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

In the Matter of

AMANING KWARTENG SARKODIE, M.D.
License No. 43-01-064470,

File No. 43-16-141946

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 Medicine 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 medicine in the state of Michigan is SUMMARILY SUSPENDED, commencing the date this Order is served.

MCL 333.7311(6) provides that a controlled substance license is automatically void if a licensee's license to practice is suspended or revoked under Article 15 of the Code.

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: 05/16, 2017

By: Kim Gaedeke, Director
Bureau of Professional Licensing

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ADMINISTRATIVE COMPLAINT

The Michigan Department of Licensing and Regulatory Affairs by Kim Gaedeke, Director, Bureau of Professional Licensing, complains against Respondent Amaning Kwarteng Sarkodie, M.D. as follows:

1. The Michigan Board of Medicine 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 Code violations.

2. Respondent holds a Michigan license to practice medicine. Respondent also holds a controlled substance license.

3. Respondent practices medicine from offices in Saginaw, Michigan.

4. 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 medicine in the state of Michigan, effective on the date the accompanying *Order of Summary Suspension* was served.

5. On September 6, 2011, the Bureau executed an Administrative Complaint against Respondent, alleging Respondent violated MCL 333.16221(a), (b)(i), and (c)(iv) with respect to his prescribing practices. On January 16, 2013, The DSC approved a Consent Order requiring Respondent to serve a term of probation, complete additional continuing education, and pay a civil fine. Respondent completed his probationary term on July 12, 2013.

6. Alprazolam is a benzodiazepine schedule 4 controlled substance. Concurrent use of opioids and benzodiazepines carries a substantial overdose risk, and many authorities, including the federal Centers for Disease Control and Prevention, discourage their co-prescription. Alprazolam is a commonly abused and diverted drug, particularly in higher dosages units.

7. 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.

8. Codeine preparations (e.g., codeine/promethazine syrup) are schedule 5 controlled substances prescribed for treating acute cough and related upper respiratory symptoms. Codeine/promethazine syrup is ill suited for long-term treatment of any condition. Codeine/promethazine syrup is a highly sought-after drug of abuse, and is known by the street names "lean," "purple drank," and "sizzurp."

9. Hydrocodone, and combination products including hydrocodone (e.g., Vicodin, Norco), are schedule 2 controlled substances. Hydrocodone and hydrocodone combination products are commonly abused and diverted drugs.

10. Oxycodone is a commonly abused and diverted schedule 2 controlled substance.

11. When used in combination, opioids, muscle relaxants, and benzodiazepines can produce a feeling of euphoria. These combinations are highly desired for diversion and abuse and have the street name "Holy Trinity."

12. 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.

13. MAPS data for 2015, 2016, and 2017 revealed that Respondent authorized the following number of prescriptions for the following commonly abused and diverted controlled substances:

	2015		***2016***		***2017 thru 5/9/17***	
(a) Alprazolam 1 mg	897	8.85%	912	11.22%	289	11.76%
(b) Carisoprodol 350 mg	1782	17.57%	380	4.67%	-	-
(c) Hydrocodone/apap 7.5 and 10 mg	3610	35.60%	3423	42.10%	1041	42.37%
(d) Oxycodone 30 mg	308	3.04%	363	4.46%	183	7.45%
(e) Promethazine with codeine	540	5.33%	311	3.83%	119	4.84%
(f) Total, (a) - (e)	7137	**70.38%**	5389	**66.28%**	1632	**66.42%**
Total Controlled Substances	**10140**	100%	**8130**	100%	**2457**	100%

14. Respondent ranked among the top four prescribers of carisoprodol for 2015. Even though he apparently stopped prescribing carisoprodol sometime in 2016, nearly two thirds of Respondent's controlled substance prescriptions for 2017 through May 9, 2017 were for the commonly abused and diverted controlled substances in 12 (a) - (e).

15. MAPS data revealed that during 2015, Respondent prescribed the "Holy Trinity" combination of opioids, benzodiazepines, and carisoprodol to 398 patients. Even though he apparently stopped prescribing carisoprodol sometime in 2016, he

prescribed the "Holy Trinity" combination of opioids, benzodiazepines, and carisoprodol to 276 patients during 2016.

16. As part of an investigation of Respondent's prescribing practices, the Department received and analyzed medical records of ten (10) of Respondent's patients.

17. Respondent had prescribed eight of the ten reviewed patients the "Holy Trinity" combination of opioids, benzodiazepines, and carisoprodol.

18. Expert review of the individual medical files Respondent produced revealed the following deficiencies consistently across files:

(a) Respondent's patient files lack documentation of prior treatment histories, or appropriate physical examinations.

(b) Respondent's patient files lack documentation of diagnostic and therapeutic reasoning, or assessment of the risks and benefits associated with the use of controlled substances for pain management.

(c) Respondent appeared to use long-term courses of benzodiazepines as a default treatment of chronic anxiety without evaluation of alternative treatments or the risks involved with their prescription.

(d) Respondent prescribed long-term courses of carisoprodol to all but one reviewed patient, although it is labeled only for short-term use.

(e) Respondent's patient files lack clearly defined therapeutic goals or plans of care.

(f) Respondent's patient files lack documentation of referral for specialty evaluations in appropriate circumstances.

(g) Respondent's patient files lack documentation of timely referral for substance abuse or mental health evaluation and treatment in appropriate circumstances.

(h) Respondent's patient files lack documentation of psychosocial evaluation or evaluation for the potential of addiction, diversion or abuse of controlled substances.

(i) Respondent failed to document responses to evidence of abuse or diversion of controlled substances, and continued to prescribe controlled substances with high addiction potential to patients who evidenced abuse or diversion.

(j) Respondent routinely prescribed high-risk combinations of controlled substances, including the "Holy Trinity" combination of opioids, benzodiazepines, and carisoprodol, without adequate consideration of the risks associated with their coprescription.

19. Expert review of the individual medical files Respondent produced reviewed the following deficiencies, in addition to those noted above:

Patient AF[1]

(a) Respondent failed to obtain an adequate initial pain history.

(b) Respondent prescribed Patient AF a combination of opioids, benzodiazepines, benzodiazepine-like hypnotics, and carisoprodol, without documented consideration of the substantial risks involved in coprescribing them.

(c) Respondent continued to prescribe Patient AF controlled substances even though urine drug screens (UDS) and other evidence indicated drug abuse and diversion.

(d) Respondent failed to recognize Patient AF's apparent drug abuse and take appropriate responsive steps, including timely referral for substance abuse and mental health treatment.

(e) Respondent continued to prescribe Patient AF controlled substances without documenting any benefit Patient AF derived from them, and despite evidence that Patient AF was not benefitting from the prescribed controlled substances.

(f) Respondent continued to prescribe Patient AF controlled substances despite evidence that Patient AF was suffering injuries related to the prescribed controlled substances.

(g) Respondent continued to prescribe Patient AF controlled substances despite Patient AF's refusal to complete physical therapy and failure to follow through with drug abuse treatment and diabetes treatment.

Patient CV

(h) Respondent failed to obtain an adequate initial pain history.

(i) Respondent prescribed Patient CV a combination of opioids, benzodiazepines, and carisoprodol, without documented consideration

[1]Patients are identified by their initials.

of the substantial risks involved in coprescribing them, and without analysis of their efficacy, tolerability, or functional status impact.

(j) Respondent documented an intention to stop medications, but continued to prescribe them to Patient CV.

(k) Respondent continued to prescribe Patient CV controlled substances despite evidence that Patient CV was suffering injuries related to the prescribed controlled substances

(l) Respondent continued to prescribe Patient CV controlled substances despite Patient CV's substance abuse history, despite the fact that Patient CV's spouse was a known substance abuser, and even though UDSs and other evidence indicated drug abuse and diversion by Patient CV.

(m) Respondent failed to recognize Patient CV's apparent drug abuse and take appropriate responsive steps, including referral for substance abuse and mental health treatment.

Patient DW

(n) Respondent failed to obtain an adequate initial pain history.

(o) Respondent failed to adequately discuss the conditions underlying Patient DW's pain, and failed to document the conditions that Respondent treated.

(p) Respondent prescribed Patient DW a combination of opioids, benzodiazepines, and carisoprodol, without documented consideration of the substantial risks involved in coprescribing them.

(q) Respondent continued to prescribe Patient DW controlled substances despite Patient DW's substance abuse history, and failed to make sufficient inquiry into Patient DW's substance abuse history or treatment.

(r) Respondent continued to prescribe Patient DW controlled substances without adequate documentation of the benefit Patient DW derived from them, and despite contradictory documentation that Patient DW was deriving benefit from the prescribed controlled substances at all.

(s) Despite minimally abnormal imaging studies and little other evidence regarding the source of Patient DW's pain, Respondent did not refer Patient DW to a pain specialist for further evaluation.

(t) Respondent failed to address Patient DW's noted mental health conditions, or coordinate Patient DW's care with a mental health specialist.

(u) Respondent continued to prescribe Patient DW controlled substances even though abundant evidence strongly suggested drug abuse and diversion, and despite UDS results inconsistent with proper use of prescribed medication.

Patient GH

(v) Respondent failed to obtain an adequate initial pain history.

(w) Respondent failed to document adequate exam findings, and failed to timely order appropriate diagnostic studies to determine pain etiology.

(x) Respondent failed to document the functional limitations caused by Patient GH's pain, or the functional benefits provided by the prescribed controlled substances.

(y) Respondent failed to document meaningful psychiatric history to support long-term prescription of benzodiazepines.

(z) Respondent continued to prescribe a long-term course of phentermine for weight loss, although it provided no weight loss benefit, and may have been exacerbating Patient GH's hypertension.

(aa) Respondent prescribed Adderall along with phentermine without considering their additive effects or their opposing effects with prescribed benzodiazepines.

(bb) Respondent failed to document an adequate response to multiple UDSs showing negative results for prescribed controlled substances and positive results for unprescribed controlled substances.

(cc) Respondent continued to prescribe Patient GH multiple controlled substances despite his apparent conclusion that Patient GH required substance abuse treatment.

Patient KV

(dd) Respondent failed to obtain an adequate initial pain history.

(ee) Respondent failed to document adequate exam findings, and failed to timely order appropriate diagnostic studies to evaluate tentative diagnoses.

(ff) Respondent failed to document the functional limitations caused by Patient KV's pain, or the functional benefits provided by the prescribed controlled substances.

(gg) Respondent prescribed a long-term course of opioids, benzodiazepines, and carisoprodol without discussion of the

associated risks and despite Patient KV's multiple risk factors for complications of controlled substance use, including evidence of active alcohol and cocaine abuse, and despite the fact that Patient KV's spouse was a substance abuser.

(hh) Respondent failed to document meaningful psychiatric history despite notations that Patient KV suffered from several mood disorders.

(ii) Respondent prescribed Patient KV a long-term drug regimen that carries obvious risk of respiratory depression, even though Patient KV suffered from oxygen-dependent chronic obstructive pulmonary disease.

(jj) Respondent failed to recognize Patient KV's addiction and take appropriate steps in response to Patient KV's polysubstance abuse, including timely referral for substance abuse treatment.

(kk) Respondent failed to document an adequate response to multiple UDSs showing negative results for prescribed controlled substances and positive results for unprescribed controlled substances.

Patient LH

(ll) Respondent failed to obtain an adequate initial pain history, or inquire about the onset, severity, duration, etiology, or functional limitations caused by Patient LH's reported pain or anxiety.

(mm) Respondent failed to order appropriate diagnostic studies.

(nn) Respondent failed to document inquiry about previous treatments.

(oo) Respondent prescribed a long-term course of opioids, benzodiazepines, sedatives, and carisoprodol without discussion of the associated risks and without documented rationale for this multidrug therapy.

(pp) Respondent failed to document the functional benefits provided by the prescribed controlled substances.

(qq) Respondent failed to document meaningful psychiatric history despite notations that Patient LH suffered from severe anxiety, and did not make an appropriate referral for mental health care.

(rr) Respondent failed to document an adequate response to a UDS showing negative results for prescribed controlled substances.

(ss) Respondent failed to consider intensified therapy for Patient LH's unimproved asthma.

Patient RH

(tt) Respondent failed to obtain an adequate initial pain history, and failed to document general medical information other than problem and medication lists.

(uu) Respondent failed to inquire about the onset, severity, duration, etiology, or functional limitations caused by Patient RH's reported pain or anxiety.

(vv) Respondent failed to document inquiry about previous treatments.

(ww) Respondent failed to timely order appropriate diagnostic studies, or make appropriate comment on ordered studies.

(xx) Respondent failed to document the functional limitations caused by Patient RH's pain, or the functional benefits provided by the prescribed controlled substances.

(yy) Respondent failed to document meaningful psychiatric history with respect to Patient RH's anxiety complaint, and did not make an appropriate referral for mental health care.

(zz) Respondent prescribed a long-term course of opioids, benzodiazepines, and carisoprodol without discussion of the associated risks and without documented rationale for this multidrug therapy.

(aaa) Respondent failed to consider intensified therapy for Patient RH's unimproved asthma.

Patient RB

(bbb) Respondent failed to obtain an adequate initial pain history, or inquire about the onset, severity, duration, etiology, or functional limitations caused by Patient RB's reported pain.

(ccc) Respondent failed to document adequate exam findings, and failed to obtain prior treatment records.

(ddd) Respondent prescribed a long-term course of opioids and amphetamines without discussion of the associated risks and possible opposing effects, without documented rationale for this multidrug therapy, and without detailed assessment of functional benefit.

Patient SS

(eee) Respondent failed to obtain an adequate initial pain history or examination, or inquire about the onset, severity, duration, etiology, or functional limitations caused by Patient SS's reported pain.

(fff) Although Respondent obtained imaging studies, he did not comment on them, make a specialist referral, or take any other documented action in response.

(ggg) Respondent prescribed a long-term course of opioids, benzodiazepines, and carisoprodol without discussion of the associated risks, without documented rationale for this multidrug therapy, and without documenting consideration that the therapy might be causing Patient SS's complaint of fatigue.

(hhh) Respondent prescribed phentermine for weight loss, which has anxiety as a principal side effect, even though Respondent was also prescribing an anxiolytic medication. Moreover, Respondent failed to address the possibility that the prescribed phentermine was a cause of her hypertension.

(iii) Respondent failed to document an adequate response to UDSs showing negative results for prescribed controlled substances and positive results for unprescribed controlled substances.

(jjj) Respondent failed to recognize Patient SS's substance abuse and take appropriate responsive steps, including timely referral for substance abuse and mental health treatment.

Patient TW

(kkk) Respondent failed to obtain an adequate initial pain history or examination, or inquire about the onset, severity, duration, etiology, or functional limitations caused by Patient TW's reported pain.

(lll) Respondent prescribed a long-term course of opioids, benzodiazepines, and carisoprodol without discussion of the associated risks or documentation of the functional benefits provided by the prescribed controlled substances.

(mmm) Respondent failed to document an adequate response to multiple UDSs showing negative results for prescribed controlled substances.

COUNT I

Respondent's conduct constitutes a violation of a general duty, consisting of negligence or failure to exercise due care, 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 demonstrates Respondent's lack of a "propensity . . . to serve the public in the licensed area in a fair, honest, and open manner," MCL 338.41(1), and accordingly a lack of "good moral character," in violation of MCL 333.16221(b)(vi).

COUNT IV

Respondent's conduct, as set forth above, constitutes 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 the allegations in this complaint. 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: 05/18, 2017

By: Kim Gaedeke, Director
Bureau of Professional Licensing

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