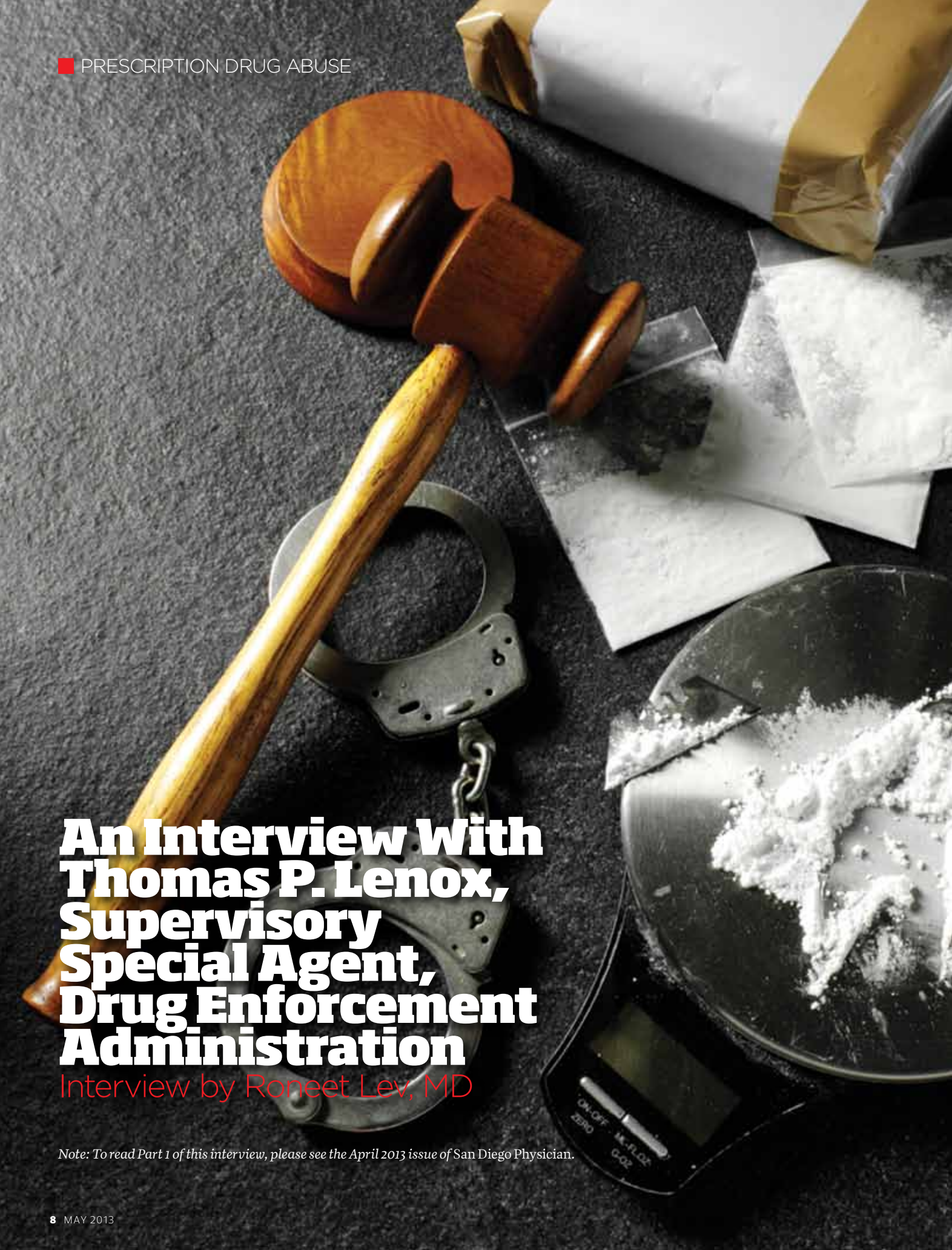

# An Interview With Thomas P. Lenox, Supervisory Special Agent, Drug Enforcement Administration

Interview by Roneet Lev, MD

*Note: To read Part 1 of this interview, please see the April 2013 issue of* San Diego Physician.

*PART 2*

**DR. LEV:** Let's talk a little bit about the patient and DEA. If a patient gets investigated, what happens to them? If a physician reports doctor-shopping or if you discover doctor-shopping, what happens?

**MR. LENOX:** The first thing we do when we obtain a lead of potential doctor-shopping is to do a preliminary background check. We run a CURES report to see if there are any violations. We may not see anything and not pursue things further.

Out of 300-plus leads we receive a year, we investigate about 60 cases — so for many people there's no further action. The cases that go further get a preliminary on what their prescription records are. We may look to see if they have any criminal history or any offenses of prescription fraud or other narcotic charges.

Next we prioritize the cases. Highest priority goes to investigate employees within the medical profession — for example, a receptionist in a doctor's office, medical assistant, surgical tech, LVN, RN, physician's assistant, physician pharmacy tech, pharmacist, etc. This group of people knows how to call in prescriptions, they know what the "better" drugs are, they know what to say to the pharmacist, and they learn very quickly how to access prescriptions. That's a serious concern of ours.

In addition, people within the medical community may potentially be treating patients in some way, shape, or form, whether it's simply taking their blood pressure, checking them in, doing preliminary work before the doctor, or, in the pharmacy case, they're dispensing medications. If they make mistakes, they're potentially endangering the lives of patients. That is why medically related cases are our priority. The general public is potentially at a higher level of danger when people within the medical profession are abusing or are addicted to controlled substances.

When people not in the medical field are reported, we'll look at their prescription records and then make a determination. Many times we may just file that name away. We don't do a report, it doesn't go into any database, doesn't go anywhere, we just hold onto it. We may go back six months later and run their prescription records again. Often we don't see any issues. If a doctor tells their patient, "Look, I ran your CURES, I'm reporting you to DEA," patients realize this is serious and get help themselves.

There's a percentage of people who see two or three doctors in a month, getting small quantities of opiates from each, but clearly they're lying to the doctors to get them. They're on the path to abuse and addiction, but because we have to prioritize our workload, these patients won't become a target of an investigation right away.

**DR. LEV:** What's the worst thing that could happen to a patient?

**MR. LENOX:** The worst thing is we don't get to them in time, and they overdose and die. We've had a couple of those cases where we start investigating and we find out that they overdosed and didn't make it. We had a couple of cases where we've actually gone out and made the arrest, and, while they were pending court, they overdosed and died, so that's the worst. That's the frustrating part of this job because we're trying to really avoid that.

**DR. LEV:** That's a sad situation, and definitely the worst. How about a criminal case? Do people serve time in jail or go to court-mandated rehab?

**MR. LENOX:** Most of the individuals that we have cases on will be sent to rehab. They are initially given a felony charge. After rehab they can work through the legal system and may have their charge reduced to a misdemeanor and be on probation. It's really up to the judge, but there's a whole variety of possibilities.

We have had some individuals who were out on probation or who were out on parole for other crimes and were put back into custody, either jail or prison, because they were career criminals. But the typical person who's never been arrested will work their way through the legal system. The judge and district attorney's office can advise a variety of options.

**DR. LEV:** Let's talk about the physicians. If a physician is under investigation by the DEA, would they know it? Would they be getting a phone call, or does that happen in a different way?

**MR. LENOX:** Those cases typically happen in a different way. Physician investigations are very long-term cases. We're very

cautious before we determine that there's an issue with a physician. We need to make sure that there is actually a case to be made. In other words, we want to make sure that the offense was not just a one-time event where a doctor was extremely busy and wrote a script they shouldn't have written. We are typically after cases where there is a consistency. Most cases of patient prescription fraud could take a month or a month and a half. A case on a physician could take a year, or maybe two years.

**DR. LEV:** Can you give us an example — without using any physician names or names of hospitals — of some of your memorable cases against physicians?

**MR. LENOX:** We had one physician who was addicted to pain pills, using almost 1,500 pain pills a month. He was calling prescriptions into 12 to 15 different pharmacies under bogus patient names. Then he went to the pharmacy himself to pick them up. This physician also used his colleague's DEA registration number to call in prescriptions under their name. Obviously, that was a problem. He was taking that many pills while practicing medicine and clearly endangering the lives of patients.

**DR. LEV:** How did you find out about it?

**MR. LENOX:** It was reported through a pharmacist who recognized the physician. When the physician came to pick up a prescription for an unknown name, the pharmacist went down and asked the clerk what the doctor was doing there. The clerk said the customer was picking up his prescription. It didn't make sense to the pharmacist, so the pharmacist reported it. The Medical Board had begun the investigation and then notified us, and we worked the case jointly.

**DR. LEV:** What happened to the doctor?

**MR. LENOX:** We did a search warrant of the doctor's office and house, which is never pleasant. To have the neighbors see that law enforcement is at your house, searching your house, is an embarrassing situation to say the least. And again to have that happen at an office where you have colleagues, I can't image the embarrassment that you'd go through for something like that. But the doctor was arrested and charged, and agreed to go into treatment. He voluntarily surrendered his DEA registration number as well as his medical license. The physician retired.

**DR. LEV:** Do physicians pay fines?

**MR. LENOX:** No fines are paid to DEA. They may to the Medical Board, and they might go to the courts as part of a criminal case.

**DR. LEV:** Can you tell us about a memorable patient case?

**MR. LENOX:** I recall a very young girl, in her early twenties, that we investigated for doctor-shopping. When we interviewed her, she was intelligent, well-educated, and adamant that she did not have a problem. Her attorney said, "Oh no, I've talked to her, and she's not an addict." Then we find out that she overdosed and died. I was in shock because I never expected that to happen.

**DR. LEV:** Do you remember what drugs were involved?

**MR. LENOX:** She was calling in hydrocodone. She was actually in the lobby of the pharmacy calling on her cell phone. We saw her on camera calling the pharmacy. Of course she denied it, but the doctor whose DEA registration number she was using was the pharmacist's doctor. The pharmacist knew everybody that worked in the doctor's office, and she knew that there was nobody by that name in the office. She also knew the voices of the people in the office because they would call her pharmacy and she'd talk to them.

**DR. LEV:** Physicians can get in trouble when they write prescriptions for their employees or relatives.

**MR. LENOX:** When I do training for the physicians, one of the things I do discuss is prescribing for employees and family. DEA's focus is controlled substances. There are regulations that require patient charts, a medical exam, and documentation to justify prescriptions. An employee will say, "I slipped over the weekend. I was cleaning my house. I was working in the yard. I slipped and fell, and now my back's hurting me." The doctor will agree to write a script; it may be for a small amount: 20 or 30 pills. But what the doctor may not realize is that that patient is probably already addicted or abusing pills and has been seeing other doctors. Now the doctor is just adding to their abuse and addiction. Also, that physician just wrote a script without doing any type of legitimate medical exam, without having a patient chart — all violations for both the Medical Board and for DEA.

**DR. LEV:** Physicians want to be the nice guy, the hero. But writing a simple prescription is not always the right thing to do and can get you into trouble. It's not just a problem with the DEA and the Medical Board. If you write a prescription outside your normal work environment without a chart, you are not covered by your malpractice insurance. There is one famous case where a physician received a curbside consult for his gout and received a prescription of colchicine. Unfortunately, he suffered a Stevens-Johnson reaction and died. His surviving wife sued the prescriber on the bottle.

**MR. LENOX:** And if you're a pediatrician and you're writing a script for 30 hydrocodone to an adult in your office, that's a red flag. It's a red flag for the pharmacist, and it's a red flag for us.

**DR. LEV:** You've mentioned cases where the computer is left open and there's a link to the pharmacies.

**MR. LENOX:** We've had a couple of cases where physicians trust their employees and give them their password and access. We have seen situations where employees will place orders to drug distributors — it'll appear as though the orders are coming from the doctor. Then the drugs come in to the doctor's office and the employee steals them. We had another case where an employee was using a physician's computer access to write himself prescriptions on a regular basis via the internal hospital system. The pharmacy was thinking the prescription was coming from the doctor, but they weren't. They were coming from the employee. There are so many different scams. We had one employee who got so creative that he forged letterhead and was faxing in prescriptions from a medical office. If you looked at the letterhead side by side, it was hard to tell which was the counterfeit one and which was legitimate.

**DR. LEV:** Where do the majority of your leads for investigation come from? A pharmacy, doctors, CURES, the Medical Board?

**MR. LENOX:** We get most of our leads through pharmacists and physicians that report suspicious activity. We get some family members that will report because they just don't know what to do anymore or where to turn. And we will get reports from other law enforcement agencies that will call us because our unit is so unique. We're the only ones in San Diego County who specifically deal with prescription drugs, so a lot of the other law enforcement agencies may send us cases to look at.

**DR. LEV:** Any other interesting cases?

**MR. LENOX:** We have had cases where people order secure prescription pads using a doctor's name and DEA; it's like stealing the physician's identity. It's very easy for them to pay for it online and get it shipped to a P.O. box that would be listed as, for example, 123 Main Street, Suite 201, but it's actually a mail drop place. The prescriptions show up and now somebody has 500 prescriptions with your name and DEA registration number on it. What the suspects have done in the past is put their own cell phone number on the pads so if anybody calls the number to verify the prescription, the call actually goes to them.

There are a lot of different types of scams that are going on out there. That's one of the reasons why we try to encourage medical groups and physicians to talk to the DEA. If they come to you, just say, "Come in, sit down, and let's talk. I want to know what's going on." Don't put up a wall and say, "Sorry, I can't talk to you guys. I'm not going to talk to you guys." By talking to us, you'll learn a lot about what's happening and how your registration number may be abused. It's your name, it's your reputation, and you don't want that to happen to you.

**DR. LEV:** We had a physician assistant student who was rotating in our department, and I sent him to do a history and physical on a female patient. I later found out that she talked him into giving her an entire physician prescription pad. He gave her the pad and ended up losing his career.

**MR. LENOX:** Yeah, it's just not worth it. You've sacrificed so much to get to where you are. It's not worth jeopardizing your DEA registration number and your medical license. We work very closely with the Medical Board, the Pharmacy Board, the Nursing Board, so you just don't want to jeopardize your career. Besides, you have a built-in excuse as to why you can't just hand out prescriptions: "I can't do it because of the DEA. I can't do it because of the Medical Board. As much as I'd like to help you, I can't. But if you want my help, then we can make an appointment, have you come in, do it the right way, and no problems."

**DR. LEV:** So, in general, you investigate only one or two doctors a year. If they are being investigated, they probably don't know it, and they're really the outliers. To the majority of physicians and any of my friends and colleagues, if you get a phone call from the DEA, answer it and be nice. It's simple and it's interesting.

**MR. LENOX:** Exactly. SDP

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