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

In the Matter of

STEVEN ALAN OWENS, D.O.
License No. 51-01-015543,

File No. 51-17-148189

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 Osteopathic Medicine and Surgery 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 osteopathic medicine and surgery 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.

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: 02/26/19

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 Steven Alan Owens, D.O. as follows:

1. The Michigan Board of Osteopathic Medicine And Surgery 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 holds a Michigan license to practice osteopathic medicine and surgery and holds a current controlled substance license.

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 osteopathic medicine and surgery in the state of Michigan, effective upon service of the accompanying *Order of Summary Suspension*.

4. 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.

5. Amphetamine salts (e.g., Adderall) are schedule 2 controlled substances.

6. 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.

7. Carisoprodol (e.g., 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. Cyclobenzaprine (e.g., Flexeril) is a muscle relaxer used to treat muscle pain, spasms, and stiffness. It is not a controlled substance medication but requires a prescription.

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

10. Lorazepam (e.g., Ativan) is a schedule 4 benzodiazepine controlled substance.

11. Morphine is a frequently diverted and abused schedule 2 controlled substance.

12. Oxycodone and oxycodone combination products are opioid schedule 2 controlled substances. These medications are used to treat pain and are commonly abused and diverted.

13. 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."

14. Sertraline (e.g., Zoloft) is a non-controlled, prescription-only antidepressant used to treat depression, panic, anxiety, and/or obsessive-compulsive symptoms.

15. 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."

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

17. The CDC's guidelines for opioid prescribing direct providers to use "extra precautions" when prescribing opioids with a daily morphine milligram equivalent (MME) of 50 or more. Those guidelines also direct providers to "avoid or carefully justify" increasing dosage to a daily MME of 90 or more.

18. At all relevant times, Respondent practiced medicine at Mason Family Medicine PLLC located in Mason, Michigan.

19. For historical purposes, the following events occurred:

a. On October 6, 2016, the Department executed an Administrative Complaint against Respondent based on information he prescribed controlled substance medication to several patients without appropriate documentation of exams, tests, studies, and monitoring.

The Complaint also noted that Respondent did not properly protect patient records and timely provide medical records to patients upon request.

b. On August 3, 2017, in resolution of the Complaint, Respondent entered into a Consent Order and Stipulation which placed Respondent on probation for 18 months and required him to meet quarterly with a Board-approved physician reviewer, complete continuing education, and pay a $2,000.00 fine. Under the terms of the Order, Respondent was not to practice until he received written confirmation from the Department that the Board-approved physician reviewer was approved.

20. Respondent failed to obtain a Board-approved physician reviewer and never received approval from the Department yet continued to practice, contrary to the terms of the Order. Respondent also failed to complete the required continuing education.

State of Michigan Investigation

21. In 2017, the State of Michigan began investigating Respondent's controlled substance prescribing practices. The investigation included undercover individuals presenting to Respondent's practice as patients S.T. and R.S., who captured audio and video surveillance of their office visits.

22. A review of surveillance materials related to S.T.'s and R.S.'s office visits revealed several concerning interactions, including, but not limited to:

a. Respondent ordered a blood test for S.T. Respondent advised S.T. that Respondent was lying about several diagnoses to get S.T.'s insurance to cover the full bloodwork panel.

b. S.T. asked for and received a prescription for hydrocodone-acetaminophen after telling Respondent that he was not in pain, but just liked the way he felt on the medication.

c. Similarly, R.S. asked for hydrocodone-acetaminophen and received it, without mentioning pain or indicating that she was suffering from something where it would be appropriate to prescribe the medication.

d. Respondent said that he had to justify the hydrocodone-acetaminophen prescription and documented that S.T. had degenerative joint disease. When S.T. inquired further, Respondent admitted that the patient did not show any signs of this condition.

e. Respondent told S.T. and R.S. not to fill their controlled substance prescriptions at Meijer, because Respondent and Meijer were "feuding" regarding Respondent's prescribing of controlled substance medication.

f. R.S. told Respondent that she liked to party and drink alcohol with her controlled substance medications, to which Respondent replied, "Oh God, yeah man."

g. R.S. asked Respondent if she could get some promethazine with codeine syrup. Respondent replied that she could not because the Drug Enforcement Administration (DEA) would flag it.

h. R.S. asked Respondent if she could get a prescription for alprazolam. Respondent had previously prescribed carisoprodol and hydrocodone-acetaminophen to R.S. and stated that he would prescribe her alprazolam "only if [she] smile[d]."

i. Respondent documented that he prescribed R.S. alprazolam for anxiety; however, this diagnosis was never supported by an appropriate evaluation.

23. In addition to surveillance materials, the Department of Attorney General, Health Care Fraud Division provided the Department with medical records and prescription copies for S.T. and R.S., material on one of Respondent's patients who died of an overdose, patient K.G., and other supporting documentation on the three patients.

Expert Review

24. An expert reviewed the surveillance materials and individual medical files Respondent produced and discovered the following deficiencies in Respondent's patient care:

a. Respondent's practices did not constitute any reasonable medical care and were only for the purpose of distribution of controlled substance medication and fraudulent billing of government insurance.

b. Respondent's medical practice is far out of line from common practice in that he would ask patients what medication they wanted, grant their wishes for medication, and sometimes mention that he could not prescribe everything a patient wanted because he would be flagged by the DEA.

c. Surveillance videos provided by the Department showed that Respondent provided inadequate patient care during his interactions with S.T. and R.S.

d. The expert questioned Respondent's competency to practice medicine based on Respondent's motions, speech, behavior, and substantive knowledge.

e. Respondent's patient histories and examinations were inadequate.

f. Respondent failed to act upon concerning statements by the patients that seemed to indicate diversion or misuse of controlled substance medication.

g. Respondent did not check MAPS[1], perform urine drug screens, inform the patients of the risks of taking controlled substance medication, or require patients to sign a controlled substance agreement.

h. Respondent's prescribing of controlled substance medication did not meet state or federal standards dating back to at least 2010.

i. Respondent fabricated diagnoses to justify prescribing the patients' controlled substance medication.

[1] Michigan Automated Prescription System, the State of Michigan's prescription drug monitoring program, which tracks controlled substances dispensed in Michigan.

j. Respondent did not make legitimate attempts to determine the cause of the patients' pain and did not require patients to complete the diagnostic tests Respondent ordered.

25. The expert also reviewed the materials on patient K.G.'s overdose and found Respondent's prescribing to her to be inappropriate. For background, the following occurred:

a. Respondent prescribed controlled substance medication to patient K.G. since at least April 2015.

b. From a review of materials provided to the Department, patient K.G.'s cause of death was listed as acute bronchopneumonia with contributing conditions of pulmonary emphysema and acute intoxication by the combined effects of cyclobenzaprine, lorazepam, morphine, and sertraline.

c. The chief investigator at the medical examiner's office indicated that the presence of drugs in patient K.G.'s system was what killed her, primarily the combination of morphine and lorazepam, which depresses the central nervous system and causes respiratory distress.

d. Respondent authorized patient K.G.'s prescriptions for morphine and lorazepam on May 26, 2017. Respondent prescribed patient K.G. cyclobenzaprine on May 11, 2017 and sertraline on April 3, 2017.

e. Patient K.G. died on May 29, 2017.

26. The expert also reviewed two years of MAPS data from January 17, 2017 through January 2017, 2019 and noted that Respondent frequently prescribed controlled substance medication generally of high street value and high potential for diversion or misuse, such as oxycodone-acetaminophen 10-325 mg, hydrocodone-acetaminophen 10-325 mg, dextroamphetamine-amphetamine 30 mg, alprazolam 1 mg, oxycodone 30 mg, and oxycodone extended release 80 mg.

27. Respondent obtained MAPS reports on only two patients during the two-year period for a total of six reports. Respondent ran all six of the reports on July 2, 2018, which did not satisfy the requirements under MCL 333.7303a(4).

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).

COUNT IV

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 V

Respondent's conduct evidences fraud or deceit in obtaining or attempting to obtain third party reimbursement, in violation of MCL 333.16221(d)(iii).

COUNT VI

Respondent's conduct constitutes a violation of a final order, contrary to Mich Admin Code, R 338.1632, in violation of MCL 333.16221(h).

COUNT VII

Respondent's conduct constitutes a failure to obtain and review a MAPS report prior to issuing controlled substance prescriptions contrary to MCL 333.7303a(4) and in violation of MCL 333.16221(w).

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: 02/26/19

By: Cheryl Wykoff Pezon, Director
Bureau of Professional Licensing

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