

National Transportation Safety Board

Office of Research and Engineering

Washington, DC 20594



ERA23FA256

MEDICAL

Specialist's Factual Report

November 19, 2024

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A. ACCIDENT

Location: Montebello, Virginia
Date: June 4, 2023

B. MEDICAL SPECIALIST

Specialist Turan Kayagil, MD, FACEP
National Transportation Safety Board
Washington, DC

C. DETAILS OF THE INVESTIGATION

1.0 Purpose

This investigation was performed to evaluate the pilot for potentially impairing or incapacitating medical conditions, substances, and exposures.

2.0 Methods

The Federal Aviation Administration (FAA) medical case review and the pilot's FAA medical certification file were reviewed. Selected personal medical records pertaining to the pilot were reviewed, comprising records from the pilot's primary care provider and pain management specialist (records were requested for a period of 3 years prior to the crash date). Selected investigator reports and relevant regulation and medical literature were also reviewed. The pilot did not undergo autopsy or postmortem toxicology testing.

D. FACTUAL INFORMATION

1.0 FAA Medical Records

According to FAA medical records, the 69-year-old male pilot's last aviation medical examination was October 10, 2022. At that time, he reported 34,000 civilian flight hours. He reported using the prescription blood pressure medications losartan and amlodipine to treat high blood pressure. The aviation medical examiner (AME) noted that the pilot's high blood pressure was qualified under conditions AMEs can issue (CACI) criteria. A routine electrocardiogram (EGC) was performed. The AME issued the pilot a first-class medical certificate limited by a requirement to wear corrective lenses and possess glasses for near/intermediate vision.

2.0 Personal Medical Records

Records from the pilot's primary care provider documented the pilot's medical history to include high blood pressure, high cholesterol, obesity, and chronic low back pain. His last primary care visit was February 6, 2023. At that time, he was 69 inches tall and weighed 213 pounds. His home medications were documented as losartan, amlodipine, low-dose aspirin, a fish oil supplement, and omeprazole, as well as an albuterol inhaler as needed for cough. At the visit, he was instructed to restart rosuvastatin, which he had taken previously. He was also started on phentermine, with a prescription for a 90-day supply with no refills. Additionally, he reported regular use of caffeine.

Phentermine is a stimulant most typically used for short term (up to 12 weeks) treatment of obesity, although it may be used longer.¹ Phentermine is a federal Schedule IV controlled substance and often carries a warning that it may impair the ability to engage in potentially hazardous activities such as operating machinery or driving a motor vehicle.² The FAA considers phentermine to be a "Do Not Issue/Do Not Fly" medication.^{3,4}

Losartan and amlodipine are prescription medications to treat high blood pressure. Low-dose aspirin and fish oil supplement are available over the counter and are commonly used to lower cardiovascular risk. Omeprazole is a stomach acid suppression medication available over the counter. Albuterol is a prescription bronchodilator medication. Rosuvastatin is a prescription medication for cholesterol control. Caffeine is the main stimulant in coffee, tea, and chocolate. Losartan, amlodipine, aspirin, fish oil, omeprazole, albuterol, rosuvastatin, and caffeine are not generally considered impairing.

Records from the pilot's pain management specialist documented the pilot's history of low back pain as having been present since 2010. The pilot's last pain management visit was in September 2022. At that time the pilot was documented as

¹ Perreault L, Reid TJ. Obesity in adults: drug therapy. In: Post TW, ed. *UpToDate*. Waltham, MA: UpToDate Inc. <https://www.uptodate.com/contents/obesity-in-adults-drug-therapy>. Updated May 1, 2024. Accessed May 15, 2024.

² National Institutes of Health National Library of Medicine. Adipex-P. DailyMed. <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=f5b2f9d8-2226-476e-9caf-9d41e6891c46>. Updated September 30, 2020. Accessed May 15, 2024.

³ Federal Aviation Administration. Guide for aviation medical examiners: pharmaceuticals (therapeutic medications) do not issue - do not fly. Federal Aviation Administration website. https://www.faa.gov/ame_guide/pharm/dni_dnf. Updated July 10, 2023. Accessed May 15, 2024.

⁴ Federal Aviation Administration. Weight loss medication. Guide for Aviation Medical Examiners. https://www.faa.gov/ame_guide/media/Weight_loss_Pharm.pdf. Updated March 27, 2024. Accessed May 15, 2024.

taking hydrocodone, a prescription opioid pain medication, "very sparingly." Hydrocodone use was not documented in the pilot's primary care records.

Hydrocodone is a federal Schedule II controlled substance and often carries a warning that it may impair the mental and physical abilities needed to perform potentially hazardous activities such as driving a car or operating machinery.^{5,6} The FAA instructs aviation medical examiners not to issue medical certificates to pilots who use opioid medications regularly, although medical certificates may be issued in cases of occasional opioid use for time-limited conditions that are nonrecurrent or recurrent and resolved (and not otherwise disqualifying). Regardless, the FAA states that a pilot should not fly after using an opioid medication until adequate time has elapsed for the drug to be eliminated from circulation.³

The pilot's primary care records documented a 2015 cardiology evaluation, undertaken because of nonspecific ECG abnormalities. A nuclear stress test and echocardiography were without significant abnormalities at that time.

E. SUMMARY OF MEDICAL FACTS

The 69-year-old male pilot did not undergo autopsy or postmortem toxicology testing. His last aviation medical examination was October 10, 2022. At that time, he reported using the prescription blood pressure medications losartan and amlodipine to treat high blood pressure. The aviation medical examiner (AME) noted that the pilot's high blood pressure was qualified under conditions AMEs can issue (CACI) criteria. A routine electrocardiogram (EGC) was performed. The AME issued the pilot a first-class medical certificate limited by a requirement to wear corrective lenses and possess glasses for near/intermediate vision.

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⁵ National Institutes of Health National Library of Medicine. Hydrocodone bitartrate. DailyMed. <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=f7b55d14-0980-b680-8ceb-7489ff65455e>. Updated May 20, 2021. Accessed May 15, 2024.

⁶ Drug Enforcement Administration Diversion Control Division. Hydrocodone. Drug and Chemical Information. https://www.deadiversion.usdoj.gov/drug_chem_info/hydrocodone.pdf. Updated October 2019. Accessed May 15, 2024.

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Submitted by:

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