LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

OFFICE OF THE SECRETARY-TREASURER
J. MORGAN LYONS, M.D.
830 UNION STREET, SUITE 100
TELEPHONE: (504) 524-6763
NEW ORLEANS, LA 70112

* *

In the Matter of

LAMAR B. ROBINSON, M.D.

FINAL DECISION

* *

A formal administrative hearing was convened before the Louisiana State Board of Medical Examiners ("Board") on December 8, 1981 to adjudicate alleged, specified violations of the Louisiana Medical Practice Act by Lamar B. Robinson, M.D. ("Dr. Robinson"), to-wit: "[p]rescribing, dispensing, or administering habit-forming or other legally controlled substances in other than a legal or legitimate manner," La. Rev. Stat., Title 37, Section 1285(6), and "[p]rofessional or medical incompetency," La. Rev. Stat., Title 37, Section 1285(12). A quorum of the Board was present. Dr. Robinson was present and was represented by legal counsel, Trevor G. Bryan, Esq.

Upon consideration of the evidence presented, pursuant to La. Rev. Stat., Title 49, Section 958, the Board renders the following findings of fact, conclusions of law, and decision.

Findings of Fact

1

Dr. Robinson is a physician duly licensed by the Board to practice medicine in the state of Louisiana. By virtue of state licensure and federal registration, he is authorized as a practitioner to prescribe, dispense, and administer controlled substances. At all times material to the conduct and activities which this administrative proceeding concerns, Dr. Robinson was so licensed and authorized, and while participating in a full-time residency program* at Charity Hospital and, thereafter, in full-time practice, was engaged in the practice of medicine in New Orleans, Louisiana.

2

Dr. Robinson conducted a general practice in offices located within five area pharmacies from December, 1979 through April, 1981. Dr. Robinson initially conducted this practice one to two evenings per week. Thereafter, he expanded this practice to four evenings and then to a full-time basis.

3

As described by Dr. Robinson, patients who consulted him for treatment of obesity were given a physical examination

---

*Dr. Robinson's residency training was divided between anesthesiology and psychiatry programs.

after which, the patient's weight, height, and blood pressure were obtained by either himself or an assistant.*. Dr. Robinson testified that he did not routinely perform blood testing, nor did he perform urinalysis on weight control patients.

4

Dr. Robinson's program consists, essentially of the prescription of an anorexiant medication, Desoxyn (methamphetamine hydrocholoride), 15 mg., Preludin (phendimetrazine hydrochloride) 75 mg., or a similar sympathomimetic amine. In some instances, Dr. Robinson stated that he provided patients with a printed diet sheet.

5

An investigation was conducted by the Office of Narcotics and Dangerous Drugs ("NDD") of the Louisiana Department of Health and Human Resources, into the scheduled prescription files of seven New Orleans' pharmacies. The investigation was initiated after a local television station broadcast an investigative report suggesting that drug abusers had been able to obtain controlled substances for illicit purposes pursuant to

---

*The Board notes that the individuals who served as Dr. Robinson's assistants at several of the pharmacy clinics were not, in fact, registered nurses or licensed practical nurses, nor had they had any formal medical or nursing education; rather, Dr. Robinson testified that these assistants were trained on the job by the physicians staffing the pharmacy offices.

prescriptions written by physicians who practiced in drug store clinics.

6

In the course of the investigation, NDD agents seized 1,826 prescriptions for controlled scheduled substances written by Dr. Robinson from December, 1979 to April, 1981. Of this number, by far, the prescriptions were primarily written for the Schedule II controlled substances of the amphetamine or sympathomimetic amine class and, within this class, primarily Desoxyn, for which 579 prescriptions were written, representing 16,285 15 mg. tablets; 562 prescriptions were written for Predulin, representing 15,527 75 mg. tablets; and Biphetamine (resin complexes of amphetamine and dextroamphetamine), 185 prescriptions, representing 5,047 20 mg. tablets. Additionally, Dr. Robinson wrote 179 prescriptions for Percodan (oxycodone hydrochloride), for a total of 5,652 dosage units.

7

Further analysis of the seized Schedule II prescriptions reveals that Dr. Robinson wrote prescriptions for Desoxyn and Percodan for patients within days of writing an identical prescription for the same patients, thus, allowing the patients access to several times the prescribed daily dosages over extended periods.

In one instance, Dr. Robinson maintained a patient on Desoxyn, in combination with other sympathomimetic amine Schedule II substances,* for over six months.

8

The evidence also established that Dr. Robinson repeatedly prescribed Desoxyn for periods of time over 12 weeks. While Dr. Robinson indicated that the prescriptions were intended to assist in the control of the patient's weight, many of the records produced by Dr. Robinson reveal that the patients in question were not obese and did not lose weight over the course of the Desoxyn therapy. To the contrary, in a number of such cases the patients actually gained weight over the course of Dr. Robinson's treatment.

9

The evidence also established that Dr. Robinson failed to employ less hazardous substances in the treatment therapy; rather, he consistently prescribed Desoxyn and other Schedule II anorexiants as the primary mode of treating obesity.

10

Furthermore, the evidence established that Dr. Robinson wrote prescriptions to a patient for Placidyl (ethchlorvynol)

---

*Eskatrol (dextroamphetamine sulfate and prochlorperazine).

and Parest (methaqualone hydrochloride) in excessive dosages and, with specific regard to Parest, at an excessive frequency.

11

Desoxyn is a sympathomimetic amine with pharmacologic actions similar to the amphetamines, acting as central nervous and cardiovascular system stimulants. Its exclusive indication is as an appetite suppressant or anorexiant therapy in the management of exogenous obesity as a short-term (a few weeks) adjunct in a regimen of weight reduction based on caloric restriction, exercise and behavior modification.*

12

In prescribing Desoxyn, a physician must be cognizant of its known contraindications, possible adverse side-effects, and its potential dangers and weigh such risks against the limited usefulness of methamphetamine. Desoxyn, thus, may produce untoward cardiovascular and central nervous system stimulation. The substance also produces tachyphylaxis and tolerance which appears in most patients with administration of the drug over four to six weeks. Continued administration beyond such a term

---

*Desoxyn is also indicated in the treatment of hyperkinetic children. There was no evidence, however, that Dr. Robinson was treating any hyperkinetic children.

carries a substantial risk of physical or psychological dependence.

Desoxyn, like the amphetamines and other stimulant drugs, has been extensively abused. In the estimate of a narcotics investigative officer, the current illicit market value of a single tablet of Desoxyn ranges in this state from $15 to $20, while the retail price currently charged by pharmacies in filling such prescriptions is approximately 30¢ per tablet. Because of its known high potential for abuse, Desoxyn is controlled by both state and federal laws as a Schedule II substance. LSA-R.S. 40:964; 21 C.F.R. § 1308.12.

13

Percodan and Parest are Schedule II controlled substances; Placidyl is a Schedule IV controlled substance.* Each of these substances possesses a high potential for abuse and a high potential for psychological or physiological dependence or addiction. In particular, Percodan is a potent narcotic analgesic agent with actions and dependence-producing capacities qualitatively similar to morphine. Parest and Placidyl are potent oral hypnotics and are indicated in the short-term management of insomnia. Such controlled substances must be administered with the utmost caution, only upon

---

*21 C.F.R. §§ 1308.12, 1308.14; LSA-R.S. 40:964.

legitimate, clinically established medical cause, and with close attention to the dosages administered, the period over which the substances have been prescribed, development of tolerance to the substances, and the possibility of induced or maintained dependency or addiction.

14

Dr. Carl King, Assistant Professor of pharmacology at the Louisiana State University Medical School was qualified as an expert in pharmacology and medical education as it relates to pharmacology. In Dr. King's opinion, there is no pharmacological justification for Desoxyn to be used under any circumstances, due to the substantial risk of addiction, drug abuse and side effects involved in its use. As additional reasons for avoidance for Desoxyn Dr. King testified that it has become one of the most popular street drugs and, perhaps more importantly, because of the existence of less dangerous substances which could be used in the treatment of obesity. Dr. King testified that a typical second year medical student would be aware that Desoxyn is to be avoided due to the dangers accompanying its use. Further, Dr. King noted that even the manufacturers of the drug warn of rapid tolerance, requiring ever-increasing dosages, as well as drug dependency and addiction.

In reviewing the prescriptions written by Dr. Robinson, Dr. King testified that there was no pharmacological or medical justification for the prescribing of Desoxyn in the quantity and with the frequency that Dr. Robinson prescribed and that, if it was used at all, it should be given only on a short-term basis and certainly not more than a few weeks. Further, there was absolutely no pharmacological or medical justification for prescribing Desoxyn 15 mg. in such a manner that the patient had access to more than one tablet per day during the period for which it is prescribed.

Furthermore, Dr. King testified that there was no pharmacological or medical justification for the prescribing of Parest or Placidyl in the quantity and for the duration which Dr. Robinson prescribed and, with reference to Parest, in the frequency prescribed, as these substances should only be prescribed for a period not to exceed five to seven days.

15

Dr. Brobson Lutz, a physician board certified in the specialty of internal medicine and, practicing in New Orleans, was qualified as an expert in internal medicine. Dr. Lutz testified that 15% to 20% of his patients are seen for the treatment of obesity. Due to the rapid development of tolerance, side effects and potential for abuse, Dr. Lutz testified that he does not routinely prescribe Schedule II

anorexiants in the management of weight control and, in fact, has only done so on three occasions since he has begun practice and then only for maximum periods of three to four weeks. Furthermore, because of the dangers inherent in the use of Desoxyn it should never be employed as a primary method for treating obesity; rather, it should only be prescribed after all other forms of therapy have failed. In Dr. Lutz's opinion, when used, Desoxyn therapy should not exceed a maximum period of four to six weeks when no weight loss is documented; even with weight loss, it should never exceed a maximum period of twelve weeks.

In reviewing the prescriptions written by Dr. Robinson, Dr. Lutz testified that there was no medical justification for the prescribing of Desoxyn in the quantity and with the frequency prescribed, nor was there medical justification for prescribing Desoxyn 15 mg. in such a manner that a patient had access to more than one tablet per day.

16

The Board finds as a matter of medical fact, consistant with the opinions of experts who testified in this matter and the unanimous teachings of the medical authorities that Desoxyn causes rapid tolerance, is highly addictive, and should be avoided because of its potential for abuse. The Board further finds that there is no conceivable medical justification in any

case for the prescribing of Desoxyn, 15 mg. in excess of one tablet per day or for the continuous prescribing of Desoxyn in excess of 12 weeks.

17

During the proceeding Dr. Robinson also testified as to the circumstances under which an individual, unlicensed to practice medicine in the state of Louisiana, was seeing and treating patients for weight control at one of the pharmacy clinics. Dr. Robinson testified that this individual worked approxiamtely five days per week and, in addition to seeing patients, that he determined which medication should be prescribed and prepared prescriptions for Desoxyn and other Schedule II controlled substances. Dr. Robinson testified that he signed the prescriptions which were prepared by this individual.

18

In his defense, Dr. Robinson stated that on six occasions he wrote additional prescriptions to individuals who returned to his office stating that they had lost prescriptions. Additionally, Dr. Robinson introduced Dr. Richard Ochilla, an Assistant Professor of pharmacology at Xavier University, who was qualified as an expert in pharmacology. On the one hand, Dr. Ochilla testified that in writing a prescription a physi-

cian should rely upon a drug manufacturers' recommendation for the maximum permissible dosage of the drug. Conversely, Dr. Ochilla testified that a physician need not heed the recommendation of the manufacturers of Desoxyn and Preludin, that the administration of the drugs be limited to "a few weeks" in duration; rather, he testified that Schedule II anorexiants could be prescribed as long as the patient continued to lose weight. Employing this analysis, Dr. Ochilla found that most of Dr. Robinson's prescriptions were within the maximum permissible daily dosage recommended by the manufacturers of the drugs in question. Nevertheless, Dr. Ochilla admitted that several of the prescriptions written by Dr. Robinson were not within the manufacturers' recommended daily dosage. The Board finds wholly unsupportable the contention that Schedule II anorexiants, such as Desoxyn, may be prescribed for as long as the patient loses weight. Such a contention not only discounts the dangers and inadvisability of the use of the substances in the first place, but it is inconsistent with the plain language of the indications of the drugs' manufacturers, the recommendations of all available medical authorities and the opinions of all other experts who testified in this proceeding. Such a contention is antithetical to common medical sense. Indeed, sound medical practice would dictate that prescriptions for such medication be restricted to a period of time not to exceed 12 weeks under any circumstances.

19

Dr. Robinson further testified that the conditions under which he worked in the drug store clinics made it difficult to keep accurate profiles and records of patients and that, if a patient's records could not be located, he would create a new one. Therefore, he was not always aware of what medication or for what length of time, the patient had received medication. Dr. Robinson testified that he would issue prescriptions for periods of time in excess of the duration recommended by the manufacturer if a patient was losing weight. Additionally, Dr. Robinson testified that on several occasions he telephoned in Schedule II prescriptions to pharmacies, for some of his patients.

Conclusions of Law

Based on the foregoing Findings of Fact, the Board concludes, as a matter of law, that:

1

Desoxyn (methamphetamine hydrochloride), Preludin (phendimetrazine hydrochloride), Biphetamine (amphetamine and dextroamphetamine), Eskatrol (dextroamphetamine sulfate and prochlorperazine), Percodan (oxycodone hydrochloride), Parest (methaqualone hydrochloride), and Placidyl (ethchlorvynol) are controlled substances under Louisiana and Federal law. LSA-R.S. 40:964; 21 C.F.R. §§ 1308.12, 1308.14.

2

State and Federal law, recognizing the substantial hazards inherent in controlled substances,* uniformly condition their use by physicians on strict adherence to statutes and regulations governing records, security, and the form of and cause for prescriptions. Federal regulations, for example, provide that:

> A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual scope of his professional practice. ... An order purporting to be a prescription issued not in the usual course of professional treatment ... is not a prescription within the meaning and intent of section 390 of the Act (21 U.S.C. 829) and the ... person issuing it shall be subject to the penalties provided for violations of the provisions of law relating to controlled substances.

---

*A drug is classified as a Schedule II controlled dangerous substance upon a considered, empirical finding that "[t]he drug or other substance has a high potential for abuse" and "[a]buse of the drug or other substance may lead to severe psychological or physical dependence." The definition is identical under Federal and Louisiana law. 21 U.S.C. § 812(b)(2)(A), (C); LSA-R.S. 40:963(A), (C).

21 C.F.R. § 1306.04(a). A virtually identical policy is embraced by Louisiana law.*

Thus, the law severely circumscribes a physician's privilege to make controlled substances available by explicitly requiring that a prescription may be issued (1) only within the usual scope of a physician's professional practice, (2) only for a legitimate medical purpose, and (3) only when the physician is acting in good faith in the administration of a bona fide treatment for a physical, mental or bodily ailment. Together, these requirements make it clear that controlled substances licensure and registration do not license a physician to disregard the demonstrated abuse and dependency-inducing potential of dangerous drugs. When a physician does so, he can no longer claim that the treatment is bona fide or that his prescription is issued in good faith with medical justification.

3

As a matter of course, Dr. Robinson has indiscriminately issued prescriptions for controlled substances without legitimate medical basis or justification and not in the good faith administration of a bona fide treatment for a physical, mental or bodily ailment. In issuing such prescriptions, Dr. Robinson

---

*LSA-R.S. 40:961(30) defines "prescription" as a written request for a drug or therapeutic aid issued by a licensed physician ... for a legitimate medical purpose, for the purpose of correcting a physical, mental, or bodily ailment, and acting in good faith in the usual course of his professional practice.

was prescribing legally controlled substances in other than a legal or legitimate manner and, therefore, just cause exists for action against his license as provided by LSA-R.S. 37:1285(6).

4

In signing prescriptions generated by an unlicensed practitioner, Dr. Robinson encouraged and perpetuated an illegal practice which could not have been initiated nor continued without his assistance. Because of his professional association, assistance and, in particular, in signing the above prescriptions, Dr. Robinson was prescribing legally controlled substances in other than a legal or legitimate manner. Therefore, just cause exists for action against Dr. Robinson's license as provided by LSA-R.S. 37:1285(6).

5

Dr. Robinson's explanation that prescribing Desoxyn for periods in excess of three months and for as long as six months was medically justifiable as long as a patient was losing weight is indicative of medical incompetency. Dr. Robinson's failure to keep accurate patient records and failure to take adequate precautions to prevent abuse of Schedule II controlled substances further supports a conclusion of medical incompetency. Accordingly, just cause exists for action against his license as provided by LSA-R.S. 37:1285(12).

Decision

Considering the foregoing:

IT IS ORDERED that the license of Lamar B. Robinson, M.D. to practice medicine in the State of Louisiana, as evidenced by Certificate No. 15317, be, and the same is hereby, suspended for a period of six (6) months from December 19, 1981 and will remain on probation for a period of five (5) years.

IT IS FURTHER ORDERED that Lamar B. Robinson, M.D. surrender his Federal and State controlled substances permits for a period of five (5) years from December 19, 1981.

IT IS FURTHER ORDERED that any violation of the probationary terms, conditions, and restrictions set forth herein shall be deemed just cause for the suspension or revocation of the medical licensure of Lamar B. Robinson, M.D., or for such other disciplinary action as the Board deems appropriate, as if such violations were enumerated among the causes provided in LSA-R.S. 37:1285.

New Orleans, Louisiana, this 21 day of January, 1982.

LOUISIANA STATE BOARD OF
MEDICAL EXAMINERS

By: Charles B Odom MD.
CHARLES B. ODOM, M.D.
President