BEFORE THE
BOARD OF NATUROPATHIC MEDICINE
STATE OF OREGON

In the Matter of the License of: **Andersen, Lakshmi ND,** Licensee.	Case No. 20-12-49 **NOTICE OF PROPOSED DISCIPLINARY ACTION AND OPPORTUNITY FOR HEARING**

1.

The Board of Naturopathic Medicine (Board) is the state agency responsible for licensing, regulating and disciplining naturopathic physicians in the State of Oregon, pursuant to Oregon Revised Statutes (ORS) chapter 685 and Oregon Administrative Rules (OAR) chapter 850. Andersen, Lakshmi N.D. (Licensee) is a licensed naturopathic physician in Oregon, and is subject to the jurisdiction of the Board.

2.

The Board conducted an investigation based on a complaint received regarding Licensee. Based on the results of the investigation and pursuant to ORS 685.110(8), OAR 850-050-0010(1)(c)(A), OAR 850-050-0010(1)(c)(B), the Board hereby proposes to take disciplinary action against Licensee's license to practice naturopathic medicine, on the grounds described in the following paragraphs. For each violation, the Board may impose a civil penalty up to $5,000, a term of probation, a letter of reprimand and license limitation, suspension, or revocation.

3.

The Oregon Health Authority maintains a Prescription Drug Monitoring Program (PDMP) for monitoring and reporting prescription drugs dispensed by pharmacies in Oregon that are classified in schedules II through IV under the federal Controlled Substances Act, 21 USC §§ 811, 812, as modified under ORS 475.035. ORS 431.962. The PDMP became fully operative and accessible to naturopathic practitioners in September 2011.

4.

The Oregon Health Authority issued Oregon Opioid Prescribing Guidelines (Guidelines) in October 2018 for prescribers of opiates. These Guidelines provide the minimum standards of practice for prescribers of opiates. Opiates are commonly prescribed for short-term, acute conditions. Long term opiate use carries a risk of patient harm due to abuse or addiction. Long term prescription of opiates requires a higher degree of assessment, screening, documentation, and record keeping mitigating this risk.

5.

The Guidelines focus on prescribing for acute pain and provide general recommendations for assessment, documentation, cautions and prescribing limits for patients not currently or recently treated with opioids (i.e., opioid-naïve) across several practice settings. Patients should be pre-screened for risk of opioid abuse, multi-drug use, and other risk factors. Pain progress should be monitored and re-assessed monthly. Periodic physical exams and blood chemistry should be performed to assess toxicity risks. Patients should be screened monthly for compliance and for multi-drug use through exam and drug screening.

6.

The Guidelines state when opioids are started, clinicians should prescribe the lowest effective dosage. Clinicians should use caution when prescribing opioids at any dosage, should carefully reassess evidence of individual benefits and risks when increasing dosage to ≥50 morphine milligram equivalents (MME)/day, and should avoid increasing dosage to ≥90 MME/day or carefully justify a decision to titrate dosage to ≥90 MME/day.

7.

Licensee first treated Patient A on March 30, 2020. Patient A requested pain medication to help ease the pain from previous surgeries. Per Patient A's PDMP report, on February 4, 2021, licensee prescribed 45 Oxycodone, 10 MG tablets to be taken over 6 days for a Morphine

Milligram Equivalent (MME) of 112.50 and 45 Hydromorphone 8 MG tablets to be taken over 15 days for an MME of 96. Total MME for the two opioids was 208.5.

8.

During the time she treated and prescribed opioids to Patient A from on or about March 30, 2020 to March 2, 2021, Licensee did not check PDMP, perform any pill counts of Patient A's medication, or perform a urine test.

9.

PDMP reports from March 1, 2020 through March 15, 2021, showed Patient A's 30-day MME average was 110.9.

10.

Licensee chart notes fail to show that licensee adequately screened Patient A for drug abuse potential or multi-drug use. Licensee increased doses without routine drug monitoring. Licensee did not check the PDMP to determine if patient was being prescribed medications by another provider. Licensee did not have a reasonable justification for the high doses of opiates she prescribed to Patient A.

11.

Licensee's conduct in treating Patient A was negligent, which is grounds for discipline under ORS 685.110(8), OAR 850-050-0010(1)(c)(A), OAR 850-050-0010(1)(c)(B).

12.

Patient B was seen at hospital on or about January 2, 2021, for injuries related to a car crash. Upon discharge Patient B was given a prescription for Oxycodone 5mg pills to be taken every 4 hours for pain, 40 pills total, with an MME 42.86.

13.

License first treated Patient B on January 6, 2021, for pain related to the car crash the week prior. Licensee told Board investigator after the appointment, she prescribed 50 Hydromorphone 8MG ½ a tablet every 4 hours as needed for pain, limit of 6 doses per day. Per

Patient B's medical record, the prescription was written as follows: "one half tablets every four hours, limit 6 tablets per day." PDMP equates the 6 tablets per day as 160 MME. Combined with prescribed Oxycodone, this brought Patient B's MME to over 200 per day.

14.

On or about January 29, 2021, Licensee prescribed Alprazolam to Patient B. Patient B's previous doctor prescribed Alprazolam to Patient B prior to the January 2, 2021 crash. Licensee continued to prescribe Oxycodone and Hydromorphone with the Alprazolam. Licensee told Board investigator that she did not discuss with Patient B the risks of taking opioids and benzodiazepines concurrently.

15.

Licensee told Board investigator that she did not check PDMP at any point during her treatment of Patient B. Licensee told Board Investigator she did not perform a urine test on Patient B, nor did she conduct a pill count. Licensee gave Patient B a pain medication contract, however Patient B did not return or sign the contract. Licensee continued treatment without the signed contract. Licensee terminated the doctor patient relationship with Patient B on or about March 3, 2021. For the duration of treatment Patient B's average MME was 110.9.

16.

Licensee chart notes fail to show that licensee adequately screened Patient B for drug abuse potential or multi-drug use. Licensee increased doses without routine drug monitoring. Licensee did not check the PDMP to determine if patient was being prescribed medications by another provider. Licensee did not have a reasonable justification for the high doses of opiates she prescribed to Patient A.

17.

Licensee's conduct in treating Patient was negligent, which is grounds for discipline under ORS 685.110(8), OAR 850-050-0010(1)(c)(A), OAR 850-050-0010(1)(c)(B).

18.

For the foregoing violations, the Board proposes the following discipline:

1. Civil penalties in the total amount of five thousand dollars ($5,000);
2. Two (2) years of probation, with the following conditions:
    a. Continuing Education: In addition to the Board's annual continuing education requirements, during the first year of probation, Licensee shall complete 12 hours of Board approved continuing education hours as follows:

        (i) Eight (8) hours focused on pain management and prescribing controlled substances.

        (ii) Four (4) hours focused on substance abuse disorders.

    b. Chart Review: Licensee will submit to the Board up to five (5) patient charts, quarterly, as requested by the Board for patients whom Licensee is currently prescribing controlled substances. The chart review will focus on Licensee controlled substance prescribing practices and charting of those practices. The Licensee is responsible for expenses related to quarterly chart reviews.

    c. Licensee shall comply with the statutes, rules and orders of the Board.

19.

NOTICE OF OPPORTUNITY FOR HEARING

Licensee is entitled to a hearing as provided by the Administrative Procedures Act (ORS Chapter 183). If you want a hearing, you must file a written request for hearing with the Board within 21 days from the date this notice was mailed. You must submit request for hearing to

either via email Naturopathic.Medicine@Oregon.gov or U.S. Mail to Oregon Board of Naturopathic Medicine, 800 NE Oregon Street, Suite 407, Portland, OR 97232. The request for hearing must be received by the Board within 21 days from the date of mailing of this notice, and must be accompanied by a written answer to the charges contained in this Notice. If a request for hearing is not received within 21 days, the right to hearing is waived.

20.

If you request a hearing, you will be notified of the time and place of the hearing. Before the hearing, you will receive information on the procedures, right of representation, and other rights of parties related to the conduct of the hearing. An administrative law judge from the Office of Administrative Hearings will preside at any hearing. ORS 183.635.

21.

An answer is required to this Notice, pursuant to OAR 850-001-0015, due to the complexity of the matters alleged above. The answer shall be made in writing to the Board and shall include an admission or denial of each factual matter alleged in this Notice, and a short plain statement of each relevant affirmative defense Licensee may have. Except for good cause, factual matters alleged in this notice and not denied in the answer shall be presumed admitted; failure to raise a particular defense in the answer will be considered a waiver of such defense; and new matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency and evidence shall not be taken on any issue not raised in the Notice and answer.

22.

If you fail to request a hearing within 21 days, withdraw a request for a hearing, notify the Board or administrative law judge that you will not appear or fail to appear at a scheduled

hearing, the Board may issue a final order by default revoking your license. If the Board issues a default order, the contents of the Board's file automatically becomes part of the evidentiary record of this disciplinary action for the purpose of proving a prima facie case.

NOTICE TO ACTIVE DUTY SERVICEMEMBERS: Active duty service members have a right to stay these proceedings under the federal Service members Civil Relief Act. For more information contact the Oregon State Bar at 800-452-8260, the Oregon Military Department at 503-584-3571 or the nearest United States Armed Forces Legal Assistance Office through http://legalassistance.law.af.mil.

DATED this ___19_____day of ___May_____ 2021.

BOARD OF NATUROPATHIC MEDICINE
State of Oregon

Mary-Beth Baptista, Executive Director