

## Allegations Contained in the State's Complaint Against Dr. Sun

Patient **J.M.**, a 58-year-old male, was referred to Sun for pain management in November 2014. In a referral letter to Sun, J.M.'s former doctor specifically noted that J.M. was "stable" on his current pain management regimen and was attempting to reduce his opioid intake. In medical records transmitted to Sun, the patient's former doctor reflected his impression that although J.M. had previously been diagnosed with cancer, his current pain should be classified as "non-malignant" pain. Despite being informed of the efficacy and stability of J.M.'s current pain medication regime, Sun modified that regime on the first day J.M. became his patient by prescribing him Subsys. Sun continued to prescribe Subsys to J.M. in increasing dosages although Sun's records do not reflect that the patient "showed marked improvement" on the drug.

Patient **B.B.**, a 65-year-old female, had a history of substance abuse, opioid overdose, and attempted suicide by opioid overdose. In March 2003 Sun began treating her for chronic, severe pain in her feet stemming from an injury. Sun's progress notes for B.B. dated before he issued the first Subsys prescription to her in May 2013 established that although B.B. suffered chronic pain, her pain management medication regime had effectively managed her pain. Sun's medical records do not indicate she was experiencing breakthrough pain.

Patient **J.L.**, a 60-year-old male, was being treated by Sun since 2007 for chronic back and neck pain due to a work injury. Sun's medical notes before he began prescribing J.L. Subsys in November 2013 reflect that J.L.'s pain had been effectively managed. On the day Sun began prescribing Subsys to J.L., patient notes reflect that after years of being relatively stable on a previous pain management regime, the nature of J.L.'s pain and pain management needs suddenly changed. Treatment records for that date show little to no rationale for beginning J.L. on Subsys, including no indication of breakthrough pain.

Patient **S.W.**, a 55-year-old male, was being treated by Sun for chronic back and leg pain due to an injury since July 2012. Before Sun first prescribed Subsys to S.W. in May 2013, his records reflect that S.W.'s pain had been effectively managed and suggested that S.W. had not been experiencing breakthrough pain episodes. On the date he began prescribing Subsys to S.W.; Sun's progress note suggests that S.W. had been suffering from breakthrough pain episodes without explaining what might have caused the sudden change.

Patient **J.V.**, a 73-year-old female, suffered from chronic pain associated with rheumatoid arthritis and had a history of opioid abuse problems. She also had a history of leukemia which went into remission in 2008. During J.V.'s first office visit with Sun in April 2013, Sun noted that J.V. was already on a pain management regime for rheumatoid arthritis that included a substantial amount of opioids but that she had "admitted to taking more meds than prescribed, causing her to recall three memorable episodes of narcotic withdrawal." Despite J.V.'s admitted history of substance abuse and noncompliance with prior pain medication regimes, Sun prescribed her Subsys that day. Nowhere in J.V.'s medical records does Sun explain why, despite the information about the dangers of TIRF substances that he acknowledged understanding, he

prescribed this elderly patient with a history of opioid abuse a TIRF substance, at high doses, for a lengthy period of time.

Patient **E.C.**, a 53-year-old female with a lengthy history of alcohol abuse, was diagnosed with lung cancer in 2011 that was resolved in 2012. Sun began treating E.C for pain management in 2012. In March 2013, nearly six months after E.C.'s lung cancer had resolved, Sun prescribed her Subsys for "severe pain" episodes. Sun's progress note for that day neither states that the Subsys was being prescribed for "breakthrough cancer pain," nor suggests that E.C. was, in fact, suffering from breakthrough cancer pain. Instead his notes indicate that E.C. was experiencing chronic persistent pain or, in Sun's own words, "daily episodes of pain that "last 12 hours." Notwithstanding that at the time of her first Subsys prescription, E.C. did not have cancer, Sun represented to an insurance carrier on a prior authorization request form that the diagnosis for which he prescribed E.C. Subsys was "breakthrough cancer pain" and "malignant neoplasm of bronchus."

Patient **K.K.**, a 47-year-old female suffers from chronic pain, was diagnosed with cervical cancer in 1998 and underwent a hysterectomy soon after that resulted in the resolution of her cancer. In May 2009, K.K. was referred to Sun by her primary care physician for management of pain that included chronic back, shoulder, a foot pain related to an accidents a few years earlier. Sun did not attribute her pain to her prior history of cervical cancer. Sun continued to treat K.K. for the management of her chronic pain. Until he first prescribed K.K. Subsys in October 2013, Sun's records continued to reflect that her decades-old, now-resolved cancer diagnosis was not the etiology of K.K.'s pain. Instead the records note that her chronic back pain was caused by lumbar degenerative disc and facet disease. The first time Sun prescribed Subsys to K.K., his records do not indicate that she had been taking around-the-clock opioid medication for chronic pain, strongly suggesting that K.K. was not opioid tolerant. Additionally, Sun's progress notes for that date does not reflect a diagnosis of breakthrough cancer pain. Notwithstanding that K.K. had a hysterectomy in the late 90s and that Sun's medical records do not reflect treatment for "breakthrough cancer pain," Sun represented to an insurance carrier, on a pre-authorization form that the purpose for which Subsys was being prescribed to K.K. was for "chronic breakthrough cancer pain" and for "malignant neoplasm of pelvic bones."

Patient **J.P.**, a 40-year-old female was a chronic pain patient. In 2009 she was diagnosed with breast cancer that was resolved in late 2010 and has not returned since. Following his initial consultation with J.P. in October 2011, nearly a year after her breast cancer had resolved, Sun mailed a letter to J.P.'s primary care physician noting his impression that J.P. suffered from numerous pain-causing ailments. He did not attribute J.P.s pain to her prior history of cancer, nor did he describe J.P. as suffering from breakthrough pain episodes. Instead Sun characterized J.P.'s pain as "unrelenting." Notably, Sun concluded that "he would like [J.P.] to taper one" of two opioids that she was taking at the time, rather than pursue them both indefinitely. In April 2012, Sun prescribed J.P. Subsys. Sun expressly wrote on at least 16 of the Subsys prescriptions he issued to J.P. that the prescription was for "chronic intractable pain." Notwithstanding that J.P.'s breast cancer had resolved six years earlier, in February 2016 Sun represented to an online pharmacy that she was suffering from "cancer related pain."