

ERA10FA154  
MEDICAL RECORDS INFORMATION

The following medical information was extracted by Dr. Mitchell A. Garber, NTSB Medical Officer, from medical records maintained on the pilot by the FAA Aerospace Medical Certification Division:

2/6/1998 – Electronic record of an application for airman medical certificate (class not noted) indicated “Yes” in response to “History of ... any conviction(s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug ...” Under “Explanations was noted “05 19 95 single DUI ....” Under “Comments on History and Findings” was noted “only one DUI.” No additional information was indicated to have been received or requested regarding that offense until 2007.

4/24/2005 – A State of Maryland “Alcohol Influence Report Form” noted that a trooper “... responded to call regarding a hit and run .. [a driver of a vehicle] advised that he was bumped from behind [by another vehicle]... [the pilot] got out of [the other vehicle], [the first driver] advised [the pilot] to pull over to the side of the road so that they could exchange information ... [the pilot] agreed to do so ... got back into his vehicle and began to drive off ... [the first driver] ... followed ... and was finally able to get the vehicle to stop ... I asked [the pilot] if he was aware of the vehicle accident ... [the pilot] advised that he was aware of the accident but did not think that it was a big deal so he drove away. ... strong odor of an alcoholic beverage ... [the pilot] advised me that he did not have anything to drink ... I advised [the pilot] that I was going to administer Standard Field Sobriety Test ... could not keep his head or neck still during the check of lack of smooth pursuit ... one leg stand test ... lifted right foot up and had stumbled forward ... said ‘What’s the point? I am drunk.’ ... refused to submit to an alcohol concentration breath test ...”

12/31/2005 – A letter from a psychologist and Licensed Clinical Alcohol and Drug Counselor noted, in part, that the pilot “has successfully completed his recommended portion of the Outpatient Treatment Program with me ... first contacted me during the week of May 30, 2005 to schedule an appointment ... It was recommended that he enroll in the twenty-six (26) week program. He agreed ... was always an active participant ... continues to gain good insight into the disease of addiction and his need to look at his own behavior. ... continues to make excellent progress ...”

7/16/2007 – An application for (3<sup>rd</sup> class) Airman Medical Certificate indicated “No” to “Do You Currently Use Any Medication.” The application indicated “Yes” to “Alcohol dependence or abuse,” “Admission to hospital” and “Other illness, disability, or surgery” and “No” to all other items under “Medical History.” The application also indicated “Yes” in response to “History of ... any arrest(s) and/or conviction(s) involving driving while intoxicated by, while

impaired by, or while under the influence of alcohol or a drug ...” and “No” to “History of nontraffic conviction(s) (misdemeanors or felonies).” Under “Comments on History and Findings” was noted “History of alcohol use with evidence of satisfactory recovery since April 2005; Documentation enclosed for review.”

9/26/2007 – A letter from the pilot noted that “... since my April 2005 arrest ... I subsequently completed a 26 week outpatient treatment program, including attendance at AA meetings as well as group sessions ... regarding the incident itself, I was returning to my home after having dinner ... I bumped the vehicle in front of me at a stop light ... I asked the other driver if he would follow me the block or so to my home in order to exchange insurance information ... I had consumed roughly a bottle of wine ... when the officer asked me to perform field sobriety exercises I realized that I was indeed intoxicated and I admitted as much to the officer, although I had initially denied any alcohol consumption. I also declined to take a Breathalyzer test because naively I thought it was in my best legal interest. ... My previous incident involving drinking and driving occurred in May 1995 ... while returning home from dinner ... during which I consumed more than my share of wine I (again) bumped the vehicle ahead of me at a stop light while reaching for my cell phone, which had fallen on the floor ... The BAC was either 0.010 or 0.012 (I apologize for not remembering exactly) and I was found guilty of DWI in December of 1995. ... Unfortunately at this time I do not have a copy of the police report ... my drinking was always in social situations, ... but clearly when I did drink I often drank too much ...”

11/9/2007 – An electronic memo from the Manager of the FAA Aerospace Medical Certification Division noted, “We now have Court records and two good letters from the airman; in fact the airman has had two offenses; the first one in 1995 an second one 2005; The second offense was apparently a refusal and he subsequently had to undergo 26 outpatient sessions and placement of interlock device on his car; This offense was subsequently struck as ‘guilty’ from his record; nevertheless, I think we should request a current substance abuse evaluation ...”

11/28/2007 – A letter from the psychologist and Licensed Clinical Alcohol and Drug Counselor who wrote the 12/31/2005 letter noted, in part, that the pilot “... reports never having been arrested or charged with a serious crime ... however he was charged twice with driving while intoxicated ... he has maintained continuous sobriety since April 2005 (31 months) ... Based on the information reported in this interview ... there is no indication of legal problems that warrant attention at this time. ... [The pilot] has been a practicing physician for the past 17 years. There is no evidence of absenteeism or tardiness at work, reduced production, demotions, frequent job changes or job loss. ... Based on the information reported in this interview ... there is no indication of an employment problem that warrants attention at this time. ... Based on the information reported

in this interview ... there is no indication of an alcohol problem that warrants attention at this time. ...”

12/13/2007 – An electronic memo from the Manager of the FAA Aerospace Medical Certification Division noted, “See my earlier note ... now have a very good substance abuse evaluation that was negative for all aspects of substance abuse/dependence so certify and warn; no followup required ...”

12/14/2007 – A letter to the pilot from the Manager of the FAA Aerospace Medical Certification Division noted, “Our review of your medical records has established that you are eligible for a third-class medical certificate. ... You are cautioned that any further alcohol related offenses or evidence of alcohol abuse will require re-evaluation or possible denial of your medical certification. ...”

8/4/2009 – The pilot’s most recent application for (3<sup>rd</sup> class) Airman Medical Certificate indicated “No” to “Do You Currently Use Any Medication.” The application indicated “Yes” to “Alcohol dependence or abuse,” “Admission to hospital” and “Other illness, disability, or surgery” and “No” to all other items under “Medical History.” The application also indicated “Yes” in response to “History of ... any arrest(s) and/or conviction(s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug ...” and to “History of nontraffic conviction(s) (misdemeanors or felonies).” Under “Explanations” was noted “Previously reported no change.” Under “Comments on History and Findings” was noted “... No further incidents, DUI 2005 previously reported. ... Knee surgery 1993/2003 ...” “Occupation” was noted as “Physician.” “Total Pilot Time” was noted as 1150 hours “To date” and 50 hours in the “Past 6 months.”

There was no indication in the FAA medical records of actions taken against the pilot’s State medical licenses.

The following medical information was extracted by Dr. Mitchell A. Garber, NTSB Medical Officer, from physician records, hospital records, and physical therapy records maintained on the pilot:

9/9/2008 – A history and physical for an ambulatory procedure noted, in part “Alcohol – occasional.” “Pre-Procedure Patient Interview” noted, in part, “Primary Care Provider: self.” Procedure orders noted, in part, “fentanyl 100 micrograms IV” and “propafol 400 mg IV.”

1/7/2010 – A letter from a neurosurgeon to the pilot noted, in part, “... You are a 53 year old physician with a history of progressive right S1 radiculopathy. You have a long history of degenerative disc disorders. I operated on the left at L5/S1 in 1987 for a herniated nucleus pulposus. You have enjoyed squash over the last 20 years and in that setting noted numbness in the right foot and what was initially in the distal plantar-mid-forefoot has progressed to involve most of the

plantar surface of the right foot. You have also had some pinpoint pain in the right buttock through the calf and along to the proximal hamstring. The pain is always relieved by sitting or forward flexing, lateral bending and aggravated by extending the spine such as standing, walking, or twisting. You discontinued playing squash and started physical therapy, both core strengthening exercise, Pilates and general strengthening exercises. The symptoms persist.

Your general medical condition is good. You have no major medical problems that would make a general anesthetic a risky proposition. You have undergone surgery in the past for meniscectomy in 1993 and 2003. ... On examination the salient findings referable to the spine included hard neurological deficits referable to the right S1 nerve root including weakness in ankle dorsiflexion, plantar flexion and abduction of the right hip. The ankle flexes are absent bilaterally. The knee reflexes are present.

The lumbar MRI scan shows advanced degenerative disc disease from L5 up through T12. You have bilateral L5/S1 lateral recess type spinal stenosis. The lateral recess stenosis is much worse on the right than the left. There is no herniation of disc material per se.

Impression: You have a right S1 radiculopathy a consequence of lumbar spinal stenosis of the lateral recess type. You have objective neurological deficits and are unlikely to improve without decompressive surgery. I reviewed the risks of that procedure with you in detail as well as the alternatives. Pending general medical clearance, surgery has been scheduled for later this month.”

The office of the neurosurgeon from which the above records were obtained was located more than 100 miles from the pilot’s reported address on his most recent application for airman medical certificate.

1/19/2010 – A Hospital Preoperative Medical Questionnaire indicated “No” in response to “have you suffered from anxiety, depression, or a psychiatric disorder?” Operative report indicated, in part, “Operation: Right L5-S1 lumbar laminectomies, excision of lateral recess spinal stenosis, excision of extradural scar tissue. ...” Nursing note indicated in part, “...Pain interventions – Pharmacologic: Hydromorphone ...”

The hospital from which the above records were obtained was located more than 100 miles from the pilot’s reported address on his most recent application for airman medical certificate.

1/20/2010 – Hospital discharge information indicated, in part, “Percocet 5/325: 1-2 tabs by mouth every 4-6 hours as needed, maximum daily dose 8 tablets ... 50 ...”

1/31/2010 – Family practice physician notes indicate, in part, “... Had a laminectomy ... on 1/19/10 allegedly without incident. Now has run out of his pain meds (Percocet [oxycodone/acetaminophen]) and his back is now ecchymotic. Has now developed to pre-surgical pain level. Pain radiates into the

right calf. Right foot is numb. ... healing 4 cm surgical lumbar scar with approximately a 6cm underlying area of soft tissue swelling. ... There is a quite large area of ecchymosis to both upper buttocks ... Percocet 5 mg #30 one by mouth every 6 hours as needed.

2/24/2010 – Physical therapy note indicated, in part, “1/19 decompressive laminectomy – right L5/S1 parasthesias sole of right foot (ball of foot). Pain in right lower back only.

The following medical information was extracted by Dr. Mitchell A. Garber, NTSB Medical Officer, from one pharmacy chain’s records of prescriptions for the pilot:

12/19/2008 – Prescription noted filled for 10 oxycodone-acetaminophen

1/21/2009 – Prescription noted filled for 5 hydrocodone-acetaminophen from a second provider.

5/29/2009 – Prescription noted filled for 30 oxycodone-acetaminophen from a third provider.

11/19/2009 – Prescription noted filled for 20 hydrocodone-acetaminophen from a fourth provider.

12/23/2009 – Prescription noted filled for 30 hydrocodone-acetaminophen from the same (fourth) provider.

1/31/2010 – Prescription noted filled for 30 oxycodone-acetaminophen from a fifth provider.

2/9/2010 – Prescription noted filled for 20 hydrocodone-acetaminophen from a previous (fourth) provider.

2/20/2010 – Prescription noted filled for 90 oxycodone-acetaminophen from the pilot’s neurosurgeon.

The pharmacy at which all of the prescriptions were filled was located less than ½ mile from the pilot’s reported address on his most recent application for airman medical certificate. No prescriptions for bupropion were noted from that pharmacy.

The following medical information was extracted by Dr. Mitchell A. Garber, NTSB Medical Officer, from the report of autopsy performed on the pilot by the Maryland Office of the Chief Medical Examiner:

Toxicology Report of Findings noted the presence (unquantified) of bupropion, oxycodone, quinine, and acetaminophen in the urine, and the absence of bupropion, oxycodone, or acetaminophen in heart blood.