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

In the Matter of

ZEYN NEZ SEABRON, M.D.
License No. 43-01-050629,

File No. 43-17-149170

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.

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: 6/21/18, 2018

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 Zeyn Nez Seabron, 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 violations of the Public Health Code.

2. Respondent holds a Michigan license to practice medicine 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 medicine 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. Oxycodone, and combination products including oxycodone, are opioid schedule 2 controlled substances and are commonly abused and diverted.

6. Oxymorphone, a schedule 2 controlled substance, is an opioid used to treat pain, and is a commonly abused and diverted drug. Oxymorphone 40 mg is the most commonly abused and diverted strength of oxymorphone.

7. 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.

8. 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.

9. 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."

10. For historical purposes, the following events occurred:

a. On September 19, 2007, the Department executed an Administrative Complaint against Respondent's controlled substance license for prescribing controlled substances to patients while his controlled substance license was lapsed.

b. On February 13, 2008, the Board of Pharmacy's Disciplinary Subcommittee executed a Consent Order and Stipulation resolving the Administrative Complaint which required Respondent to pay a $1,500.00 fine.

11. At all relevant times, Respondent practiced medicine in southeast Michigan. Since around August 2017, Respondent has been associated with and practiced out of Preferred Rehab Clinic P.C. in Warren, Michigan.

12. The Department 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 the period between July 1, 2017 through December March 31, 2018 revealed that 5,809 controlled substance prescriptions were reported to MAPS as dispensed under Respondent's authorization: 4,252 (73.20%) prescriptions were for oxycodone 30 mg and 1,510 (25.99%) prescriptions were for oxymorphone 40 mg. Overall, 99.19% of the controlled substance prescriptions reported to MAPS under Respondent's authorization during the period were for these two commonly abused and diverted medications.

14. During this period, patients paid cash for 27.11% of the controlled substance prescriptions authorized by Respondent. This rate is several times the state average of approximately 10% for cash payment and suggests that prescriptions were filled for illegitimate purposes.

15. MAPS data indicated that among all Michigan prescribers, Respondent ranked 51st and 59th, respectively, during the third and fourth quarters of 2017 in total controlled substance prescribing. Respondent was also among the highest-ranked prescribers of the following controlled substances among all Michigan prescribers during the following quarters in 2017 and 2018:

Drug	*2017 Q3*	*2017 Q4*	*2018 Q1*
Oxycodone 30 mg	1	1	8
Oxycodone (All Strengths)	1	1	27
Oxymorphone 40 mg	2[1]	2	7
Oxymorphone (All Strengths)	2	2	8

16. On January 31, 2018, in an interview with a Department investigator, Respondent indicated that he retired from practice in December 2014, relocated to Seattle, Washington, and returned to Michigan to practice medicine in July 2017. Respondent's primary field of practice was pain management.

17. The Department's investigator also interviewed Respondent about the address associated with his DEA registration. Respondent stated that he did not work at the address listed on his DEA registration, using it for mailing purposes only.

18. During the interview, the investigator presented Respondent with MAPS data for several individuals to whom MAPS indicated Respondent prescribed controlled substances: L.B., E.W., L.P., M.M.1, L.H., L.C., T.T., M.M.2, and M.H.[2] Respondent provided the following information:

a. Respondent reviews MAPS data prior to authorizing controlled substances.

b. Individual E.W. was not Respondent's patient, and he did not authorize the oxycodone 30 mg or oxymorphone 40 mg prescriptions dispensed under his DEA registration number.

c. Respondent indicated he would never authorize a combination of oxycodone 30 mg and oxymorphone 40 mg prescriptions together. Contrary to Respondent's statement, MAPS data indicated that multiple patients were receiving this combination.

d. Respondent is a medical marijuana certifier.

[1] Respondent also ranked 76th for oxymorphone 40 mg in quarter three of 2017 under a different DEA registration number.

[2] Initials are used to protect individuals' identities.

e. Respondent was prescribing oxycodone 30 mg for pain but was transitioning his patients to medical marijuana.

19. Also during the interview, the investigator presented Respondent with prescriptions dispensed under his name for individuals T.R., O.V., E.W., A.C., L.H., R.S., P.L., H.H., L.B., and C.V. Respondent reviewed the prescriptions and identified fraudulent prescriptions for six of the ten patients.

20. Respondent indicated he believed that out of the approximately 5,000 prescriptions[3] dispensed under his DEA registration number, only a few were fraudulent prescriptions. Respondent indicated he did not feel it was necessary to change his DEA registration number at this time but stated he would report the fraudulent prescriptions to local police departments and the DEA.

21. A representative from the DEA confirmed that Respondent did not change his DEA registration or report fraudulent activities associated with that DEA registration until March 27, 2018. The address associated with the new DEA registration is the same address Respondent provided on January 31, 2018 when he indicated he used the address for mail and did not work at the facility located at the address.

22. Further review of MAPS data indicated that Respondent reduced his prescribing after being interviewed by the Department. However, the Department reviewed MAPS data from practitioners in Respondent's clinic which indicated that these practitioners, including a nurse practitioner supervised by Respondent, continued to prescribe nearly exclusively oxycodone 30 mg and oxymorphone 40 mg. Similarly, patients receiving these prescriptions paid for them in cash in high proportions.

[3] Respondent was referring to MAPS data from August through November 2017 presented to him at the interview.

23. As part of an investigation of Respondent's prescribing practices, the Department received and analyzed medical records for eight of Respondent's patients.

24. An expert reviewed the individual medical files Respondent produced and discovered the following deficiencies in Respondent's management of patients' care across files:

a. Respondent's initial evaluations were inadequate, lacking proper histories and documentation of physical exams.

b. Patient histories that were documented in the medical records were inadequate for purposes of chronic pain management, lacking most of the elements required to meet a minimal standard of care.

c. The source of the urine drug screens results in the charts was uncertain and there was no documentation about what type of test was done. The medical records contained no evidence of any confirmation tests or interpretations of urine drug screen results. In one case, a negative screen for a prescribed drug was not discussed in the record.

d. Respondent consistently failed to obtain or document MAPS reports prior to treatment.[4] Had MAPS been consulted, data would have shown patients using multiple prescribers to obtain controlled substances.

e. Multiple times, patient contracts and screening tools were entered into the medical record without comment or interpretation, and for the most part were undated.

f. Medical records did have narcotic contracts, but these were undated, and the medical record did not contain documentation regarding patient counselling.

g. Imaging studies were included in some of the patient records, but it did not appear that there was any correlation or documentation with the results of these tests and any physical exam findings or patient history. Imaging studies usually predated the patient encounter, sometimes by years.

[4] The Department notes that seven of the medical records reviewed contain MAPS reports on January 24, 2018 and no others. The other record for patient J.L. only contains a MAPS report from February 14, 2017.

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: 6/21/18, 2018

By: Cheryl Wykoff Pezon, Director
Bureau of Professional Licensing

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