STATE OF OHIO
THE STATE MEDICAL BOARD
VOLUNTARY RETIREMENT FROM THE PRACTICE OF MEDICINE AND SURGERY

I, ROBERT DEAN CODDINGTON, M.D., have exercised my right to be represented by counsel; acknowledge having been formally charged by the State Medical Board of Ohio in a Notice of Opportunity for Hearing dated July 10, 2002 (attached hereto and fully incorporated herein); am fully aware of my right to have a formal adjudicative hearing; and do hereby freely execute this document and choose to take the actions described herein.

I, ROBERT DEAN CODDINGTON, M.D., do hereby voluntarily, knowingly, and intelligently retire from the practice of medicine and surgery, effective upon last date of signature below.

I, ROBERT DEAN CODDINGTON, M.D., do hereby voluntarily, knowingly and intelligently surrender my license to practice medicine and surgery, No. 35-029667, to the State Medical Board of Ohio.

I understand that as a result of the surrender herein that I am no longer permitted to practice medicine and surgery in any form or manner in the State of Ohio.

I agree that I shall be ineligible for, and shall not apply for, reinstatement of certificate to practice medicine and surgery No. 35-029667 or issuance of any other certificate pursuant to Chapters 4730., 4731., 4760. or 4762., Ohio Revised Code, on or after the date of signing this Voluntary Retirement from the Practice of Medicine and Surgery. Any such attempted reapplication shall be considered null and void and shall not be processed by the Board.

I further agree that I will provide a copy of this document to the licensing authority of all jurisdictions in which I hold a license to practice medicine and surgery, and will permanently surrender all such licenses within forty-five (45) days from the effective date of this surrender. I shall provide the Board with evidence of said surrenders forthwith.

I, ROBERT DEAN CODDINGTON, M.D., hereby release the State Medical Board of Ohio, its members, employees, agents and officers, jointly and severally, from any and all liability arising from the within matter.

This document shall be considered a public record as that term is used in Section 149.43, Ohio Revised Code, and may be reported to appropriate organizations, data banks, and governmental bodies. I, ROBERT DEAN CODDINGTON, M.D., agree to provide my social security number to the Board and hereby authorize the Board to utilize that number in conjunction with that reporting.

I stipulate and agree that I am taking the action described herein in lieu of formal disciplinary proceedings pursuant to the Notice of Opportunity for Hearing dated July 10, 2002 and in consideration of my retirement from my medical practice.

Signed this 14th day of March, 2003.

Bonnie Warner
Witness

R. Dean Coddington
Signature of Physician

Sally Blon
Witness

Sworn to and subscribed before me this _____ day of _____, 200___.

SEAL

_____
Notary Public

(This form must be either witnessed OR notarized)

Accepted by the State Medical Board of Ohio:

Anand G. Garg, M.D.
Secretary

3/31/03
Date

Raymond J. Albert
Supervising Member

3/31/03
Date

INTERIM AGREEMENT
BETWEEN
ROBERT DEAN CODDINGTON, M.D
AND
THE STATE MEDICAL BOARD OF OHIO

STATE MEDICAL BOARD
2002 OCT 9 P 4: 35

Robert Dean Coddington, M.D., hereby agrees that, until the allegations contained in the State Medical Board of Ohio's (hereinafter Board) July 10, 2002 Notice of Opportunity for Hearing have been fully resolved by the Board, he will not prescribe either opioids or narcotics in the State of Ohio to his patients in any form. Dr. Coddington further agrees that any violation of the above-referenced limitation shall subject him to further disciplinary action pursuant to Section 4731.22, Ohio Revised Code.

The State Medical Board of Ohio, by its acceptance of this Interim Agreement, hereby agrees not to object, through its counsel, to the granting of a continuance of the administrative hearing on the above–referenced matter, currently scheduled for October 21-23, 2002. The parties agree that this agreement is null and void if the Hearing Examiner does not grant Dr. Coddington's motion for continuance.

This Interim Agreement shall not be construed as an admission by Dr. Coddington to the allegations contained in the July 10, 2002 Notice of Opportunity for Hearing.

This Interim Agreement shall become effective immediately upon the last date of signature below.

R. Dean Coddington
Robert Dean Coddington, M.D.

10-1-02
Date

Anand G. Garg, Secretary
State Medical Board of Ohio

10/9/02
Date

Gerald P. Duff
Rebbeca Douglas-Bench
Attorneys for Dr. Coddington

10-1-02
Date

Raymond J. Albert, Supervising Member
State Medical Board of Ohio

10/7/02
Date

State Medical Board of Ohio

77 S. High St., 17th Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: www.state.oh.us/med/

July 10, 2002

Robert Dean Coddington, M.D.
68370 Rolling Acres
St. Clairsville, Ohio 43950

Dear Doctor Coddington:

In accordance with Chapter 119., Ohio Revised Code, you are hereby notified that the State Medical Board of Ohio intends to determine whether or not to limit, revoke, permanently revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery, or to reprimand or place you on probation for one or more of the following reasons:

(1) In the routine course of your psychiatric practice, you undertook the treatment of Patients 1 through 10 (as identified on the attached Patient Key- Key confidential to be withheld from public disclosure). In your treatment of Patients 1 through 10, you failed to appropriately recognize and/or address indications that the patients suffered from addiction. You also inappropriately prescribed controlled substances and other dangerous drugs to Patients 1 through 10. Examples of such indications of addiction and/or inappropriate prescribing include, but are not limited to, the following:

(A) You prescribed opioids and sedatives to Patient 1 although Patient 1 had a history of cannabis use, cocaine use and inpatient treatment for drug abuse, and a familial history of addiction, and although the patient overdosed on two occasions on medications you prescribed;

(B) You prescribed opioids and benzodiazepines to Patient 2 despite Patient 2's history of addiction and drug detoxification/rehabilitation and despite being aware that Patient 2 was not compliant with taking prescribed medications as directed;

(C) You prescribed opioids and benzodiazepines to Patient 3 despite Patient 3's history of treatment for addiction, Patient 3's noncompliance with taking the prescribed medications as directed, and consultant reports suggesting, for example, that Patient 3 undergo drug detoxification or rehabilitation. Records indicate that, on one occasion, you met Patient 3 at your office on your day off and prescribed 60 OxyContin 80 mg to Patient 3 after Patient 3 made suicidal threats, informed you that his medications had been flushed down the toilet by his partner, and reported that he had fallen down the stairs. The documents indicate that you

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then went to the pharmacy, had the prescription filled, and delivered the OxyContin to Patient 3 who died the following night due to acute oxycodone intoxication;

(D) You prescribed benzodiazepines and opioids to Patient 4 although Patient 4 had a history of addiction including use of heroine, overdosed on pain medication, and reportedly altered a prescription, and although there was no known and/or documented objective pain pathology;

(E) You prescribed opioids and sedatives to Patient 5 despite Patient 5's noncompliance with taking prescribed medications as directed, no known and/or documented objective pain pathology, and a familial history of addiction. You also continued to prescribe controlled substances to Patient 5 although Patient 5 failed to obtain a neurological evaluation recommended by you and for a period of several months without an examination of or office visit by Patient 5 documented;

(F) You prescribed opioids and sedatives to Patient 6 after you sent the patient a letter terminating your treatment of the patient and although Patient 6 was addicted to the medications and did not comply with taking the prescribed medications as directed and there was no known and/or documented objective pain pathology. Although you documented that you were tapering Patient 6's use of opioids and sedatives and documented a plan for tapering the medications, you prescribed to Patient 6 large quantities of such medications with refills;

(G) You continued to prescribe opioids to Patient 7 despite a consultant's opinion that Patient 7 was opioid dependent and should discontinue opioid use and although you failed to document performing any clear assessments of Patient 7;

(H) You continued to prescribe opioids and benzodiazepines to Patient 8 although there was no known and/or documented objective pain pathology and Patient 8 suffered from a somatization disorder;

(I) You continued to prescribe opioids and other addictive drugs to Patient 9 although Patient 9 was previously diagnosed with alcohol dependence, was treated for addiction on at least two occasions, had several convictions for Driving Under the Influence and admitted to purchasing Percocet and Valium "on the street". In addition, you attributed Patient 9's alcohol and medication addiction to his "dependent personality structure"; and

(J) You continued to prescribe opioids and other addictive drugs to Patient 10 although Patient 10 had a history of alcohol and opioid addiction and over-utilized the prescribed medications, and there was evidence of a somatization component to Patient 10's pain.

(2) You failed to appropriately incorporate the results of psychological testing into your assessment and treatment of Patients 7 and 9.

(3) You failed to provide appropriate therapy for Patient 8 in that your documentation reflects a failure to focus on, and little psychodynamic awareness of, the etiology of Patient 8's stressors. You addressed each somatic representation as an individual problem and treated the somatic representations with medication rather than therapeutic intervention.

(4) In your treatment of Patient 10, you failed to order additional testing, i.e., EMG and/or personality testing, to find out the cause of Patient 10's headaches and to effectively treat Patient 10.

(5) After Patient 8 indicated that her spouse had severe pain and did not get any pain medications, you prescribed Percocet to Patient 8's spouse, an individual identified on the Patient Key (and referred to herein) as Patient 11, without first establishing a proper physician-patient relationship with Patient 11 and without a medical record for Patient 11 at that time.

(6) You conducted group therapy involving approximately twenty-four patients (as identified on the attached Patient Key - Key confidential and not subject to public disclosure) divided into three groups (Groups A, B and C). You failed to establish clear boundaries for the groups and you failed to document the groups' goals or objectives. You rarely provided psycho-education for the groups and the limited psycho-education provided was only somewhat relative to the pain or mood experience of the individual members. You continued to conduct group therapy sessions although the groups engaged in discussions/interactions which maintained and/or failed to appropriately address the group members' victimization positions and the members' addictions.

Your acts, conduct, and/or omissions as alleged in paragraph (1) above, individually and/or collectively, constitute "[f]ailure to use reasonable care discrimination in the administration of drugs, or failure to employ acceptable scientific methods in the selection of drugs or other modalities for treatment of disease," as those clauses are used in Section 4731.22(B)(2), Ohio Revised Code, as in effect prior to March 9, 1999.

Further, your acts, conduct, and/or omissions as alleged in paragraphs (1) through (6) above, individually and/or collectively, constitute "[a] departure from, or the failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established," as that clause is used in Section 4731.22(B)(6), Ohio Revised Code.

Pursuant to Chapter 119., Ohio Revised Code, you are hereby advised that you are entitled to a hearing in this matter. If you wish to request such hearing, the request must be made in writing

and must be received in the offices of the State Medical Board within thirty (30) days of the time of mailing of this notice.

You are further advised that, if you timely request a hearing, you are entitled to appear at such hearing in person, or by your attorney, or by such other representative as is permitted to practice before this agency, or you may present your position, arguments, or contentions in writing, and that at the hearing you may present evidence and examine witnesses appearing for or against you.

In the event that there is no request for such hearing received within thirty (30) days of the time of mailing of this notice, the State Medical Board may, in your absence and upon consideration of this matter, determine whether or not to limit, revoke, permanently revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery or to reprimand or place you on probation.

Please note that, whether or not you request a hearing, Section 4731.22(L), Ohio Revised Code, effective March 9, 1999, provides that "[w]hen the board refuses to grant a certificate to an applicant, revokes an individual's certificate to practice, refuses to register an applicant, or refuses to reinstate an individual's certificate to practice, the board may specify that its action is permanent. An individual subject to a permanent action taken by the board is forever thereafter ineligible to hold a certificate to practice and the board shall not accept an application for reinstatement of the certificate or for issuance of a new certificate."

Copies of the applicable sections are enclosed for your information.

Very truly yours,

Anand G. Garg, M.D.
Secretary

AGG/blt
Enclosures

CERTIFIED MAIL # 7000 0600 0024 5142 0256
RETURN RECEIPT REQUESTED