

1 BEFORE THE ARIZONA MEDICAL BOARD

2 IN THE STATE OF ARIZONA

3 In the Matter of

4 **ALFREDO LIM, M.D.**

5 Holder of License No. **25315**
6 For the Practice of Medicine
7 In the State of Arizona.

Board Case No. MD-00-0411

**FINDINGS OF FACT,
CONCLUSIONS OF LAW
AND ORDER**

(Letter of Reprimand & Probation)

8 On July 10, 2002, Alfredo Lim, M.D., ("Respondent") appeared before a Review
9 Committee ("Review Committee") of the Arizona Medical Board ("Board") with legal
10 counsel, William Piatt, for a formal interview pursuant to the authority vested in the
11 Review Committee by A.R.S. § 32-1451(P). The matter was referred to the Board for
12 consideration at its public meeting on August 28, 2002. After due consideration of the
13 facts and law applicable to this matter, the Board voted to issue the following findings of
14 fact, conclusions of law and order.
15

16 **FINDINGS OF FACT**

17 1. The Board is the duly constituted authority for the regulation and control of
18 the practice of allopathic medicine in the State of Arizona.

19 2. Respondent is the holder of License No. 25315 for the practice of medicine
20 in the State of Arizona.

21 3. The Board initiated case number MD-00-0411 after receiving a complaint
22 regarding Respondent's care and treatment of a 67 year-old female patient ("Patient").

23 4. Patient presented to Respondent on December 18, 1999 with symptoms of
24 dark urine and a backache that she believed was caused by a kidney infection. Patient
25 was unable to provide a urine specimen when requested, but offered to wait in
Respondent's office until she was able to do so. Respondent told Patient that it was not

1 necessary to wait because he believed her diagnosis of kidney infection was accurate
2 and he prescribed Bactrim.

3 5. At the time the Respondent prescribed the Bactrim, Patient was also taking
4 Coumadin. When Patient presented the prescription for Bactrim to the pharmacist he
5 informed her that Bactrim was contraindicated in the presence of Coumadin. The
6 pharmacist told Patient he would confer with Respondent. According to Patient,
7 Respondent told the pharmacist he was not concerned over the contraindication.

8 6. Patient began taking the Bactrim and had an adverse reaction, including a
9 jaundiced look and an upset stomach. Patient continued to take the Bactrim and on
10 December 21 or 22 saw Respondent in his office where he instructed her to discontinue
11 Bactrim and he prescribed Cipro. On December 24 Patient's jaundice was much worse
12 and she returned to Respondent's office. Respondent discontinued the Coumadin and
13 prescribed a mega-dose of vitamin K. Respondent instructed Patient to follow-up in two
14 weeks. Patient continued to follow-up with Respondent through January 2000. Patient's
15 jaundice worsened and her stomach problems persisted. Respondent continued to
16 blame Patient's condition on her allergic reaction to Bactrim.

17 7. On January 30, 2000 paramedics took Patient from her home to Phoenix
18 Baptist Hospital where diagnostic testing revealed a cancerous pancreatic tumor. Patient
19 underwent surgery and subsequently expired.

20 8. In his response to the Board Respondent stated that throughout his care of
21 Patient he evaluated diagnostic tests, including a blood analysis taken on December 12,
22 1999 that revealed a greater than three-fold increase in Patient's liver enzymes
23 compatible with chemical hepatitis. Repeat blood work on December 27 showed a mild
24 decline in Patient's liver enzymes with a trend toward improvement, but Patient's bilirubin
25

1 remained elevated. Repeat blood work on January 26th showed less than a twofold
2 increase in liver enzymes.

3 9. The Board's Medical Consultant ("Medical Consultant") testified that
4 Respondent faced a situation of hepatocellular disease and a very rapidly progressive
5 obstructive jaundice picture. The Medical Consultant testified that beyond limited blood
6 work Respondent did not work-up Patient further and Patient was eventually discovered
7 to have pancreatic cancer. The Medical Consultant noted that Respondent failed to fully
8 evaluate and assess Patient.

9 10. Respondent was asked how he would respond to the Medical Consultant's
10 Conclusion that he mishandled Patient's case. Respondent testified that the initial
11 presentation and the entire case is not a clear-cut presentation of painless jaundice.
12 Respondent testified that Patient initially presented with urinary symptoms and, because
13 he could not obtain a specimen from Patient on her first visit, he empirically started her
14 on treatment based on her subjective symptoms. Respondent stated that 48 hours into
15 treatment Patient called and reported a yellowish discoloration. Based on the treatment
16 protocol Respondent's first thought was that the medication caused her symptoms,
17 therefore, he changed the antibiotic coverage.

18 11. Respondent was asked why was Patient started on Bactrim when she was
19 also taking Coumadin. Respondent stated that Patient had no problems with a sulfa
20 allergy and he was not concerned about the interaction because it is a very rare
21 occurrence and it is not an absolute contraindication.

22 12. Respondent was asked how long he would have expected the jaundice to
23 resolve if it was a reaction to the medication. Respondent testified that he would have
24 expected at least a week or so for a trend in liver enzymes and the bilirubin to come
25 down. Respondent was then asked if he would have expected an obstructive or non-

1 obstructive jaundice if it had been the medication that caused Patient's problem.
2 Respondent testified that he would have expected a non-obstructive jaundice. Patient
3 had obstructive jaundice.

4 13. Respondent was asked why he did not pursue more of a work-up other than
5 monitoring the transaminase and bilirubin. Respondent stated that he hinged his working
6 diagnosis on looking at the trends of transaminase and when he saw the liver enzyme
7 transaminase levels trending downward he thought Patient's liver was recovering. It was
8 pointed out to Respondent that the bilirubin was not trending downward.

9 14. Respondent was asked at what point should he have reconsidered his
10 diagnosis and considered painless jaundice in a middle-aged and older adult patient.
11 Respondent indicated that the bilirubin level should have suggested he was dealing with
12 something else. Respondent indicated he did not see a whole lot of patients with
13 hepatobiliary disease.

14 15. The standard of care required that a Board Certified Internist recognize and
15 work-up obstructive jaundice.

16 16. The course of treatment undertaken by Respondent resulted in a delay in
17 diagnosis of pancreatic cancer in Patient.

18 CONCLUSIONS OF LAW

19 1. The Arizona Medical Board possesses jurisdiction over the subject matter
20 hereof and over Respondent.

21 2. The Board has received substantial evidence supporting the Findings of
22 Fact described above and said findings constitute unprofessional conduct or other
23 grounds for the Board to take disciplinary action.

24 3. The conduct and circumstances above in paragraphs 6, 9, and 12 through
25 16 constitute unprofessional conduct pursuant to A.R.S. § § 32-1401(24)(q) "[a]ny

1 conduct or practice which is or might be harmful or dangerous to the health of the patient
2 or the public.”

3 **ORDER**

4 Based upon the foregoing Findings of Fact and Conclusions of Law, IT IS
5 HEREBY ORDERED that:

6 1) Respondent is issued a Letter of Reprimand for failure to diagnose the
7 cause of obstructive jaundice in a patient.

8 2) Respondent is placed on probation for one year with the following terms
9 and conditions:

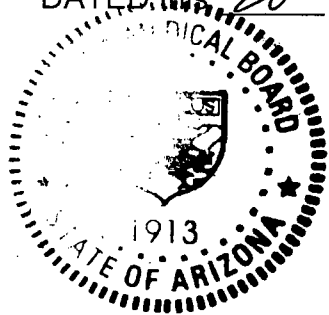
10 a) Respondent shall, within one year of the effective date of this Order, obtain
11 40 hours of Board Staff pre-approved Category I Continuing Medical Education (“CME”)
12 in the diagnosis and treatment of biliary hepato/biliary disease. The CME hours shall be
13 in addition to the hours required for the biennial renewal of Respondent’s medical license.

14 **RIGHT TO PETITION FOR REHEARING OR REVIEW**

15 Respondent is hereby notified that he has the right to petition for a rehearing or
16 review. Pursuant to A.R.S. § 41-1092.09, as amended, the petition for rehearing or
17 review must be filed with the Board’s Executive Director within thirty days after service of
18 this Order and pursuant to A.A.C. R4-16-102, it must set forth legally sufficient reasons
19 for granting a rehearing or review. Service of this order is effective five days after date of
20 mailing. If a motion for rehearing or review is not filed, the Board’s Order becomes
21 effective thirty-five days after it is mailed to Respondent.

22 Respondent is further notified that the filing of a motion for rehearing or review is
23 required to preserve any rights of appeal to the Superior Court.

1 DATED this 28th day of AUGUST, 2002.



ARIZONA MEDICAL BOARD

By Barry A. Cassidy
BARRY A. CASSIDY, Ph.D, PA-C
Executive Director

7 ORIGINAL of the foregoing filed this
8 28th day of AUGUST, 2002 with:

9 The Arizona Medical Board
9545 East Doubletree Ranch Road
10 Scottsdale, Arizona 85258

11 Executed copy of the foregoing
mailed by U.S. Certified Mail this
12 28th day of AUGUST, 2002, to:

13 William M. Piatt, IV, Esq.
14 One E. Camelback, Suite 650
Phoenix, Arizona 85012-0114

15 Executed copy of the foregoing
mailed by U.S. Mail this
16 28th day of AUGUST, 2002, to:

17 Alfredo Lim, M.D.
18 1214 W. Hayward Ave.
19 Phoenix, Arizona 85021-7151

20 Copy of the foregoing hand-delivered this
28th day of AUGUST, 2002, to:

21 Christine Cassetta
22 Assistant Attorney General
23 Sandra Waitt, Management Analyst
24 Lynda Mottram, Senior Compliance Officer
Investigations (Investigation File)
25 Arizona Medical Board
9545 East Doubletree Ranch Road
Scottsdale, Arizona 85258

John J. Fogarty