

**SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING & REGULATION
BEFORE THE STATE BOARD OF MEDICAL EXAMINERS**

IN THE MATTER OF:

CORNELIUS LENARD ALSTON, M.D.
License No.: MMD.15330

Case No.: 2008-224; 2008-372; 2011-217;
2011-285,

Respondent.

FINAL ORDER

This matter came before the South Carolina Board of Medical Examiners (the "Board") for hearing on August 5, 2013, to consider a Memorandum of Agreement and Stipulations ("MOA") signed by Respondent on June 7, 2013. In the MOA, Respondent waived the authorization and filing of a Formal Complaint as well as formal hearing procedures (including a Panel Report of the Medical Disciplinary Commission) and elected to dispose of the matter pursuant to S.C. Code Ann. § 1-23-320(f). Respondent also waived the right to thirty (30) days notice of this proceeding.

A quorum of the Board was present. The hearing was held pursuant to S.C. Code Ann. §§40-1-90, 40-47-116, 40-47-117 and the provisions of the Administrative Procedures Act, S.C. Code Ann. §1-23-10, *et seq.* (1976 as amended) to determine what sanctions, if any, were appropriate.

Suzanne Hawkins, Assistant General Counsel, represented the State. The Respondent was present and appeared *pro se*. After consideration, the Board voted to accept the MOA, with the sanctions specified in this Order.

FINDINGS OF FACT

In the MOA, Respondent stipulated to and admitted the following facts:

1. Respondent is duly licensed and registered to practice medicine in South Carolina under license number MMD.15330. The Board has jurisdiction over the Respondent and the subject matter herein.

OIE Case #2008-224

2. On or about July 23, 2007, Respondent began treating Patient C.M., who complained of chronic back pain caused by an automobile accident occurring two years earlier. Respondent prescribed Methadone for pain.

3. Respondent did not adequately assess and document Patient C.M.'s pain. Patient C.M.'s records did not include a detailed history of his pain, such as the location, cause, severity, duration, or limitations. Respondent also did not perform an MRI, X-ray, pain scales, or other radiologic imaging of the problem area.
4. Respondent continued to prescribe Methadone to Patient C.M. for at least two years, and increased the dosage as Patient C.M. continued to complain of chronic pain.
5. Respondent did not include a trial of non-narcotic medication or physical therapy in his treatment plan. Respondent did not refer Patient C.M. to a pain specialist. Patient C.M.'s chart notes did not indicate random drug screens or pill counts.

OIE Case #2008-372

6. Respondent overprescribed narcotics, anxiolytics, and amphetamine derivatives for eight patients. Respondent failed to properly document disease states, to order appropriate studies, to refer proper specialists, and to properly counsel patients on his recommendations. Respondent ignored drug-seeking behavior in his patients as indicated by their medical records, and thus contributed to their narcotic dependency and possible abuse.

OIE Case #2011-217

7. On or about November 30, 2004, Respondent entered into a Final Order with the Board due to alcohol abuse issues. The Order required Respondent's active and compliant participation with the Recovering Professionals Program (hereinafter "RPP").
8. On or about June 27, 2011, Respondent tested positive for oxymorphone without a current, valid prescription. Respondent stated this was due to his accidentally taking leftover Percocet from a valid prescription he received after having surgery.
9. Respondent was then referred to a facility, which on or about July 12, 2011 cleared Respondent to return to work. The facility stated that the failed drug screen was due to an error in judgment, and recommended that after three months of negative drugs screens Respondent could be released from monitoring by RPP.

OIE Case #2011-285

10. On or about August 12, 2005, Respondent began treating Patient K.K., a female whose name is known to the Board. Patient K.K. had chronic back pain and Respondent prescribed Hydrocodone and various other pain medications to alleviate pain.

11. On or about August 11, 2006, Respondent began to prescribe Methadone to treat Patient K.K.'s back pain. On or about February 28, 2011, Respondent informed Patient K.K. that he could no longer prescribe Schedule II drugs, and he switched her prescription to Hydrocodone. When Patient K.K. expressed concern about the price, Respondent's office changed the prescription to Lorcet. Beginning on or about March 8, 2011, Patient K.K. experienced severe withdrawal symptoms for Methadone. When Patient K.K. complained to Respondent's office, she was referred to a pain specialist. Before her appointment with the specialist on or about March 29, 2011, Patient K.K. experienced worsening withdrawal symptoms.

Respondent's Testimony as to Mitigating Circumstances

At the hearing Respondent testified to mitigating circumstances and to subsequent changes he had implemented in his practice. Respondent further testified he had voluntarily surrendered his DEA Schedule II prescribing privileges.

CONCLUSIONS OF LAW

1. In the MOA, the Respondent admitted the foregoing factual admissions constituted misconduct in violation of one or more of the following statutes: S.C. Code of Laws Ann. §§ 40-1-110(1)(f), (g) and (k) and 40-47-110(B)(9), (14), and (17) (as amended).
2. The Board has jurisdiction in this matter and, upon finding that a licensee has violated any of the provisions of S.C. Code Ann. § 40-47-110 and 40-1-110, has the authority to cancel, fine, suspend, revoke, issue a public reprimand or private reprimand, or restrict, including probation or other reasonable action, such as requiring additional education or training or limitation on practice, the authorization to practice of a person who has engaged in misconduct. Additionally, the Board may require the licensee to pay a fine of up to twenty-five thousand dollars. S.C. Code Ann. §40-47-120.
3. Additionally, the Board may require the licensee to pay the costs of the disciplinary action. S.C. Code Ann. §§ 40-1-170 and 40-47-170 (1976, as amended).
4. The sanction imposed is consistent with the purpose of these proceedings and has been made after weighing the public interest and the need for the continuing services of qualified medical doctors against the countervailing concern that society be protected from professional ineptitude and misconduct.
5. The sanction imposed is designed not to punish the physician, but to protect the life, health, and welfare of the people at large.

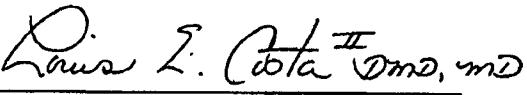
NOW, THEREFORE, IT IS ORDERED, ADJUDGED, AND DECREED that:

1. The Board accepts the Memorandum of Agreement and Stipulations signed by the Respondent.

2. The Respondent is publicly reprimanded.
3. Respondent's license to practice medicine is suspended, such suspension shall be stayed upon:
 - (a) payment of a civil penalty of Two Thousand Dollars (\$2,000.00), which is hereby imposed, and
 - (b) relinquishment of privileges for prescribing controlled substances.
4. Respondent shall successfully complete a Board approved recordkeeping course and a Board approved Ethics course within six months of the effective date of this Final Order.
5. This Final Order shall take effect upon service on the Respondent.

AND IT IS SO ORDERED.

STATE BOARD OF MEDICAL EXAMINERS

By: 
LOUIS E. COSTA, II, D.M.D., M.D.
President of the Board

Date: October 8, 2013