated without any referral for counseling or psychotherapy.

(s) Despite issuing prescriptions for multiple controlled substances to AR, Respondent's medical records did not show that Respondent checked and reviewed MAPS data for AR.

Patient BB

(t) BB had multiple noncompliant drug screens, including failing to test positive for the methadone that was prescribed for him, which may be indicative of diversion. Respondent failed to document addressing any of these tests.

Patient CN

(u) Respondent prescribed zolpidem, hydrocodone, temazepam, alprazolam, and carisoprodol, contrary to CDC guidelines and failed to document the rationale or potential risks.

(v) CN had multiple noncompliant drug screes, including failing to test positive for prescribed medications and testing positive for medications that she was not prescribed, which may be indicative of diversion. Respondent failed to document addressing any of these tests.

Patient DP

(w) Respondent prescribed a sedative (carisoprodol) and two opioids (methadone and hydrocodone) to DP, who subsequently reported experiencing falls. Respondent failed to document addressing how these drugs may be causing the falls.

(x) DP had multiple noncompliant drug screes, including failing to test positive for prescribed medications, which may be indicative of diversion. Respondent failed to document addressing any of these tests.

Patient DS

(y) DS has a history of drug abuse, including multiple overdoses. Despite this, Respondent prescribed lorazepam, carisoprodol, and hydrocodone, contrary to CDC guidelines and failed to document the rationale or potential risks.

(z) On or about May 10, 2017, DS was seen in the ER after running out of lorazepam due to misuse. Respondent failed to document addressing this.

(aa) DS had multiple noncompliant drug screes, including failing to test positive for prescribed medications and testing positive for marijuana, which may be indicative of diversion. Respondent failed to document addressing any of these tests.

Patient LC

(bb) Respondent prescribed methadone, clonazepam, and carisoprodol, contrary to CDC guidelines and failed to document the rationale or potential risks. LC has a diagnosis of COPD and a history of respiratory depression. The aforementioned combination of drugs is outside of the recommended guidelines for these conditions.

(cc) LC had multiple noncompliant drug screes, including failing to test positive for prescribed medications, which may be indicative of diversion. Respondent failed to document addressing any of these tests.

Patient LL

(dd) Respondent prescribed methadone, clonazepam, and carisoprodol, contrary to CDC guidelines and failed to document the rationale or potential risks. LL has dementia and Alzheimer's and has reported problems with memory and medication misuse. These medications can exacerbate these symptoms.

(ee) LL had multiple noncompliant drug screes, including failing to test positive for prescribed medications, which may be indicative of diversion. Respondent failed to document addressing any of these tests.

(ff) A review of MAPS shows that LL has received controlled substances from other providers during the same time period she was seeing Respondent.

Patient TW

(gg) Respondent prescribed hydrocodone, temazepam, alprazolam, and carisoprodol, contrary to CDC guidelines and failed to document the rationale or potential risks.

(hh) TW had multiple noncompliant drug screes, including testing positive for substances that were not prescribed to her, which may be indicative of diversion.

Patient VC

(ii) Respondent prescribed hydrocodone, and alprazolam, contrary to CDC guidelines and failed to document the rationale or potential risks.

(jj) On January 10, 2014, and February 7, 2014, Respondent prescribed the aforementioned combination to VC, which can lead to respiratory depression, coma, and death.

(kk) On February 10, 2014, VC died of a mixed drug intoxication.

Patient ED

(ll) Respondent prescribed carisoprodol, contrary to the manufacturer guidelines.

(mm) ED filled a prescription for carisoprodol from Respondent on January 20, 2014. On February 6, 2014, ED died of a mixed drug overdose.

COUNT I

Respondent's conduct constitutes 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, or a condition, conduct, or practice that impairs, or may impair, the ability safely and skillfully to engage in the practice of the health profession in violation of MCL 333.16221(a).

COUNT II

Respondent's conduct fails to conform to minimal standards of acceptable, prevailing practice for the health profession in violation of MCL 333.16221(b)(i).

COUNT III

Respondent's conduct constitutes obtaining, possessing, or attempting to obtain or possess a controlled substance or drug without lawful authority, and/or selling, prescribing, giving away, or administering drugs for other than lawful diagnostic or therapeutic purposes, in violation of MCL 333.16221(c)(iv).

RESPONDENT IS NOTIFIED that, pursuant to MCL 333.16231(8), Respondent has 30 days from the date of receipt of this Complaint to answer it in writing and to show compliance with all lawful requirements for retention of the license. Respondent shall submit the written answer to the Bureau of Professional Licensing, Department of Licensing and Regulatory Affairs, P.O. Box 30670, Lansing, MI 48909.

Respondent's failure to submit an answer within 30 days is an admission of all Complaint allegations. If Respondent fails to answer, the Department shall transmit this complaint directly to the Board's Disciplinary Subcommittee to impose a sanction pursuant to MCL 333.16231(9).

MICHIGAN DEPARTMENT OF
LICENSING AND REGULATORY AFFAIRS

Dated: April 24, 2019

By: Cheryl Wykoff Pezon, Director
Bureau of Professional Licensing

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