BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:	)	
	)	
	)	
Harry Convery Henderson, III, M.D.	)	**Case No. 800-2014-006389**
	)	
Physician's and Surgeon's Certificate No. C 36159	)	
	)	
Respondent	)	
	)	

DECISION AND ORDER

The attached Stipulated Surrender of License and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on August 10, 2017.

IT IS SO ORDERED August 3, 2017 .

MEDICAL BOARD OF CALIFORNIA

By: Kimberly Kirchmeyer
Kimberly Kirchmeyer
Executive Director

XAVIER BECERRA
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General
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Attorneys for Complainant

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **HARRY CONVERY HENDERSON, III, M.D.** **5565 Grossmont Center Drive, Suite 510** **La Mesa, CA 91942** **Physician's and Surgeon's Certificate No. C36159,** Respondent.	Case No. 800-2014-006389 **STIPULATED SURRENDER OF LICENSE AND DISCIPLINARY ORDER**

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings that the following matters are true:

PARTIES

1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board of California (Board). She brought this action solely in her official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Martin W. Hagan, Deputy Attorney General.

2. Harry Convery Henderson, III, M.D. (respondent) is represented in this proceeding by Stacie L. Patterson, Esq., whose address is 3200 Fourth Avenue, Suite 101, San Diego, CA 92103.

3. On or about October 25, 1974, the Board issued Physician's and Surgeon's Certificate No. C36159 to respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2014-006389 and will expire on January 31, 2019, unless renewed.

JURISDICTION

4. On June 29, 2017, Accusation No. 800-2014-006389 was filed before the Board, and is currently pending against respondent. A true and correct copy of Accusation No. 800-2014-006389 and all other statutorily required documents were properly served on respondent on June 29, 2017. Respondent timely filed his Notice of Defense contesting the Accusation. A true and correct copy of Accusation No. 800-2014-006389 is attached hereto as Exhibit A and incorporated by reference as if fully set forth herein.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and fully understands the charges and allegations in Accusation No. 800-2014-006389. Respondent also has carefully read, fully discussed with counsel, and fully understands the effects of this Stipulated Surrender of License and Disciplinary Order.

6. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation No. 800-2014-006389; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

7. Having the benefit of counsel, respondent hereby voluntarily, knowingly and intelligently waives and gives up each and every right set forth above.

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CULPABILITY

8. Respondent does not contest that, at an administrative hearing, Complainant could establish a *prima facie* case with respect to the charges and allegations contained in Accusation No. 800-2014-006389, a true and correct copy of which is attached hereto as Exhibit "A," and that he has thereby subjected his Physician's and Surgeon's Certificate No. C36159 to disciplinary action. Respondent hereby surrenders his Physician's and Surgeon's Certificate No. C36159 for the Board's formal acceptance.

9. Respondent agrees that his Physician's and Surgeon's Certificate No. C36159 is subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

10. Respondent further agrees that if he ever petitions for reinstatement of his Physician's and Surgeon's Certificate No. C36159, or petitions to revoke probation or if an accusation is ever filed against him before the Medical Board of California, all of the charges and allegations contained in Accusation No. 800-2014-006389 shall be deemed true, correct, and fully admitted by respondent for purposes of any such proceeding or any other licensing proceeding involving respondent in the State of California or elsewhere.

11. Respondent understands that by signing this stipulation he enables the Executive Director of the Board to issue an order, on behalf of the Board, accepting the surrender of his Physician's and Surgeon's Certificate No. C36159 without further notice to, or opportunity to be heard by, respondent.

CONTINGENCY

12. Business and Professions Code section 2224, subdivision (b), provides, in pertinent part, that the Medical Board "shall delegate to its executive director the authority to adopt a . . . stipulation for surrender of a license."

13. This Stipulated Surrender of License and Disciplinary Order shall be subject to approval of the Executive Director on behalf of the Medical Board. The parties agree that this Stipulated Surrender of License and Disciplinary Order shall be submitted to the Executive Director for her consideration in the above-entitled matter and, further, that the Executive

Director shall have a reasonable period of time in which to consider and act on this Stipulated Surrender of License and Disciplinary Order after receiving it. By signing this stipulation, respondent fully understands and agrees that he may not withdraw his agreement or seek to rescind this stipulation prior to the time the Executive Director, on behalf of the Medical Board, considers and acts upon it.

14. The parties agree that this Stipulated Surrender of License and Disciplinary Order shall be null and void and not binding upon the parties unless approved and adopted by the Executive Director on behalf of the Board, except for this paragraph, which shall remain in full force and effect. Respondent fully understands and agrees that in deciding whether or not to approve and adopt this Stipulated Surrender of License and Disciplinary Order, the Executive Director and/or the Board may receive oral and written communications from its staff and/or the Attorney General's Office. Communications pursuant to this paragraph shall not disqualify the Executive Director, the Board, any member thereof, and/or any other person from future participation in this or any other matter affecting or involving respondent. In the event that the Executive Director on behalf of the Board does not, in her discretion, approve and adopt this Stipulated Surrender of License and Disciplinary Order, with the exception of this paragraph, it shall not become effective, shall be of no evidentiary value whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party hereto. Respondent further agrees that should this Stipulated Surrender of License and Disciplinary Order be rejected for any reason by the Executive Director on behalf of the Board, respondent will assert no claim that the Executive Director, the Board, or any member thereof, was prejudiced by its/his/her review, discussion and/or consideration of this Stipulated Surrender of License and Disciplinary Order or of any matter or matters related hereto.

ADDITIONAL PROVISIONS

15. This Stipulated Surrender of License and Disciplinary Order is intended by the parties herein to be an integrated writing representing the complete, final and exclusive embodiment of the agreements of the parties in the above-entitled matter.

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16. The parties agree that copies of this Stipulated Surrender of License and Disciplinary Order, including copies of the signatures of the parties, may be used in lieu of original documents and signatures and, further, that such copies shall have the same force and effect as originals.

17. In consideration of the foregoing admissions and stipulations, the parties agree the Executive Director of the Medical Board may, without further notice to or opportunity to be heard by respondent, issue and enter the following Disciplinary Order on behalf of the Board:

ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. C36159, issued to respondent Harry Convery Henderson, III, M.D., is surrendered and accepted by the Medical Board of California.

1. The surrender of respondent's Physician's and Surgeon's Certificate No. C36159 and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against respondent. This stipulation constitutes a record of the discipline and shall become a part of respondent's license history with the Medical Board of California.

2. Respondent shall lose all rights and privileges as a Physician and Surgeon in California as of the effective date of the Board's Decision and Order.

3. Respondent shall cause to be delivered to the Board his pocket license and, if one was issued, his wall certificate on or before the effective date of the Decision and Order.

4. If respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation No. 800-2014-006389 shall be deemed to be true, correct and admitted by respondent when the Board determines whether to grant or deny the petition.

5. If respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2014-006389 shall

be deemed to be true, correct, and admitted by respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

ACCEPTANCE

I have carefully read the above Stipulated Surrender of License and Order and have fully discussed it with my attorney, Stacie L. Patterson, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 7-20-17

HARRY CONVERY HENDERSON, III, M.D.
Respondent

I have read and fully discussed with respondent Harry Convery Henderson, III, M.D., the terms and conditions and other matters contained in this Stipulated Surrender of License and Order. I approve its form and content.

DATED: July 20, 2017

STACIE L. PATTERSON, ESQ.
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

Dated: 7/21/2017

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General

MARTIN W. HAGAN
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2014-006389

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO June 29 2017
BY: K. Vong ANALYST

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Attorneys for Complainant

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **HARRY CONVERY HENDERSON III, M.D.** **5565 Grossmont Center Drive, Suite 510** **La Mesa, CA 91942** **Physician's and Surgeon's Certificate No. C36159,** **Respondent.**	**Case No. 800-2014-006389** **A C C U S A T I O N**

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer (complainant) brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about October 25, 1974, the Board issued Physician's and Surgeon's Certificate No. C36159 to Harry Convery Henderson III, M.D. (respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges and allegations brought herein and will expire on January 31, 2019, unless renewed.

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JURISDICTION

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2227 of the Code states:

"(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

"(1) Have his or her license revoked upon order of the board.

"(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

"(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

"(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

"(5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

"(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1."

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5. Section 2234 of the Code, states:

"The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

"...

"(b) Gross negligence.

"(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

"(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

"(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

"..."

6. Section 2241 of the Code states:

"(a) A physician and surgeon may prescribe, dispense, or administer prescription drugs, including prescription controlled substances, to an addict under his or her treatment for a purpose other than maintenance on, or detoxification from, prescription drugs or controlled substances.

"(b) A physician and surgeon may prescribe, dispense, or administer prescription drugs or prescription controlled substances to an addict for purposes of maintenance on, or detoxification from, prescription drugs or controlled substances only as set forth in subdivision (c) or in Sections 11215, 11217, 11217.5, 11218, 11219, and 11220 of the Health and Safety Code. Nothing in this subdivision shall authorize a physician and surgeon to prescribe, dispense, or

administer dangerous drugs or controlled substances to a person he or she knows or reasonably believes is using or will use the drugs or substances for a nonmedical purpose.

"(c) Notwithstanding subdivision (a), prescription drugs or controlled substances may also be administered or applied by a physician and surgeon, or by a registered nurse acting under his or her instruction and supervision, under the following circumstances:

"(1) Emergency treatment of a patient whose addiction is complicated by the presence of incurable disease, acute accident, illness, or injury, or the infirmities attendant upon age.

"(2) Treatment of addicts in state-licensed institutions where the patient is kept under restraint and control, or in city or county jails or state prisons.

"(3) Treatment of addicts as provided for by Section 11217.5 of the Health and Safety Code.

"(d)(1) For purposes of this section and Section 2241.5, "addict" means a person whose actions are characterized by craving in combination with one or more of the following:

"(A) Impaired control over drug use.

"(B) Compulsive use.

"(C) Continued use despite harm.

"(2) Notwithstanding paragraph (1), a person whose drug-seeking behavior is primarily due to the inadequate control of pain is not an addict within the meaning of this section or Section 2241.5."

7. Section 2242 of the Code states:

"(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022 without an appropriate prior examination and a medical indication, constitutes unprofessional conduct.

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"(b) No licensee shall be found to have committed unprofessional conduct within the meaning of this section if, at the time the drugs were prescribed, dispensed, or furnished, any of the following applies:

"(1) The licensee was a designated physician and surgeon or podiatrist serving in the absence of the patient's physician and surgeon or podiatrist, as the case may be, and if the drugs were prescribed, dispensed, or furnished only as necessary to maintain the patient until the return of his or her practitioner, but in any case no longer than 72 hours.

"(2) The licensee transmitted the order for the drugs to a registered nurse or to a licensed vocational nurse in an inpatient facility, and if both of the following conditions exist:

"(A) The practitioner had consulted with the registered nurse or licensed vocational nurse who had reviewed the patient's records.

"(B) The practitioner was designated as the practitioner to serve in the absence of the patient's physician and surgeon or podiatrist, as the case may be.

"(3) The licensee was a designated practitioner serving in the absence of the patient's physician and surgeon or podiatrist, as the case may be, and was in possession of or had utilized the patient's records and ordered the renewal of a medically indicated prescription for an amount not exceeding the original prescription in strength or amount or for more than one refill.

"(4) The licensee was acting in accordance with Section 120582 of the Health and Safety Code."

8. Section 2266 of the Code states:

"The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct."

9. Section 725 of the Code states:

"(a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering of drugs or treatment, repeated acts of clearly excessive use of diagnostic procedures, or repeated acts of clearly excessive use of diagnostic or treatment facilities as

determined by the standard of the community of licensees is unprofessional conduct for a physician and surgeon, dentist, podiatrist, psychologist, physical therapist, chiropractor, optometrist, speech-language pathologist, or audiologist.

"(b) Any person who engages in repeated acts of clearly excessive prescribing or administering of drugs or treatment is guilty of a misdemeanor and shall be punished by a fine of not less than one hundred dollars ($100) nor more than six hundred dollars ($600), or by imprisonment for a term of not less than 60 days nor more than 180 days, or by both that fine and imprisonment.

"(c) A practitioner who has a medical basis for prescribing, furnishing, dispensing, or administering dangerous drugs or prescription controlled substances shall not be subject to disciplinary action or prosecution under this section.

"(d) No physician and surgeon shall be subject to disciplinary action pursuant to this section for treating intractable pain in compliance with Section 2241.5."

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

10. Respondent is subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that he committed gross negligence in his care and treatment of patients L.T., M.C., J.V., C.W., C.T. and K.W., as more particularly alleged hereinafter:

11. The investigation against respondent was initiated after the Medical Board of California received an anonymous complaint from a health professional who treats inmates and homeless individuals, who complained "[I] have noticed again and again inmates who are on high doses of benzodiazepines during active substances abuse use, also being prescribed pain medications by Dr. Harry Henderson, a psychiatrist. I have great concern that he is known by the inmates as someone who will 'give them what they want.'" A subsequent review of the Controlled Substances Utilization and Evaluation System (CURES) report for the controlled substances prescriptions issued by respondent raised concerns about the controlled substances he was prescribing to some of his patients.

PATIENT L.T.

12. On or about October 16, 2012, respondent had his first visit with patient L.T., a then-27-year-old female. As part of his initial evaluation, respondent did not seek any medical records from any prior health professionals, did not obtain any other collateral source information, and failed to do any pertinent psychological testing. Respondent's handwritten chart notes are largely illegible and incomplete, lack adequate detail, and fail to provide a clear rationale for any medical decisions. After the initial visit, respondent provided patient L.T. with near monthly prescriptions of Adderall (amphetamine salt combination)[1] 30 mg (#60) (for the alleged treatment of ADHD that was based solely on the patient's subjective complaints), clonazepam 1 mg (#150), and Ambien (zolpidem tartrate)[2] 10 mg (#30). During this same period of time, and unbeknownst to respondent, patient L.T. was receiving additional controlled substances (Ambien and Percocet [oxycodone and acetaminophen - APAP][3] from at least one other physician. According to Controlled Substances Utilization and Evaluation System (CURES) report for patient L.T., during the period of on or about October 16, 2012, through on or about December 31, 2012, patient L.T. filled the following prescriptions for the controlled substances:

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[1] Adderall® (amphetamine salt combination), a mixture of d-amphetamine and l-amphetamine salts in a ratio of 3:1, is a central nervous system stimulant of the amphetamine class, and is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for attention-deficit hyperactivity disorder and narcolepsy. According to the DEA, amphetamines, such as Adderall®, are considered a drug of abuse. "The effects of amphetamines and methamphetamine are similar to cocaine, but their onset is slower and their duration is longer." (Drugs of Abuse – A DEA Resource Guide (2011), at p. 44.) Adderall and other stimulants are contraindicated for patients with a history of drug abuse.

[2] Ambien® (zolpidem tartrate), a centrally acting hypnotic-sedative, is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for the short-term treatment of insomnia characterized by difficulties with sleep initiation.

[3] Percocet® (oxycodone and acetaminophen) from the opioid class of medications, is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for the treatment of moderate to moderately severe pain. The Drug Enforcement Administration (DEA) has identified opioids, such as Oxycodone, as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2011 Edition), at p. 41.)

Date Filled	Drug Name	Strength	Quantity	Prescriber
10-29-2012	Clonazepam	1 mg	150	Respondent
10-30-2012	Amphetamine Salt Combo	30 mg	60	Other Physician
11-08-2012	Oxycodone/APAP	10/325 mg	90	Dr. C.T.
11-08-2012	Zolpidem Tartrate	10 mg	30	Dr. K.M.
11-14-2012	Zolpidem Tartrate	10 mg	30	Dr. K.M.
11-21-2012	Amphetamine Salt Combo	30 mg	60	Respondent
11-25-2012	Clonazepam	1 mg	150	Respondent
12-06-2012	Oxycodone/APAP	10/325 mg	90	Dr. C.L.
12-12-2012	Zolpidem Tartrate	10 mg	30	Respondent
12-19-2012	Amphetamine Salt Combo	30 mg	60	Respondent
12-24-2012	Clonazepam	1 mg	150	Respondent

13. During the period of January 1, 2013, to December 31, 2013, respondent did not chart any visits with patient L.T. However, respondent's billing records indicate that he billed for one visit on December 31, 2013. Respondent's handwritten chart notes are largely illegible and incomplete, lack adequate detail, and fail to provide a clear rationale for any medical decisions. During 2013, respondent continued to prescribe Adderall (amphetamine salt combination), clonazepam, and Ambien (zolpidem tartrate) to patient L.T. During 2013, patient L.T. obtained near monthly prescriptions of amphetamine salt combo (Adderall) 30 mg (#60) (average of 60 mg per day)[4]; one thousand six hundred seventy-eight (#1,678) 1 mg tablets of clonazepam (average of 4.6 mg per day); and three hundred sixty (#360) 10 mg tablets of Ambien (average of 9.9 mg per day) using prescriptions from respondent. During this same period of time, and unbeknownst

[4] Respondent indicated that he was prescribing the Adderall to treat patient L.T.'s attention deficit hyperactivity disorder (ADHD). The literature for Adderall® provides for a maximum daily dosage not to exceed 40 mg per day and notes "[o]nly in rare cases will it be necessary to exceed a total of 40 mg per day."

to respondent, patient L.T. also continued to receive Percocet, Endocet (oxycodone/APAP),[5] and diazepam[6] using prescriptions issued from other physicians. According to the CURES report for patient L.T., she filled the following prescriptions for controlled substances during 2013:

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-03-2013	Oxycodone/APAP	10/325 mg	90	Dr. C.L.
01-11-2013	Zolpidem Tartrate	10 mg	30	Respondent
01-21-2013	Clonazepam	1 mg	150	Respondent
01-21-2013	Amphetamine Salt Combo	30 mg	60	Respondent
01-31-2013	Oxycodone/APAP	10/325 mg	90	Dr. C.L.
02-07-2013	Zolpidem Tartrate	10 mg	30	Respondent
02-19-2013	Clonazepam	1 mg	150	Respondent
02-19-2013	Amphetamine Salt Combo	30 mg	60	Respondent
02-28-2013	Oxycodone/APAP	10/325 mg	90	Dr. C.L.
03-13-2013	Zolpidem Tartrate	10 mg	30	Respondent
03-21-2013	Clonazepam	1 mg	150	Respondent
03-21-2013	Amphetamine Salt Combo	30 mg	60	Respondent
03-26-2013	Oxycodone/APAP	10/325 mg	90	Dr. C.L.

[5] Endocet® (oxycodone and acetaminophen), an opioid analgesic, is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for the management of moderate to moderately severe pain. The Drug Enforcement Administration has identified oxycodone, as a drug of abuse. (Drugs of Abuse, A DEA Resource Guide (2011 Edition), at p. 41.) "Acetaminophen has been associated with cases of acute liver failure, at times resulting in liver transplant and death. Most of the cases of liver injury are associated with the use of acetaminophen at doses that exceed 4000 milligrams per day."

[6] Diazepam (Valium®), a benzodiazepine, is a centrally acting hypnotic-sedative that is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for the management of anxiety disorders or for the short-term relief of anxiety. Concomitant use of Valium® with opioids "may result in profound sedation, respiratory depression, coma, and death." The Drug Enforcement Administration (DEA) has identified benzodiazepines, such as Valium®, as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2011 Edition), at p. 53.)

Date Filled	Drug Name	Strength	Quantity	Prescriber
04-10-2013	Zolpidem Tartrate	10 mg	30	Respondent
04-18-2013	Clonazepam	1 mg	150	Respondent
04-18-2013	Amphetamine Salt Combo	30 mg	60	Respondent
04-24-2013	Oxycodone/APAP	10/325 mg	90	Dr. C.L.
05-06-2013	Zolpidem Tartrate	10 mg	30	Respondent
05-22-2013	Oxycodone/APAP	10/325 mg	90	Dr. C.L.
05-22-2013	Clonazepam	1 mg	28	Respondent
06-04-2013	Zolpidem Tartrate	10 mg	30	Respondent
06-06-2013	Amphetamine Salt Combo	30 mg	60	Respondent
06-24-2013	Clonazepam	1 mg	150	Respondent
06-25-2013	Endocet	10/325 mg	90	Dr. C.L.
07-05-2013	Zolpidem Tartrate	10 mg	30	Respondent
07-09-2013	Amphetamine Salt Combo	30 mg	60	Respondent
07-24-2013	Oxycodone/APAP	10/325 mg	90	Dr. J.R.
08-01-2013	Clonazepam	1 mg	150	Respondent
08-03-2013	Zolpidem Tartrate	10 mg	30	Respondent
08-21-2013	Amphetamine Salt Combo	30 mg	60	Respondent
08-28-2013	Clonazepam	1 mg	150	Respondent
09-05-2013	Zolpidem Tartrate	10 mg	30	Respondent
09-26-2013	Clonazepam	1 mg	150	Respondent
09-26-2013	Amphetamine Salt Combo	30 mg	60	Respondent
10-07-2013	Hydrocodone/APAP	5/325 mg	30	Dr. J.M.
10-09-2013	Zolpidem Tartrate	10 mg	30	Respondent
10-21-2013	Oxycodone/APAP	10/325 mg	40	Dr. W.K.
10-21-2013	Diazepam	10 mg	30	Dr. W.K.
10-27-2013	Clonazepam	1 mg	150	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
10-31-2013	Amphetamine Salt Combo	30 mg	60	Respondent
11-08-2013	Zolpidem Tartrate	10 mg	30	Respondent
11-25-2013	Clonazepam	1 mg	150	Respondent
12-03-2013	Amphetamine Salt Combo	30 mg	60	Respondent
12-07-2013	Zolpidem Tartrate	10 mg	30	Respondent
12-22-2013	Clonazepam	1 mg	150	Respondent
12-31-2013	Amphetamine Salt Combo	30 mg	60	Respondent

14. On or about October 29, 2014, patient L.T. was arrested by the San Diego County Sheriff's Department, along with her roommate, M.C. (who was also one of respondent's patients) for drug related offenses. During a search of patient L.T.'s and M.C.'s residence, San Diego Sheriff Deputies found numerous items establishing probable cause to arrest patient L.T. and patient M.C. for, among other things, unlawful possession of controlled substances in violation of Health & Safety Code section 11377, subdivision (a); unlawful possession of controlled substances for sale in violation of Health & Safety Code section 11378; unlawful possession of drug paraphernalia in violation of Health & Safety Code section 11364.1, subdivision (a); and possession of designated controlled substances for sale in violation of Health & Safety Code section 11375, subdivision (b)(1). During the search of patient L.T.'s and M.C.'s residence, the San Diego Sheriff's Deputies discovered, among other things, multiple unused small Ziploc bags, unused empty pill capsules, a note documenting pills, prices and quantities, a "pay and owe" sheet, a prescription for Adderall written by respondent,[7] a Ziploc bag with eight (8) Xanax bars, a note with a tally of Ambien received by patient L.T., a Ziploc bag with 22.4 grams of a crystalline substance (which field tested positive for amphetamine), marijuana, a marijuana grow floor plan, large amounts of cash, drug paraphernalia, and a registered handgun.

[7] According to the Arrest Report, "[L.T.] confirmed the hand written prescription was written by Dr. Henderson, then told me that Dr. Henderson writes her prescriptions in advance. She noted she had a November prescription already she needed to fill. She admitted to writing on the prescription paper, and that Dr. Henderson pre-dates prescriptions for her."

15. During the period of January 1, 2014, to December 31, 2014, respondent charted three visits with patient L.T. As can best be discerned from respondent's chart notes, the visits took place on or about February 24, April 23 and August 20, 2014. However, respondent's billing records indicate that he billed for six total visits during 2014. Respondent's handwritten chart notes are largely illegible and incomplete, lack adequate detail, and fail to provide a clear rationale for any medical decisions. During 2014, patient L.T. filled eight prescriptions of Adderall (amphetamine salt combination) (#60 and then increased to #90); four prescriptions of clonazepam; and 15 prescriptions of Ambien (zolpidem tartrate) with some prescriptions filled early (see prescriptions on February 24, February 27, April 24, April 28, May 21 and May 25) and one thousand five hundred sixty (#1,560) 2 mg tablets of Xanax (alprazolam) (average of 8.5 mg per day) using prescriptions from respondent. According to the CURES report for patient L.T., she filled the following prescriptions for the controlled substances listed below during 2014 that were issued by respondent:

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-04-2014	Zolpidem Tartrate	10 mg	30	Respondent
01-21-2014	Clonazepam	1 mg	150	Respondent
02-03-2014	Zolpidem Tartrate	10 mg	30	Respondent
02-07-2014	Amphetamine Salt Combo	30 mg	60	Respondent
02-24-2014	Alprazolam	2 mg	120	Respondent
02-24-2014	Zolpidem Tartrate	12.5 mg	30	Respondent
02-27-2014	Alprazolam	2 mg	120	Respondent
02-27-2014	Zolpidem Tartrate	12.5 mg	30	Respondent
03-19-2014	Amphetamine Salt Combo	30 mg	60	Respondent
03-27-2014	Zolpidem Tartrate	12.5 mg	30	Respondent
03-27-2014	Alprazolam	2 mg	120	Respondent
04-19-2014	Amphetamine Salt Combo	30 mg	60	Respondent
04-24-2014	Zolpidem Tartrate	12.5 mg	30	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
04-26-2014	Alprazolam	2 mg	120	Respondent
04-28-2014	Zolpidem Tartrate	12.5 mg	30	Respondent
05-06-2014	Alprazolam	2 mg	120	Respondent
05-21-2014	Zolpidem Tartrate	10 mg	30	Respondent
05-24-2014	Alprazolam	2 mg	120	Respondent
05-25-2014	Zolpidem Tartrate	12.5 mg	30	Respondent
05-27-2014	Amphetamine Salt Combo	30 mg	60	Respondent
06-02-2014	Alprazolam	2 mg	120	Respondent
06-16-2014	Amphetamine Salt Combo	30 mg	60	Respondent
06-20-2014	Zolpidem Tartrate	12.5 mg	30	Respondent
06-20-2014	Alprazolam	2 mg	120	Respondent
10-10-2014	Amphetamine Salt Combo	30 mg	90	Respondent
10-27-2014	Alprazolam	2 mg	120	Respondent
10-27-2014	Zolpidem Tartrate	12.5 mg	30	Respondent
11-02-2014	Zolpidem Tartrate	10 mg	30	Respondent
11-02-2014	Clonazepam	2 mg	90	Respondent
11-02-2014	Alprazolam	2 mg	120	Respondent
11-07-2014	Amphetamine Salt Combo	30 mg	90	Respondent
11-26-2014	Alprazolam	2 mg	120	Respondent
11-29-2014	Clonazepam	2 mg	90	Respondent
11-29-2014	Zolpidem Tartrate	10 mg	30	Respondent
11-30-2014	Amphetamine Salt Combo	30 mg	90	Respondent
12-20-2014	Zolpidem Tartrate	12.5 mg	30	Respondent
12-22-2014	Alprazolam	2 mg	120	Respondent
12-23-2014	Clonazepam	2 mg	90	Respondent
12-23-2014	Zolpidem Tartrate	10 mg	30	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
12-23-2014	Alprazolam	2 mg	120	Respondent

16. During the period of January 1, 2015, to October 26, 2015 (298 days), respondent charted two visits with patient L.T. As can best be discerned from respondent's chart notes, the visits took place on or about February 24 and April 23, 2015. Respondent's handwritten chart notes are largely illegible and incomplete, lack adequate detail, and fail to provide a clear rationale for any medical decisions. During this time frame, respondent continued to prescribe alprazolam (Xanax) 2 mg (#120) (ten prescriptions with an early refill on July 23); amphetamine salt combination (Adderall) 30 mg (#90) nine prescriptions (90 mg per day), clonazepam 2 mg #90 (approximately 6 mg per day), and zolpidem tartrate (Ambien) 10 mg #30 (with many early refills) to patient L.T. on a near monthly basis. According to the CURES report for patient L.T., she filled the following prescriptions for the controlled substances during 2015:

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-05-2015	Amphetamine Salt Combo	30 mg	90	Respondent
01-22-2015	Clonazepam	2 mg	90	Respondent
01-22-2015	Zolpidem Tartrate	10 mg	30	Respondent
02-04-2015	Alprazolam	2 mg	120	Respondent
02-04-2015	Amphetamine Salt Combo	30 mg	90	Respondent
02-04-2015	Zolpidem Tartrate	10 mg	30	Respondent
02-19-2015	Clonazepam	2 mg	10	Respondent
02-19-2015	Clonazepam	2 mg	80	Respondent
02-19-2015	Zolpidem Tartrate	10 mg	30	Respondent
03-04-2015	Amphetamine Salt Combo	30 mg	90	Respondent
03-04-2015	Alprazolam	2 mg	120	Respondent
03-17-2015	Clonazepam	2 mg	90	Respondent
03-17-2015	Zolpidem Tartrate	10 mg	30	Respondent
03-31-2015	Alprazolam	2 mg	120	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
04-15-2015	Zolpidem Tartrate	10 mg	30	Respondent
04-16-2015	Clonazepam	2 mg	90	Respondent
04-16-2015	Zolpidem Tartrate	10 mg	30	Respondent
05-01-2015	Amphetamine Salt Combo	30 mg	90	Respondent
05-01-2015	Alprazolam	2 mg	120	Respondent
05-14-2015	Clonazepam	2 mg	90	Respondent
05-14-2015	Zolpidem Tartrate	10 mg	30	Respondent
05-28-2015	Alprazolam	2 mg	120	Respondent
05-29-2015	Amphetamine Salt Combo	30 mg	90	Respondent
05-29-2015	Zolpidem Tartrate	10 mg	30	Respondent
06-19-2015	Clonazepam	2 mg	90	Respondent
06-19-2015	Zolpidem Tartrate	10 mg	30	Respondent
06-24-2015	Alprazolam	2 mg	120	Respondent
06-26-2015	Amphetamine Salt Combo	30 mg	90	Respondent
06-27-2015	Zolpidem Tartrate	10 mg	30	Respondent
07-10-2015	Zolpidem Tartrate	12.5 mg	30	Respondent
07-16-2015	Clonazepam	2 mg	90	Respondent
07-16-2015	Zolpidem Tartrate	10 mg	30	Respondent
07-21-2015	Alprazolam	2 mg	120	Respondent
07-23-2015	Alprazolam	2 mg	120	Respondent
07-25-2015	Zolpidem Tartrate	10 mg	30	Respondent
07-26-2015	Amphetamine Salt Combo	30 mg	90	Respondent
08-11-2015	Clonazepam	2 mg	90	Respondent
08-11-2015	Zolpidem Tartrate	10 mg	30	Respondent
08-18-2015	Alprazolam	2 mg	120	Respondent
09-23-2015	Clonazepam	2 mg	90	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
09-23-2015	Zolpidem Tartrate	10 mg	30	Respondent
09-24-2015	Alprazolam	2 mg	120	Respondent
09-24-2015	Amphetamine Salt Combo	30 mg	90	Respondent
10-23-2015	Amphetamine Salt Combo	30 mg	90	Respondent
10-26-2015	Clonazepam	2 mg	90	Respondent
10-26-2015	Zolpidem Tartrate	10 mg	30	Respondent

17. Respondent did not routinely conduct any CURES reviews of patient L.T., did not do any urine drug screening, did not enter into any controlled substances contract with patient L.T., and continued to prescribe controlled substances despite red-flags of misuse, abuse and/or diversion of controlled substances. Among other things, there were multiple prescriptions being filled at different pharmacies, request for early refills of medication and/or early refills of medications, prescriptions for opiates being prescribed by different health care professionals, patient L.T. requested that her roommate M.C. (who was also receiving Adderall, Ambien and Xanax from respondent) be allowed to pick up her prescription for Adderall, a "pharmacy [was] asking questions regarding office visits pertaining to Adderall RX's [prescriptions],"[8] and patient L.T. and her roommate M.C. were arrested on drug charges on October 29, 2014.

18. Respondent committed gross negligence in his care and treatment of patient L.T. including, but not limited to, the following:

(a) Respondent failed to provide appropriate psychiatric evaluations of patient L.T. in that he, among other things, failed to routinely perform comprehensive psychiatric evaluations, failed to obtain a complete and comprehensive history, failed to incorporate collateral source information, failed to perform pertinent psychological testing, failed to properly assess patient L.T.'s alleged ADHD; did not properly assess

[8] The unsigned note stated, "She has only been in one time. Pharmacy asking questions regarding office visits pertaining to Adderall RX's. She needs appt [appointment]!!"

and/or rule out depression; and/or failed to consider addiction as part of patient L.T.'s evaluations and assessments;

(b) Respondent failed to provide appropriate treatment to patient L.T. in that he, among other things, repeatedly prescribed inherently addictive controlled substances such as benzodiazepines, amphetamines and/or hypnotic sedatives to patient L.T. while failing to respond to objective signs of misuse, addiction and/or diversion of the controlled substances that were being prescribed to patient L.T.;

(c) Respondent repeatedly prescribed controlled substances to patient L.T. without periodically reviewing CURES, without utilizing urine drug screens, without consulting with and/or obtaining records from prior treating physicians and/or without utilizing other risk screening tools; and

(d) Respondent failed to maintain adequate and accurate records in regard to his care and treatment of patient L.T. The records lacked adequate detail and specificity and were largely illegible and difficult to decipher; there were no bases listed for any diagnoses and rationales for any medical decisions, including changes in medications and/or responses to medications, which were not adequately documented; there were no clear treatment plans documented; prescribed medications were often not listed in respondent's chart notes; and medical records were missing and/or inconsistent with respondent's billing records.

PATIENT M.C.

19. On or about September 30, 2014, respondent had his first visit with patient M.C., a then-28-year-old male for his "initial evaluation." Respondent's certified medical records for patient M.C. did not contain any chart note for the initial visit but did contain an invoice for an "initial evaluation" on September 30, 2014. As part of his initial evaluation, respondent did not

seek any medical records from any prior health professionals, did not obtain any other collateral source information, and failed to do any pertinent psychological testing. After this visit, respondent provided patient M.C. with near monthly prescriptions of Adderall (amphetamine salt combination) 30 mg (#60) (60 mg per day) (for the alleged treatment of ADHD that was based solely on the patient's subjective complaints), Ambien (zolpidem tartrate) 10 mg and 12.5 mg (#30) (10 to 12.5 mg per day) and Xanax (alprazolam) 2 mg (#120) (approximately 8 mg per day). According to the CURES report for patient M.C., the following prescriptions for controlled substances were filled during the remainder of 2014:

Date Filled	Drug Name	Strength	Quantity	Prescriber
10-01-2014	Amphetamine Salt Combo	30 mg	60	Respondent
10-01-2014	Zolpidem Tartrate	12.5 mg	30	Respondent
10-01-2014	Alprazolam	2 mg	120	Respondent
10-27-2014	Amphetamine Salt Combo	30 mg	60	Respondent
10-28-2014	Alprazolam	2 mg	120	Respondent
11-29-2014	Zolpidem Tartrate	12.5 mg	30	Respondent
11-29-2014	Alprazolam	2 mg	120	Respondent
12-12-2014	Amphetamine Salt Combo	30 mg	60	Respondent
12-12-2014	Zolpidem Tartrate	10 mg	30	Respondent

20. During the period of on or about January 1, 2015, to December 31, 2015, respondent charted two visits with patient M.C. As can best be discerned from respondent's chart notes, the visits took place on or about January 13 and September 24, 2015. Respondent's handwritten chart notes are largely illegible and incomplete, lack adequate detail, and fail to provide a clear rationale for any medical decisions. During 2015, patient M.C. continued to fill prescriptions for Adderall (amphetamine salt combination) 30 mg (#120), Ambien (zolpidem tartrate), and Xanax (alprazolam) 2 mg (#120) [except for one prescription that was for 108 tablets] using prescriptions issued by respondent. The prescriptions for Xanax (Alprazolam) 2 mg (#120) was

being filled at short intervals at different pharmacies, a fact that respondent claims he was unaware of since he was not reviewing CURES at the time.[9] According to the CURES report for patient M.C., the following prescriptions for controlled substances were filled during 2015:

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-06-2015	Zolpidem Tartrate	12.5 mg	30	Respondent
01-06-2015	Alprazolam	2 mg	108	Respondent
01-13-2015	Zolpidem Tartrate	10 mg	30	Respondent
01-13-2015	Alprazolam	2 mg	120	Respondent
01-13-2015	Amphetamine Salt Combo	30 mg	90	Respondent
02-03-2015	Alprazolam	2 mg	120	Respondent
02-03-2015	Zolpidem Tartrate	12.5 mg	30	Respondent
02-13-2015	Amphetamine Salt Combo	30 mg	90	Respondent
03-04-2015	Alprazolam	2 mg	120	Respondent
03-04-2015	Zolpidem Tartrate	12.5 mg	30	Respondent
03-11-2015	Amphetamine Salt Combo	30 mg	90	Respondent
04-27-2015	Zolpidem Tartrate	10 mg	30	Respondent
04-27-2015	Alprazolam	2 mg	120	Respondent
04-27-2015	Amphetamine Salt Combo	30 mg	90	Respondent
04-28-2015	Alprazolam	2 mg	120	Respondent
05-24-2015	Zolpidem Tartrate	10 mg	30	Respondent
05-24-2015	Alprazolam	2 mg	120	Respondent
05-27-2015	Alprazolam	2 mg	120	Respondent
05-27-2015	Amphetamine Salt Combo	30 mg	90	Respondent

[9] As an example, during the period of January 6, 2015, to June 27, 2015, patient M.C. obtained 1,188 tablets of 2 mg Xanax® (alprazolam) from four different pharmacies which equated to approximately 6.9 tablets per day or 13.8 mg per day. Moreover, patient M.C. also filled prescriptions for Ambien® (zolpidem tartrate) on January 6, 2015, and January 13, 2015, at two different pharmacies.

Date Filled	Drug Name	Strength	Quantity	Prescriber
06-27-2015	Zolpidem Tartrate	10 mg	30	Respondent
06-27-2015	Alprazolam	2 mg	120	Respondent
06-27-2015	Alprazolam	2 mg	120	Respondent
06-29-2015	Amphetamine Salt Combo	30 mg	90	Respondent
09-24-2015	Alprazolam	2 mg	120	Respondent
09-24-2015	Amphetamine Salt Combo	30 mg	90	Respondent
10-08-2015	Zolpidem Tartrate	10 mg	30	Respondent
10-23-2015	Amphetamine Salt Combo	30 mg	90	Respondent
10-25-2015	Alprazolam	2 mg	120	Respondent
12-26-2015	Alprazolam	2 mg	120	Respondent

21. During the period of on or about January 1, 2016, to December 31, 2016, respondent charted one visit with patient M.C. As can best be discerned from respondent's chart notes, the visit took place on or about August 10, 2016 (approximately 10 ½ months since the last visit of September 24, 2015.) Respondent's handwritten chart notes are largely illegible and incomplete, lack adequate detail, and fail to provide a clear rationale for any medical decisions. During 2016, patient M.C. continued to fill prescriptions for Adderall (amphetamine salt combination) 30 mg (#120), and Xanax (alprazolam) 2 mg (#120) using prescriptions issued by respondent. According to the CURES report for patient M.C., the following prescriptions for controlled substances were filled during 2016:

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-28-2016	Alprazolam	2 mg	120	Respondent
03-01-2016	Alprazolam	2 mg	120	Respondent
08-10-2016	Alprazolam	2 mg	120	Respondent
08-10-2016	Amphetamine Salt Combo	30 mg	90	Respondent
11-04-2016	Alprazolam	2 mg	120	Respondent
11-04-2016	Amphetamine Salt Combo	30 mg	90	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
12-05-2016	Alprazolam	2 mg	120	Respondent
12-09-2016	Amphetamine Salt Combo	30 mg	90	Respondent

22. Respondent did not routinely conduct any CURES reviews of patient M.C., did not do any urine drug screening, did not enter into any controlled substances contract with patient M.C., and continued to prescribe controlled substances despite red-flags of misuse, abuse and/or diversion of controlled substances. Among other things, multiple prescriptions were being filled at different pharmacies, requests for early refills of medication and/or early refills of medication, and the arrest of patient M.C. and his roommate, patient L.T., for drug related charges on October 29, 2014.

23. Respondent committed gross negligence in his care and treatment of patient M.C. including, but not limited to, the following:

(a) Respondent failed to provide appropriate psychiatric evaluations of patient M.C. in that he, among other things, failed to routinely perform comprehensive psychiatric evaluations, failed to obtain a complete and comprehensive history, failed to incorporate collateral source information, failed to perform pertinent psychological testing, failed to properly assess patient M.C.'s alleged ADHD; and/or failed to consider addiction as part of patient M.C.'s evaluations and assessments;

(b) Respondent failed to provide appropriate treatment to patient M.C. in that he, among other things, repeatedly prescribed high doses of inherently addictive controlled substances such as benzodiazepines, amphetamines and/or hypnotic sedatives to patient M.C. while failing to respond to objective signs of misuse, addiction and/or diversion of the controlled substances that were being prescribed to patient M.C.;

(c) Respondent repeatedly prescribed controlled substances to patient M.C. without periodically reviewing CURES, without utilizing urine drug screens, without consulting with and/or obtaining records from prior

treating physicians, without obtaining other collateral source information, and/or without utilizing other risk screening tools; and

(d) Respondent failed to maintain adequate and accurate records in regard to his care and treatment of patient M.C. The records lacked adequate detail and specificity and were largely illegible and difficult to decipher; there were no bases listed for any diagnoses and rationales for any medical decisions, including changes in medications and/or responses to medications, which were not adequately documented; there were no clear treatment plans documented; and prescribed medications were often not listed in respondent's chart notes.

PATIENT J.V.

24. On or about February 8, 2010,[10] respondent had his first visit with patient J.V., a then-52-year-old male. As part of his initial evaluation, respondent did not seek any medical records from any prior health professionals, did not obtain any other collateral source information, and failed to do any pertinent psychological testing. Respondent was unable to provide a full set of certified medical records for patient J.V., and could not produce any chart notes for any patient visits in 2010. During this timeframe, patient J.V. filled various prescriptions issued by respondent including, but not limited to, Adderall (amphetamine salt combination) 30 mg (#30) (for the alleged treatment of ADHD that was based solely on the patient's subjective complaints), flurazepam hydrochloride [HCL],[11] Endocet (oxycodone/APAP) 10/325 mg (#120) and Xanax

[10] Conduct occurring more than seven (7) years from the filing date of this Accusation is for informational purposes only and is not alleged as a basis for disciplinary action.

[11] Flurazepam hydrochloride, a benzodiazepine, is a centrally acting hypnotic-sedative, that is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for the treatment of insomnia. Concomitant use of with opioids "may result in profound sedation, respiratory depression, coma, and death." The Drug Enforcement Administration (DEA) has identified benzodiazepines, such as flurazepam hydrochloride, as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2011 Edition), at p. 53.)

(alprazolam) 2 mg (#90). According to the CURES report for patient J.V.,[12] the following prescriptions for controlled substances were filled for patient J.V. during 2010 during the period of May 10, 2010, to December 31, 2010:

Date Filled	Drug Name	Strength	Quantity	Prescriber
05-20-2010	Amphetamine Salt Combo	30 mg	30	Respondent
06-02-2010	Endocet	10/325 mg	120	Respondent
06-02-2010	Amphetamine Salt Combo	30 mg	120	Respondent
06-03-2010	Alprazolam	2 mg	100	Respondent
06-03-2010	Flurazepam HCL	30 mg	30	Respondent
06-16-2010	Amphetamine Salt Combo	30 mg	30	Respondent
06-23-2010	Roxicet	5/325 mg	20	Dr. D.K.
06-25-2010	Oxycodone/APAP	5/325 mg	25	Dr. D.K.
06-30-2010	Amphetamine Salt Combo	30 mg	120	Respondent
06-30-2010	Endocet	10/325 mg	120	Respondent
07-06-2010	Flurazepam HCL	30 mg	30	Respondent
07-06-2010	Alprazolam	2 mg	90	Respondent

25. For the period of on or about January 1, 2011, through December 31, 2011, respondent could not produce any chart notes for any patient visits in 2011. Respondent's billing records, however, indicate that he billed Medicare for 12 office visits. During 2011, patient J.V. obtained the following controlled substances using the prescriptions issued by respondent: alprazolam (Xanax) 1 mg on January 1, 2011 and then increased to 2 mg for the remainder of the year (#100) (a total of 1,100 tablets – approximate average of 3.3 mg per day increased to 6.6 mg per day for next 11 months); amphetamine salt combination (Adderall) 30 mg (a total of 1,850 tablets – approximate average of 152 mg per day); clonazepam (Klonopin) 2 mg (#100) beginning on July 11, 2011 (approximate average of 6.6 mg per day), oxycodone/APAP

[12] The CURES reports for patient J.V., and the other patients identified in the Accusation were run for the seven-year period of May 20, 2010, through May 20, 2017.

(Endocet) 10/325 mg (#120) and zolpidem tartrate (Ambien) 10 mg (#30). According to the CURES report for patient J.V., the following prescriptions for controlled substances were filled for patient J.V. during 2011:

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-11-2011	Zolpidem Tartrate	10 mg	30	Respondent
01-11-2011	Alprazolam	1 mg	100	Respondent
01-11-2011	Amphetamine Salt Combo	30 mg	30	Respondent
01-11-2011	Endocet	10/325 mg	120	Respondent
01-11-2011	Amphetamine Salt Combo	30 mg	120	Respondent
01-17-2011	Amphetamine Salt Combo	30 mg	150	Respondent
02-08-2011	Zolpidem Tartrate	10 mg	30	Respondent
02-08-2011	Endocet	10/325 mg	120	Respondent
02-14-2011	Alprazolam	2 mg	100	Respondent
02-16-2011	Amphetamine Salt Combo	30 mg	60	Respondent
03-01-2011	Amphetamine Salt Combo	30 mg	40	Respondent
03-07-2011	Zolpidem Tartrate	10 mg	30	Respondent
03-08-2011	Oxycodone/APAP	10/325 mg	120	Respondent
03-08-2011	Amphetamine Salt Combo	30 mg	120	Respondent
03-08-2011	Amphetamine Salt Combo	30 mg	30	Respondent
03-13-2011	Alprazolam	2 mg	100	Respondent
04-04-2011	Amphetamine Salt Combo	30 mg	120	Respondent
04-04-2011	Endocet	10/325 mg	120	Respondent
04-11-2011	Alprazolam	2 mg	100	Respondent
04-14-2011	Amphetamine Salt Combo	30 mg	30	Respondent
04-23-2011	Roxicet	5/325 mg	12	Dr. T.S.
04-25-2011	Zolpidem Tartrate	10 mg	30	Respondent
05-02-2011	Amphetamine Salt Combo	30 mg	120	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
05-02-2011	Endocet	10/325 mg	150	Respondent
05-10-2011	Klonopin	2 mg	100	Respondent
05-14-2011	Alprazolam	2 mg	100	Respondent
05-19-2011	Amphetamine Salt Combo	30 mg	30	Respondent
05-31-2011	Zolpidem Tartrate	10 mg	30	Respondent
06-07-2011	Klonopin	2 mg	100	Respondent
06-13-2011	Alprazolam	2 mg	100	Respondent
06-14-2011	Amphetamine Salt Combo	30 mg	30	Respondent
07-02-2011	Amphetamine Salt Combo	30 mg	120	Respondent
07-02-2011	Oxycodone/APAP	10/325 mg	150	Respondent
07-11-2011	Amphetamine Salt Combo	30 mg	30	Respondent
07-11-2011	Alprazolam	2 mg	100	Respondent
07-11-2011	Clonazepam	2 mg	100	Respondent
07-27-2011	Amphetamine Salt Combo	30 mg	120	Respondent
07-27-2011	Endocet	10/325 mg	150	Respondent
08-04-2011	Zolpidem Tartrate	10 mg	30	Respondent
08-10-2011	Alprazolam	2 mg	100	Respondent
08-10-2011	Amphetamine Salt Combo	30 mg	30	Respondent
08-24-2011	Amphetamine Salt Combo	30 mg	120	Respondent
08-24-2011	Endocet	10/325 mg	150	Respondent
08-28-2011	Clonazepam	2 mg	100	Respondent
09-13-2011	Alprazolam	2 mg	100	Respondent
09-14-2011	Amphetamine Salt Combo	30 mg	12	Respondent
09-14-2011	Oxycodone/APAP	10/325 mg	15	Respondent
09-15-2011	Amphetamine Salt Combo	30 mg	108	Respondent
09-15-2011	Oxycodone/APAP	10/325 mg	135	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
09-24-2011	Zolpidem Tartrate	10 mg	30	Respondent
09-28-2011	Clonazepam	2 mg	100	Respondent
10-12-2011	Oxycodone/APAP	10/325 mg	150	Respondent
10-14-2011	Alprazolam	2 mg	100	Respondent
10-24-2011	Clonazepam	2 mg	100	Respondent
11-01-2011	Amphetamine Salt Combo	30 mg	100	Respondent
11-01-2011	Oxycodone HCL	20 mg	150	Respondent
11-01-2011	Amphetamine Salt Combo	30 mg	30	Respondent
11-19-2011	Alprazolam	2 mg	21	Respondent
11-21-2011	Zolpidem Tartrate	10 mg	28	Respondent
11-21-2011	Clonazepam	2 mg	100	Respondent
11-23-2011	Alprazolam	2 mg	79	Respondent
11-29-2011	Oxycodone/APAP	10/325 mg	150	Respondent
11-30-2011	Amphetamine Salt Combo	30 mg	120	Respondent
11-30-2011	Amphetamine Salt Combo	30 mg	30	Respondent
11-30-2011	Oxycodone HCL	20 mg	150	Respondent
12-12-2011	Clonazepam	2 mg	100	Respondent
12-29-2011	Amphetamine Salt Combo	30 mg	120	Respondent
12-29-2011	Amphetamine Salt Combo	30 mg	30	Respondent
12-29-2011	Oxycodone HCL	30 mg	90	Respondent
12-30-2011	Endocet	10/325 mg	150	Respondent

26. During the period of on or about January 1, 2012, through December 31, 2012, respondent charted two visits with patient J.V. As can best be discerned from respondent's chart notes, the visits took place on October 30 and December 20, 2012. Respondent's billing records, however, indicate that he billed Medicare for 11 office visits. Respondent's handwritten chart notes are largely illegible and incomplete, lack adequate detail, and fail to provide a clear

rationale for any medical decisions. During 2012, Patient J.V. obtained the following controlled substances using the prescriptions issued by respondent: alprazolam (Xanax) 2 mg (#100) (a total of 1080 – approximate average of 5.9 mg per day); amphetamine salt combination (Adderall) 30 mg (a total of 1,693 tablets – approximate average of 139 mg per day); carisoprodol (Soma)[13] 350 mg (a total of 990 tablets – approximate average of 949 mg per day); clonazepam (Klonopin) 2 mg (#100) (a total of 1063 tablets for an approximate average of 5.8 mg per day), oxycodone/APAP (Endocet) 10/325 mg (#120) (a total of 1030 tablets) and zolpidem tartrate (Ambien) 10 mg (#30) (a total of 198 tablets). According to the CURES report for patient J.V., the following prescriptions for controlled substances were filled for patient J.V. during 2012:

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-18-2012	Clonazepam	2 mg	100	Respondent
01-20-2012	Zolpidem Tartrate	10 mg	28	Respondent
01-20-2012	Alprazolam	2 mg	100	Respondent
01-23-2012	Carisoprodol	350 mg	90	Respondent
01-27-2012	Amphetamine Salt Combo	30 mg	30	Respondent
01-27-2012	Amphetamine Salt Combo	30 mg	100	Respondent
01-27-2012	Oxycodone HCL	30 mg	100	Respondent
01-28-2012	Oxycodone/APAP	10/325 mg	150	Respondent
02-20-2012	Clonazepam	2 mg	100	Respondent
02-27-2012	Amphetamine Salt Combo	30 mg	30	Respondent

[13] Carisoprodol (Soma®) is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for the treatment of acute and painful musculoskeletal conditions. According to the DEA, Office of Diversion Control, "[c]carisoprodol abuse has escalated in the last decade in the United States...According to Diversion Drug Trends, published by the Drug Enforcement Administration (DEA) on the trends in diversion of controlled and non-controlled pharmaceuticals, carisoprodol continues to be one of the most commonly diverted drugs. Diversion and abuse of carisoprodol is prevalent throughout the country. As of March 2011, street prices for [carisoprodol] Soma® ranged from $1 to $5 per tablet. Diversion methods include doctor shopping for the purposes of obtaining multiple prescriptions and forging prescriptions."

Date Filled	Drug Name	Strength	Quantity	Prescriber
02-27-2012	Amphetamine Salt Combo	30 mg	100	Respondent
02-27-2012	Endocet	10/325 mg	100	Respondent
02-27-2012	Oxycodone HCL	30 mg	100	Respondent
02-28-2012	Carisoprodol	350 mg	90	Respondent
03-19-2012	Clonazepam	2 mg	100	Respondent
03-26-2012	Amphetamine Salt Combo	30 mg	93	Respondent
03-26-2012	Oxycodone HCL	30 mg	93	Respondent
03-26-2012	Endocet	10/325 mg	150	Respondent
03-26-2012	Amphetamine Salt Combo	30 mg	30	Respondent
04-02-2012	Carisoprodol	350 mg	90	Respondent
04-04-2012	Alprazolam	2 mg	100	Respondent
04-14-2012	Endocet	5/325 mg	30	Dr. H.P.
04-18-2012	Clonazepam	2 mg	100	Respondent
04-25-2012	Oxycodone HCL	30 mg	93	Respondent
04-25-2012	Endocet	10/325 mg	150	Respondent
04-26-2012	Amphetamine Salt Combo	30 mg	30	Respondent
04-26-2012	Amphetamine Salt Combo	30 mg	20	Respondent
05-02-2012	Carisoprodol	350 mg	90	Respondent
05-02-2012	Alprazolam	2 mg	100	Respondent
05-09-2012	Amphetamine Salt Combo	30 mg	30	Respondent
05-18-2012	Clonazepam	2 mg	100	Respondent
05-18-2012	Amphetamine Salt Combo	30 mg	90	Respondent
05-25-2012	Amphetamine Salt Combo	30 mg	30	Respondent
05-25-2012	Oxycodone HCL	30 mg	90	Respondent
05-25-2012	Endocet	10/325 mg	150	Respondent
06-01-2012	Alprazolam	2 mg	100	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
06-01-2012	Carisoprodol	350 mg	90	Respondent
06-04-2012	Zolpidem Tartrate	10 mg	28	Respondent
06-08-2012	Amphetamine Salt Combo	30 mg	180	Respondent
06-18-2012	Hydrocodone/APAP	5/500 mg	20	Dr. A.K. (D.D.S)
06-18-2012	Clonazepam	2 mg	100	Respondent
06-22-2012	Hydrocodone/APAP	5/500 mg	15	Other Physician
06-26-2012	Endocet	10/325 mg	150	Respondent
06-26-2012	Oxycodone HCL	30 mg	100	Respondent
06-26-2012	Amphetamine Salt Combo	30 mg	30	Respondent
07-02-2012	Alprazolam	2 mg	100	Respondent
07-03-2012	Carisoprodol	350 mg	90	Respondent
07-09-2012	Zolpidem Tartrate	10 mg	28	Respondent
07-16-2012	Amphetamine Salt Combo	30 mg	30	Respondent
07-26-2012	Endocet	10/325 mg	150	Respondent
07-26-2012	Amphetamine Salt Combo	30 mg	30	Respondent
07-26-2012	Amphetamine Salt Combo	30 mg	120	Respondent
07-26-2012	Oxycodone HCL	30 mg	100	Respondent
07-28-2012	Alprazolam	2 mg	100	Respondent
08-02-2012	Carisoprodol	350 mg	90	Respondent
08-05-2012	Zolpidem Tartrate	10 mg	28	Respondent
08-16-2012	Clonazepam	2 mg	100	Respondent
08-24-2012	Amphetamine Salt Combo	30 mg	30	Respondent
08-24-2012	Oxycodone HCL	30 mg	100	Respondent
08-24-2012	Amphetamine Salt Combo	30 mg	120	Respondent
08-24-2012	Endocet	10/325 mg	150	Respondent
08-30-2012	Carisoprodol	350 mg	90	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
08-31-2012	Alprazolam	2 mg	100	Respondent
09-10-2012	Zolpidem Tartrate	10 mg	28	Respondent
09-15-2012	Clonazepam	2 mg	63	Respondent
09-24-2012	Oxycodone HCL	30 mg	100	Respondent
09-24-2012	Amphetamine Salt Combo	30 mg	30	Respondent
09-24-2012	Amphetamine Salt Combo	30 mg	120	Respondent
10-01-2012	Alprazolam	2 mg	100	Respondent
10-01-2012	Carisoprodol	350 mg	90	Respondent
10-16-2012	Clonazepam	2 mg	100	Respondent
10-22-2012	Amphetamine Salt Combo	30 mg	120	Respondent
10-22-2012	Oxycodone HCL	30 mg	100	Respondent
10-22-2012	Amphetamine Salt Combo	30 mg	30	Respondent
10-28-2012	Zolpidem Tartrate	10 mg	28	Respondent
10-28-2012	Alprazolam	2 mg	100	Respondent
10-29-2012	Carisoprodol	350 mg	90	Respondent
11-15-2012	Flurazepam HCL	30 mg	30	Respondent
11-15-2012	Clonazepam	2 mg	100	Respondent
11-23-2012	Oxycodone HCL	30 mg	100	Respondent
11-26-2012	Alprazolam	2 mg	90	Respondent
11-26-2012	Amphetamine Salt Combo	30 mg	120	Respondent
11-26-2012	Amphetamine Salt Combo	30 mg	30	Respondent
12-11-2012	Zolpidem Tartrate	10 mg	30	Respondent
12-11-2012	Carisoprodol	350 mg	90	Respondent
12-15-2012	Clonazepam	2 mg	100	Respondent
12-21-2012	Oxycodone HCL	30 mg	30	Dr. E.P.
12-21-2012	Morphine Sulfate	15 mg	30	Dr. E.P.

Date Filled	Drug Name	Strength	Quantity	Prescriber
12-26-2012	Alprazolam	2 mg	90	Respondent
12-26-2012	Oxycodone/APAP	10/325 mg	90	Respondent
12-28-2012	Amphetamine Salt Combo	30 mg	120	Respondent

27. During the period of on or about January 1, 2013, through December 31, 2013, respondent charted four visits with patient J.V. As can best be discerned from respondent's chart notes, the visits took place on May 14, June 28, December 5, and December 31, 2013. Respondent's billing records, however, indicate that he billed Medicare for 10 office visits. Respondent's handwritten chart notes are largely illegible and incomplete, lack adequate detail, and fail to provide a clear rationale for any medical decisions. During 2013, patient J.V. obtained the following controlled substances using the prescriptions issued by respondent: alprazolam (Xanax) 2 mg (a total of 940 for an approximate average of 5.1 mg per day); amphetamine salt combination (Adderall) 30 mg (a total of 1,800 tablets for an approximate average of 147 mg per day); carisoprodol (Soma) 350 mg (a total of 890 tablets for an approximate average of 853 mg per day); clonazepam (Klonopin) 2 mg (a total of 1,166 tablets for an approximate average of 6.4 mg per day), Oxycodone HCL 30 mg (a total of 310 tablets), OxyContin 80 mg (a total of 316 tablets) and zolpidem tartrate (Ambien) 10 mg (#30) (a total of 60 tablets). During 2013, patient J.V. was also filling prescriptions issued by other physicians for Fentanyl and Oxycodone HCL.

28. On or about April 26, 2013, patient J.V. was seen by another health provider, Physician Assistant S.P.P., who had been evaluating patient J.V. in regard to, among other things, pain management. In the chart note for this visit, Physician Assistant S.P.P. set forth her concerns about patient J.V.'s veracity, his abuse of controlled substances, and that "he [was] highly predisposed to [the] negative outcomes of addiction and death." The chart note stated the following, in pertinent part:

> "Patient given his FINAL supply of Fentanyl from out office which should last until he can be seen by his referring provider. Patient is not going to be prescribed anymore medications from our office moving forward, but will be welcome only to be seen for non-narcotic interventional procedures to help with pain such as injections, spinal cord stimulator (SCS). He was not filled for Oxycodone today and

instead has been STOPPED on this medication as it was negative in his system at last OV [office visit] and given that Oxy IR dose is 30 mg – this is a medication that has a high abuse potential so it will not be continued to be prescribed given inconsistency. Also, patient's UDS [urine drug screen] on 3/27/13 was positive for METHADONE and ADDERALL, both of which are not prescribed by this office or any other office per CURES review…Because this patient has broken med management agreement with our office multiple times: Filling with other providers, using more meds than prescribed, and also testing for meds not prescribed on multiple occasions and testing negative for meds that are prescribed – he was advised today that only Fentanyl will be prescribed this month and he must go back to his referring provider to find a new pain management provider. My recommendation is patient be seen by addiction management and evaluated as given his history of inconsistent stories surrounding his pain, inconsistent urine results and inconsistencies with taking medications (taking meds not prescribed (Adderall and Methadone), and escalating opiate use (reports 75 mcg/hr of Fentanyl q [every] 48 hours is inadequate as was Oxy IR 30 mg BID [twice a day]) he is highly predisposed to negative hea[l]th outcomes of addiction and death. 30 minutes of time was spent with the patient with more than 50% of time reviewing therapies, [S.P.P] PA-C, for [R.R.] M.D."

Respondent continued to prescribe controlled substances to patient J.V. despite the concerns raised in the chart note from Physician Assistant S.P.P of April 26, 2013. According to the CURES report for patient J.V., the following prescriptions for controlled substances were filled for patient J.V. during 2013:

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-04-2013	Amphetamine Salt Combo	30 mg	30	Respondent
01-05-2013	Clonazepam	2 mg	90	Respondent
01-15-2013	Clonazepam	2 mg	100	Respondent
01-21-2013	OxyContin	80 mg	1	Respondent
01-26-2013	Alprazolam	2 mg	100	Respondent
01-26-2013	Carisoprodol	350 mg	100	Respondent
01-28-2013	Amphetamine Salt Combo	30 mg	120	Respondent
02-01-2013	Oxycodone HCL	30 mg	100	Respondent
02-04-2013	Clonazepam	2 mg	90	Respondent
02-06-2013	Oxycodone HCL	30 mg	30	Dr. E.P.
02-06-2013	Fentanyl	25 mcg/hour	5	Dr. E.P.
02-18-2013	Amphetamine Salt Combo	30 mg	30	Respondent
02-19-2013	Clonazepam	2 mg	63	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
02-19-2013	Carisoprodol	350 mg	90	Respondent
02-21-2013	Fentanyl Transdermal	50 mcg/hour	5	Dr. E.P.
02-21-2013	Oxycodone HCL	30 mg	30	Dr. E.P.
02-26-2013	Carisoprodol	350 mg	100	Respondent
02-26-2013	Alprazolam	2 mg	100	Respondent
02-27-2013	Amphetamine Salt Combo	30 mg	60	Respondent
03-08-2013	Oxycodone HCL	30 mg	30	Dr. E.P.
03-08-2013	Fentanyl Transdermal	75 mcg/hour	5	Dr. E.P.
03-13-2013	Clonazepam	2 mg	90	Respondent
03-14-2013	Clonazepam	2 mg	100	Respondent
03-15-2013	Amphetamine Salt Combo	30 mg	60	Respondent
03-19-2013	Amphetamine Salt Combo	30 mg	30	Respondent
03-22-2013	Zolpidem Tartrate	10 mg	30	Respondent
03-27-2013	Oxycodone HCL	30 mg	60	T.M. (P.A.)
03-27-2013	Fentanyl Transdermal	75 mcg/hour	15	T.M. (P.A.)
03-28-2013	Alprazolam	2 mg	100	Respondent
04-04-2013	Amphetamine Salt Combo	30 mg	60	Respondent
04-15-2013	Clonazepam	2 mg	90	Respondent
04-16-2013	Amphetamine Salt Combo	30 mg	60	Respondent
04-17-2013	Clonazepam	2 mg	100	Respondent
04-18-2013	Flurazepam HCL	30 mg	30	Respondent
04-26-2013	OxyContin	80 mg	90	Respondent
04-26-2013	Amphetamine Salt Combo	30 mg	30	Respondent
04-30-2013	Carisoprodol	350 mg	100	Respondent
05-01-2013	Alprazolam	2 mg	100	Respondent
05-01-2013	Amphetamine Salt Combo	30 mg	120	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
05-03-2013	Fentanyl	75 mcg/hour	15	S.P.P. (P.A.)
05-14-2013	Clonazepam	2 mg	100	Respondent
05-20-2013	Clonazepam	2 mg	90	Respondent
05-28-2013	Amphetamine Salt Combo	30 mg	30	Respondent
05-28-2013	Amphetamine Salt Combo	30 mg	60	Respondent
06-07-2013	OxyContin	80 mg	90	Respondent
06-10-2013	Carisoprodol	350 mg	100	Respondent
06-13-2013	Amphetamine Salt Combo	30 mg	60	Respondent
06-15-2013	Alprazolam	2 mg	90	Respondent
06-20-2013	Clonazepam	2 mg	100	Respondent
06-27-2013	Amphetamine Salt Combo	30 mg	20	Respondent
06-27-2013	Amphetamine Salt Combo	30 mg	120	Respondent
06-28-2013	OxyContin	80 mg	90	Respondent
07-09-2013	Carisoprodol	350 mg	100	Respondent
07-11-2013	Clonazepam	2 mg	90	Respondent
07-22-2013	Amphetamine Salt Combo	30 mg	10	Respondent
07-29-2013	Clonazepam	2 mg	63	Respondent
07-29-2013	Amphetamine Salt Combo	30 mg	120	Respondent
07-29-2013	Amphetamine Salt Combo	30 mg	30	Respondent
08-20-2013	Alprazolam	2 mg	90	Respondent
08-27-2013	Amphetamine Salt Combo	30 mg	30	Respondent
08-27-2013	Amphetamine Salt Combo	30 mg	120	Respondent
09-12-2013	Carisoprodol	350 mg	100	Respondent
09-20-2013	Alprazolam	2 mg	90	Respondent
09-27-2013	Amphetamine Salt Combo	30 mg	120	Respondent
09-27-2013	Amphetamine Salt Combo	30 mg	30	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
10-04-2013	OxyContin	80 mg	45	Respondent
10-18-2013	Carisoprodol	350 mg	100	Respondent
10-20-2013	Alprazolam	2 mg	90	Respondent
10-25-2013	Amphetamine Salt Combo	30 mg	120	Respondent
10-25-2013	Amphetamine Salt Combo	30 mg	30	Respondent
11-19-2013	Alprazolam	2 mg	90	Respondent
11-26-2013	Carisoprodol	350 mg	100	Respondent
11-29-2013	Amphetamine Salt Combo	30 mg	30	Respondent
11-29-2013	Amphetamine Salt Combo	30 mg	120	Respondent
12-05-2013	Oxycodone HCL	30 mg	60	Respondent
12-05-2013	Zolpidem Tartrate	10 mg	30	Respondent
12-17-2013	Alprazolam	2 mg	90	Respondent
12-27-2013	Amphetamine Salt Combo	30 mg	120	Respondent
12-27-2013	Amphetamine Salt Combo	30 mg	30	Respondent

29. During the period of on or about January 1, 2014, through December 31, 2014, respondent charted six visits with patient J.V. As can best be discerned from respondent's chart notes, the visits took place on March 2, July 28, September 8, October 27, November 14, and December 14, 2014. Respondent's billing records, however, indicate that he billed Medicare for nine office visits. Respondent's handwritten chart notes are largely illegible and incomplete, lack adequate detail, and fail to provide a clear rationale for any medical decisions. During 2014, patient J.V. obtained the following controlled substances using the prescriptions issued by respondent: alprazolam (Xanax) 2 mg (a total of 1,140 pills for an approximate average of 6.2 mg per day); amphetamine salt combination (Adderall) 30 mg (a total of 1,830 tablets for an approximate average of 150 mg per day); carisoprodol (Soma) 350 mg (a total of 560 tablets for an approximate average of 536 mg per day); Oxycodone HCL 30 mg (a total of 960 tablets for an approximate average of 79 mg per day [morphine equivalency dosage of 118 mg per day]),

oxycodone/APAP (Endocet) 10/325 mg (one prescription of 90 tablets) and zolpidem tartrate (Ambien) 10 mg (#30) (six prescriptions for a total of 180 tablets). According to the CURES report for patient J.V., the following prescriptions for controlled substances were filled for patient J.V. during 2014:

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-02-2014	Oxycodone HCL	30 mg	60	Respondent
01-22-2014	Alprazolam	2 mg	90	Respondent
01-29-2014	Amphetamine Salt Combo	30 mg	30	Respondent
01-29-2014	Amphetamine Salt Combo	30 mg	120	Respondent
01-29-2014	Oxycodone HCL	30 mg	60	Respondent
02-11-2014	Carisoprodol	350 mg	50	Respondent
02-21-2014	Alprazolam	2 mg	90	Respondent
02-28-2014	Oxycodone HCL	30 mg	60	Respondent
02-28-2014	Amphetamine Salt Combo	30 mg	120	Respondent
03-21-2014	Alprazolam	2 mg	90	Respondent
03-21-2014	Amphetamine Salt Combo	30 mg	30	Respondent
03-27-2014	Oxycodone HCL	30 mg	90	Respondent
03-28-2014	Amphetamine Salt Combo	30 mg	120	Respondent
04-07-2014	Amphetamine Salt Combo	30 mg	60	Respondent
04-10-2014	Carisoprodol	350 mg	50	Respondent
04-10-2014	Zolpidem Tartrate	10 mg	30	Respondent
04-21-2014	Alprazolam	2 mg	90	Respondent
04-25-2014	Oxycodone HCL	30 mg	90	Respondent
04-25-2014	Amphetamine Salt Combo	30 mg	120	Respondent
05-12-2014	Zolpidem Tartrate	10 mg	30	Respondent
05-19-2014	Adderall XR	30 mg	60	Respondent
05-19-2014	Alprazolam	2 mg	90	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
05-22-2014	Carisoprodol	350 mg	100	Respondent
05-29-2014	Oxycodone HCL	30 mg	90	Respondent
05-29-2014	Amphetamine Salt Combo	30 mg	120	Respondent
06-11-2014	Zolpidem Tartrate	10 mg	30	Respondent
06-16-2014	Amphetamine Salt Combo	30 mg	60	Respondent
06-17-2014	Alprazolam	2 mg	90	Respondent
06-27-2014	Amphetamine Salt Combo	30 mg	120	Respondent
06-27-2014	Endocet	10/325 mg	90	Respondent
07-14-2014	Amphetamine Salt Combo	30 mg	30	Respondent
07-24-2014	Alprazolam	2 mg	90	Respondent
07-28-2014	Amphetamine Salt Combo	30 mg	120	Respondent
07-28-2014	Oxycodone HCL	30 mg	90	Respondent
08-08-2014	Carisoprodol	350 mg	90	Respondent
08-11-2014	Amphetamine Salt Combo	30 mg	30	Respondent
08-22-2014	Zolpidem Tartrate	10 mg	30	Respondent
08-22-2014	Alprazolam	2 mg	90	Respondent
08-29-2014	Oxycodone HCL	30 mg	60	Respondent
08-29-2014	Amphetamine Salt Combo	30 mg	120	Respondent
09-08-2014	Amphetamine Salt Combo	30 mg	30	Respondent
09-16-2014	Carisoprodol	350 mg	90	Respondent
09-18-2014	Alprazolam	2 mg	90	Respondent
09-18-2014	Zolpidem Tartrate	10 mg	30	Respondent
09-27-2014	Amphetamine Salt Combo	30 mg	120	Respondent
09-27-2014	Oxycodone HCL	30 mg	90	Respondent
10-01-2014	Amphetamine Salt Combo	30 mg	30	Respondent
10-13-2014	Carisoprodol	350 mg	90	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
10-20-2014	Alprazolam	2 mg	90	Respondent
10-27-2014	Amphetamine Salt Combo	30 mg	30	Respondent
10-27-2014	Amphetamine Salt Combo	30 mg	120	Respondent
10-27-2014	Oxycodone HCL	30 mg	90	Respondent
11-18-2014	Alprazolam	2 mg	120	Respondent
11-19-2014	Oxycodone HCL	30 mg	90	Respondent
11-19-2014	Amphetamine Salt Combo	30 mg	30	Respondent
11-19-2014	Amphetamine Salt Combo	30 mg	120	Respondent
12-03-2014	Carisoprodol	350 mg	90	Respondent
12-15-2014	Zolpidem Tartrate	10 mg	30	Respondent
12-24-2014	Alprazolam	2 mg	120	Respondent
12-24-2014	Amphetamine Salt Combo	30 mg	120	Respondent
12-24-2014	Amphetamine Salt Combo	30 mg	30	Respondent
12-24-2014	Oxycodone HCL	30 mg	90	Respondent

30. During the period of on or about January 1, 2015, through December 31, 2015, respondent charted three visits with patient J.V. As can best be discerned from respondent's chart notes, the visits took place on April 16, August 31 and November 29, 2015. Respondent's billing records, however, indicate that he billed Medicare and United Behavioral Health for a total of fourteen visits. Respondent's handwritten chart notes are largely illegible and incomplete, lack adequate detail, and fail to provide a clear rationale for any medical decisions. During 2015, patient J.V. obtained the following controlled substances using the prescriptions issued by respondent: alprazolam (Xanax) 2 mg (a total of 1,440 pills for an approximate average of 7.9 mg per day); amphetamine salt combination (Adderall) 30 mg (a total of 1,560 tablets for an approximate average of 128 mg per day); carisoprodol (Soma) 350 mg (a total of 540 tablets for an approximate average of 518 mg per day); Oxycodone HCL 30 mg (a total of 1,170 tablets for an approximate average of 96 mg per day [morphine equivalency dosage of 144 mg per day]),

and zolpidem tartrate (Ambien) 10 mg (a total of 360 tablets). According to the CURES report for patient J.V., the following prescriptions for controlled substances were filled for patient J.V. during 2015:

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-21-2015	Oxycodone HCL	30 mg	90	Respondent
01-21-2015	Carisoprodol	350 mg	90	Respondent
01-21-2015	Amphetamine Salt Combo	30 mg	30	Respondent
01-21-2015	Amphetamine Salt Combo	30 mg	20	Respondent
01-22-2015	Amphetamine Salt Combo	30 mg	100	Respondent
01-22-2015	Alprazolam	2 mg	120	Respondent
01-22-2015	Zolpidem Tartrate	10 mg	30	Respondent
02-22-2015	Carisoprodol	350 mg	90	Respondent
02-23-2015	Amphetamine Salt Combo	30 mg	30	Respondent
02-23-2015	Zolpidem Tartrate	10 mg	30	Respondent
02-23-2015	Oxycodone HCL	30 mg	90	Respondent
02-23-2015	Amphetamine Salt Combo	30 mg	120	Respondent
02-26-2015	Alprazolam	2 mg	120	Respondent
03-20-2015	Amphetamine Salt Combo	30 mg	30	Respondent
03-20-2015	Oxycodone HCL	30 mg	90	Respondent
03-20-2015	Amphetamine Salt Combo	30 mg	120	Respondent
03-20-2015	Oxycodone HCL	30 mg	90	Respondent
03-23-2015	Zolpidem Tartrate	10 mg	30	Respondent
03-23-2015	Alprazolam	2 mg	120	Respondent
03-25-2015	Carisoprodol	350 mg	90	Respondent
04-22-2015	Oxycodone HCL	30 mg	90	Respondent
04-22-2015	Amphetamine Salt Combo	30 mg	30	Respondent
04-22-2015	Amphetamine Salt Combo	30 mg	120	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
04-22-2015	Alprazolam	2 mg	120	Respondent
04-22-2015	Zolpidem Tartrate	10 mg	30	Respondent
05-23-2015	Alprazolam	2 mg	120	Respondent
05-23-2015	Zolpidem Tartrate	10 mg	30	Respondent
06-02-2015	Amphetamine Salt Combo	30 mg	30	Respondent
06-02-2015	Oxycodone HCL	30 mg	90	Respondent
06-02-2015	Amphetamine Salt Combo	30 mg	120	Respondent
06-24-2015	Alprazolam	2 mg	120	Respondent
06-24-2015	Zolpidem Tartrate	10 mg	30	Respondent
06-30-2015	Amphetamine Salt Combo	30 mg	30	Respondent
06-30-2015	Oxycodone HCL	30 mg	90	Respondent
06-30-2015	Carisoprodol	350 mg	90	Respondent
07-22-2015	Alprazolam	2 mg	120	Respondent
07-22-2015	Zolpidem Tartrate	10 mg	30	Respondent
07-28-2015	Amphetamine Salt Combo	30 mg	30	Respondent
07-28-2015	Oxycodone HCL	30 mg	90	Respondent
08-03-2015	Amphetamine Salt Combo	30 mg	120	Respondent
08-24-2015	Zolpidem Tartrate	10 mg	30	Respondent
08-24-2015	Alprazolam	2 mg	120	Respondent
08-25-2015	Amphetamine Salt Combo	30 mg	60	Respondent
08-25-2015	Oxycodone HCL	30 mg	90	Respondent
09-08-2015	Amphetamine Salt Combo	30 mg	60	Respondent
09-14-2015	Carisoprodol	350 mg	90	Respondent
09-24-2015	Amphetamine Salt Combo	30 mg	60	Respondent
09-24-2015	Alprazolam	2 mg	120	Respondent
09-24-2015	Oxycodone HCL	30 mg	90	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
09-24-2015	Zolpidem Tartrate	10 mg	30	Respondent
09-25-2015	Amphetamine Salt Combo	30 mg	30	Respondent
10-10-2015	Amphetamine Salt Combo	30 mg	60	Respondent
10-22-2015	Alprazolam	2 mg	120	Respondent
10-22-2015	Zolpidem Tartrate	10 mg	30	Respondent
10-23-2015	Oxycodone HCL	30 mg	90	Respondent
10-23-2015	Amphetamine Salt Combo	30 mg	60	Respondent
10-28-2015	Carisoprodol	350 mg	90	Respondent
11-02-2015	Amphetamine Salt Combo	30 mg	30	Respondent
11-02-2015	Amphetamine Salt Combo	30 mg	60	Respondent
11-21-2015	Zolpidem Tartrate	10 mg	30	Respondent
11-21-2015	Oxycodone HCL	30 mg	90	Respondent
11-21-2015	Alprazolam	2 mg	120	Respondent
11-21-2015	Amphetamine Salt Combo	30 mg	60	Respondent
11-30-2015	Amphetamine Salt Combo	30 mg	30	Respondent
11-30-2015	Amphetamine Salt Combo	30 mg	60	Respondent
12-15-2015	Zolpidem Tartrate	10 mg	30	Respondent
12-18-2015	Amphetamine Salt Combo	30 mg	60	Respondent
12-18-2015	Oxycodone HCL	30 mg	90	Respondent
12-18-2015	Alprazolam	2 mg	120	Respondent

31. During the period of on or about January 1, 2016, through December 31, 2016, respondent charted one visit with patient J.V. As can best be discerned from respondent's chart notes, the visit took place on February 8, 2016. Respondent's billing records, however, indicate that he billed Medicare, United Behavioral Health and Beacon Health Strategies for a total of eleven office visits. Respondent's handwritten chart notes are largely illegible and incomplete, lack adequate detail, and fail to provide a clear rationale for any medical decisions. During 2016,

patient J.V. obtained the following controlled substances using the prescriptions issued by respondent: alprazolam (Xanax) 2 mg (a total of 1,440 pills for an approximate average of 7.9 mg per day); amphetamine salt combination (Adderall) 30 mg (a total of 1,650 tablets for an approximate average of 136 mg per day); Belsomra (suvorexant)[14] 10 mg (a total of 210 tablets over approximately 8 months), carisoprodol (Soma) 350 mg (a total of 450 tablets for an approximate average of 431 mg per day); Oxycodone HCL 30 mg (a total of 1080 tablets for an approximate average of 89 mg per day [morphine equivalency dosage of 133 mg per day]), and zolpidem tartrate (Ambien) 10 mg (a total of 150 tablets over approximately 4 months). According to the CURES report for patient J.V., the following prescriptions for controlled substances were filled for patient J.V. during 2016:

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-20-2016	Zolpidem Tartrate	10 mg	30	Respondent
01-20-2016	Amphetamine Salt Combo	30 mg	60	Respondent
01-20-2016	Alprazolam	2 mg	120	Respondent
01-20-2016	Amphetamine Salt Combo	30 mg	30	Respondent
01-20-2016	Amphetamine Salt Combo	30 mg	60	Respondent
01-20-2016	Oxycodone HCL	30 mg	90	Respondent
02-17-2016	Amphetamine Salt Combo	30 mg	30	Respondent
02-17-2016	Zolpidem Tartrate	10 mg	30	Respondent
02-17-2016	Amphetamine Salt Combo	30 mg	60	Respondent
02-17-2016	Carisoprodol	350 mg	90	Respondent
02-17-2016	Amphetamine Salt Combo	30 mg	60	Respondent
02-17-2016	Alprazolam	2 mg	120	Respondent
02-18-2016	Oxycodone HCL	30 mg	90	Respondent

[14] Belsomra® (suvorexant) is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for the treatment of insomnia.

Date Filled	Drug Name	Strength	Quantity	Prescriber
03-15-2016	Zolpidem Tartrate	10 mg	30	Respondent
03-16-2016	Alprazolam	2 mg	120	Respondent
03-16-2016	Amphetamine Salt Combo	30 mg	60	Respondent
03-16-2016	Amphetamine Salt Combo	30 mg	30	Respondent
03-16-2016	Amphetamine Salt Combo	30 mg	30	Respondent
03-17-2016	Oxycodone HCL	30 mg	90	Respondent
04-07-2016	Belsomra	10 mg	30	Respondent
04-14-2016	Amphetamine Salt Combo	30 mg	60	Respondent
04-14-2016	Oxycodone HCL	30 mg	90	Respondent
04-14-2016	Zolpidem Tartrate	10 mg	30	Respondent
04-14-2016	Alprazolam	2 mg	120	Respondent
04-14-2016	Amphetamine Salt Combo	30 mg	60	Respondent
04-21-2016	Amphetamine Salt Combo	30 mg	30	Respondent
05-12-2016	Amphetamine Salt Combo	30 mg	60	Respondent
05-12-2016	Alprazolam	2 mg	120	Respondent
05-12-2016	Amphetamine Salt Combo	30 mg	30	Respondent
05-12-2016	Oxycodone HCL	30 mg	90	Respondent
05-12-2016	Zolpidem Tartrate	10 mg	30	Respondent
05-12-2016	Amphetamine Salt Combo	30 mg	60	Respondent
05-17-2016	Carisoprodol	350 mg	90	Respondent
06-15-2016	Alprazolam	2 mg	120	Respondent
06-15-2016	Amphetamine Salt Combo	30 mg	30	Respondent
06-15-2016	Oxycodone HCL	30 mg	90	Respondent
06-15-2016	Belsomra	10 mg	30	Respondent
07-13-2016	Alprazolam	2 mg	120	Respondent
07-13-2016	Oxycodone HCL	30 mg	90	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
07-13-2016	Amphetamine Salt Combo	30 mg	30	Respondent
07-13-2016	Amphetamine Salt Combo	30 mg	120	Respondent
07-14-2016	Belsomra	10 mg	30	Respondent
07-25-2016	Carisoprodol	350 mg	90	Respondent
08-11-2016	Belsomra	10 mg	30	Respondent
08-11-2016	Alprazolam	2 mg	120	Respondent
08-11-2016	Amphetamine Salt Combo	30 mg	30	Respondent
08-11-2016	Oxycodone HCL	30 mg	90	Respondent
08-11-2016	Amphetamine Salt Combo	30 mg	120	Respondent
09-09-2016	Amphetamine Salt Combo	30 mg	120	Respondent
09-09-2016	Alprazolam	2 mg	120	Respondent
09-09-2016	Oxycodone HCL	30 mg	90	Respondent
09-09-2016	Belsomra	10 mg	30	Respondent
09-09-2016	Amphetamine Salt Combo	30 mg	30	Respondent
10-11-2016	Amphetamine Salt Combo	30 mg	120	Respondent
10-11-2016	Oxycodone HCL	30 mg	90	Respondent
10-11-2016	Amphetamine Salt Combo	30 mg	30	Respondent
10-11-2016	Carisoprodol	350 mg	90	Respondent
10-11-2016	Alprazolam	2 mg	120	Respondent
10-13-2016	Hydrocodone/APAP	5/325 mg	20	Dr. A.S.K.
11-11-2016	Amphetamine Salt Combo	30 mg	30	Respondent
11-11-2016	Belsomra	10 mg	30	Respondent
11-11-2016	Oxycodone HCL	30 mg	90	Respondent
11-14-2016	Alprazolam	2 mg	120	Respondent
11-17-2016	Amphetamine Salt Combo	30 mg	120	Respondent
12-12-2016	Belsomra	10 mg	30	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
12-12-2016	Alprazolam	2 mg	120	Respondent
12-12-2016	Amphetamine Salt Combo	30 mg	30	Respondent
12-14-2016	Oxycodone HCL	30 mg	90	Respondent
12-15-2016	Amphetamine Salt Combo	30 mg	120	Respondent
12-27-2016	Carisoprodol	350 mg	90	Respondent

32. Respondent did not routinely[15] conduct any CURES reviews of patient J.V., did not do any urine drug screening, did not enter into any controlled substances contract with patient J.V., and continued to prescribe controlled substances despite red-flags of misuse, abuse and/or diversion of controlled substances. Among other things, there were multiple prescriptions being filled at different pharmacies,[16] requests for early refills and/or early refills of controlled substances, patient J.V. would often make very specific requests for particular controlled substances in particular dosages which were typically issued by respondent, and, lastly, serious concerns were raised as a part of patient J.V.'s pain management consultation of April 26, 2013, in which the pain management physician terminated his care and treatment of patient J.V. based on his abuse, misuse and/or diversion of controlled substances and documented his concerns in a medical record which was provided to respondent and contained within respondent's certified medical records.

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[15] Respondent's certified medical records for patient J.V. contained a copy of two CURES reports that were appear to have been run on January 4, 2017, and April 5, 2017, after respondent was on notice that he was under investigation. There were no CURES reports run prior to January 4, 2017, despite respondent having prescribing controlled substances to patient J.V. since approximately February 2010 and patient J.V. having his care terminated with the pain management physician at the end of April 2013 for breaking their medication management agreement multiple times, filling prescriptions with other providers, using more medications than prescribed, testing positive for medications that were not prescribed, and testing negative for medications that were prescribed – all objective signs of misuse, abuse and/or diversion of controlled substances.

[16] As an example, during the first five months of 2013, respondent filled prescriptions for various controlled substance at seven different pharmacies.

33. Respondent committed gross negligence in his care and treatment of patient J.V. including, but not limited to, the following:

(a) Respondent failed to provide appropriate psychiatric evaluations of patient J.V. in that he, among other things, failed to routinely perform comprehensive psychiatric evaluations, failed to obtain a complete and comprehensive history, failed to perform pertinent psychological testing, failed to incorporate collateral source information, failed to properly assess patient J.V.'s alleged ADHD; and/or failed to consider addiction as part of patient J.V.'s evaluations and assessments;

(b) Respondent failed to provide appropriate treatment to patient J.V. in that he, among other things, repeatedly prescribed inherently addictive controlled substances such as benzodiazepines, amphetamines, hypnotic sedatives and/or opiates to patient J.V. while failing to respond to objective signs of misuse, addiction and/or diversion of the controlled substances that were being prescribed to patient J.V.;

(c) Respondent improperly prescribed opiates to patient J.V. in that he, among other things, failed to adequately document a basis for his repeated prescriptions to patient J.V. for opiates; failed to conduct proper physical examinations or physical assessments; failed to consider any possible differential diagnoses for any pain; and failed to consider any other treatment options for patient J.V.'s alleged pain;

(d) Respondent repeatedly prescribed controlled substances to patient J.V. without periodically reviewing CURES, without utilizing urine drug screens, without consulting with and/or obtaining records from prior treating physicians and/or without utilizing other risk screening tools; and

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(e) Respondent failed to maintain adequate and accurate records in regard to his care and treatment of patient J.V. The records lacked adequate detail and specificity and were largely illegible and difficult to decipher; there were no bases listed for any diagnoses and rationales for any medical decisions, including changes in medications and/or responses to medications, which were not adequately documented; there were no clear treatment plans documented; prescribed medications were often not listed in respondent's chart notes; and medical records were missing and/or inconsistent with respondent's billing records.

PATIENT C.W.

34. On or about December 24, 2009, respondent had his first visit with patient C.W., a then-43-year-old female, "for outpatient therapy and medication management." As part of his initial evaluation, respondent did not seek any medical records from any prior health professionals and did not obtain any other collateral source information. In the chart note for this visit, there is reference to "pain management, M.D." without any further details. Respondent's handwritten chart note for this visit is illegible and incomplete, lacks adequate detail, and fails to provide a clear rationale for any medical decisions.

35. During the period of on or about January 1, 2010, to December 31, 2010, respondent charted approximately five visits with patient C.W. As can best be discerned from the chart notes, it appears the visits took place in April 4, May 3, August 3, November (day illegible), and one other illegible date in 2012. Respondent's handwritten chart notes are largely illegible and incomplete, lack adequate detail, and fail to provide a clear rationale for any medical decisions. According to a CURES report for C.W. (under the also known as [AKA] name of C.K.) beginning in July 2010, patient C.W. was issued at least three prescriptions of buprenorphine HCL[17] by a Dr. J.A.; and also filled prescriptions diazepam (Valium) that were being prescribed

[17] Buprenorphine hydrochloride is a Schedule III controlled substance pursuant to Health and Safety Code section 11056, subdivision (d), and a dangerous drug pursuant to Business and (continued...)

by respondent and two other health care providers. The diazepam (Valium) prescriptions were filled at different pharmacies and during short time frames, a sign of possible abuse and/or diversion. According to the CURES report for patient C.W. (under the name of C.K.), the following prescriptions for controlled substances were filled during July 2010, through December 31, 2010:

Date Filled	Drug Name	Strength	Quantity	Prescriber
07-03-2010	Buprenorphine HCL	8 mg	60	Dr. J.A.
08-19-2010	Buprenorphine HCL	8 mg	28	Dr. J.A.
08-24-2010	Buprenorphine HCL	8 mg	32	Dr. J.A.
09-15-2010	Diazepam	10 mg	90	Respondent
09-15-2010	Diazepam	2 mg	30	Dr. J.A.
09-17-2010	Hydrocodone/APAP	10/325 mg	120	Respondent
10-05-2010	Diazepam	5 mg	30	J.R. (P.A.)
10-13-2010	Diazepam	10 mg	30	Respondent
11-01-2010	Diazepam	10 mg	30	Respondent
11-03-2010	Diazepam	5 mg	30	J.R. (P.A.)
12-01-2010	Diazepam	10 mg	12	Respondent
12-06-2010	Diazepam	10 mg	30	Respondent
12-08-2010	Diazepam	5 mg	30	J.R. (P.A.)

36. During the period of on or about January 1, 2011, to December 31, 2011, respondent charted approximately 13 visits with patient C.W. As can best be discerned from the chart notes, it appears the visits took place in January (day illegible), on January 5, February 2, February 5, April 4, May 2, June 6, August 2, September 1, October 13, October 26, November 22, and December 20, 2011. Respondent's handwritten chart notes are largely illegible and incomplete,

(...continued)
Professions Code section 4022. When properly prescribed and indicated, it is used for the treatment of opioid addiction and should be used as part of a complete treatment plan to include counseling and psychosocial services.

lack adequate detail, and fail to provide a clear rationale for any medical decisions. Beginning in February 2011, respondent documented a ICD diagnosis of 296.33 (major depressive affective disorder) but failed to clearly document the reasons for the major depressive affective disorder diagnosis. According to the CURES report for patient C.W., the following prescriptions for controlled substances were filled for patient C.W. (under the name of C.K.) during 2011:

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-04-2011	Diazepam	10 mg	120	Respondent
01-05-2011	Hydrocodone/APAP	10/325 mg	120	Respondent
02-02-2011	Diazepam	10 mg	120	Respondent
02-05-2011	Hydrocodone/APAP	10/325 mg	120	Respondent
02-14-2011	Hydrocodone/APAP	5/500 mg	45	Dr. A. N.
02-15-2011	Hydrocodone/APAP	5/500 mg	15	Dr. A. N.
03-02-2011	Diazepam	10 mg	120	Respondent
03-02-2011	Hydrocodone/APAP	10/325 mg	120	Respondent
03-21-2011	Hydrocodone/APAP	5/500 mg	45	Dr. A. N.
03-21-2011	Hydrocodone/APAP	5/500 mg	15	Dr. A. N.
04-04-2011	Hydrocodone/APAP	10/325 mg	120	Respondent
04-04-2011	Diazepam	10 mg	120	Respondent
04-17-2011	Hydromorphone HCL	2 mg	120	Dr. A. S.
05-02-2011	Hydrocodone/APAP	10/325 mg	120	Respondent
05-02-2011	Diazepam	10 mg	120	Respondent
08-02-2011	Hydrocodone/APAP	10/325 mg	120	Respondent
08-02-2011	Diazepam	10 mg	120	Respondent
09-01-2011	Hydrocodone/APAP	10/325 mg	120	Respondent
09-01-2011	Diazepam	10 mg	120	Respondent
09-29-2011	Diazepam	10 mg	120	Respondent
10-13-2011	Hydrocodone/APAP	10/325 mg	120	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
10-28-2011	Clonazepam	2 mg	120	Respondent
11-16-2011	Hydrocodone/APAP	10/325 mg	120	Respondent
11-22-2011	Clonazepam	2 mg	120	Respondent
12-21-2011	Hydrocodone/APAP	10/325 mg	120	Respondent
12-21-2011	Diazepam	10 mg	120	Respondent

37. During the period of on or about January 1, 2012, to December 31, 2012, respondent charted approximately eight visits with patient C.W. As can best be discerned from the notes, it appears the visits took place in January 25, March 14, April 25, June 20, July (date illegible), August 28, September 28 and November 20, 2012. Respondent's handwritten chart notes are largely illegible and incomplete, lack adequate detail, and fail to provide a clear rationale for any medical decisions. In July 2012, respondent documented "go to AA [Alcoholics Anonymous]" on patient C.W.'s chart note but failed to obtain and/or document any additional facts or history regarding patient C.W.'s abuse of alcohol nor did he provide any assessment of addiction. After prescribing various medications to patient C.W. for her alleged chronic pain, such as hydrocodone APAP 10/325 mg (#120), respondent began prescribing patient C.W. methadone hydrochloride 10 mg. During the period of on or about August 16, 2012, through December 31, 2012, the prescription was quickly titrated up from 90 tablets to 150 tablets per month. The combination of Hydrocodone /APAP 10/325 mg (#120) and Methadone HCL 10 mg (#90) filled on August 16, 2012, equated to a morphine equivalency dosage of 280 mg per day; and the increase of methadone over the remaining months of 2012 from 30 mg per day to 50 mg per day which equated to a morphine equivalency dosage of 240 mg increased to 500 mg per day. According to the CURES report for patient C.W., the following prescriptions for controlled substances were filled for patient C.W.[18] during 2012:

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[18] The prescriptions for January through July 19, 2012, were from the CURES report using the also known as name of C.K., while the remaining prescriptions in 2012 were from the CURES report under the name of C.W.

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-24-2012	Hydrocodone/APAP	10/325 mg	120	Respondent
01-24-2012	Diazepam	10 mg	120	Respondent
02-22-2012	Hydrocodone/APAP	10/325 mg	120	Respondent
02-22-2012	Diazepam	10 mg	120	Respondent
03-21-2012	Hydrocodone/APAP	10/325 mg	120	Respondent
03-21-2012	Diazepam	10 mg	120	Respondent
04-19-2012	Diazepam	10 mg	120	Respondent
04-20-2012	Hydrocodone/APAP	10/325 mg	120	Respondent
05-21-2012	Hydrocodone/APAP	10/325 mg	120	Respondent
05-21-2012	Diazepam	10 mg	120	Respondent
06-13-2012	Hydrocodone/APAP	10/325 mg	120	Respondent
06-13-2012	Diazepam	10 mg	120	Respondent
06-20-2012	Methadone HCL	10 mg	30	Respondent
07-19-2012	Methadone HCL	10 mg	100	Respondent
07-19-2012	Diazepam	10 mg	120	Respondent
08-16-2012	Hydrocodone/APAP	10/325 mg	120	Respondent
08-16-2012	Methadone HCL	10 mg	90	Respondent
09-13-2012	Methadone HCL	10 mg	90	Respondent
09-20-2012	Methadone HCL	10 mg	30	Respondent
10-11-2012	Methadone HCL	10 mg	120	Respondent
11-15-2012	Methadone HCL	10 mg	120	Respondent
12-14-2012	Methadone HCL	10 mg	150	Respondent

38. During the period of on or about January 1, 2013, to December 31, 2013, respondent charted approximately four visits with patient C.W. As can best be discerned from the notes, it appears the visits took place on February 13, April 12, July 10, and November 8, 2013. Respondent's handwritten chart notes are largely illegible and incomplete, lack adequate detail,

and fail to provide a clear rationale for any medical decisions. Over the next year, patient C.W.'s methadone HCL prescription was increased from approximately 50 mg per day (morphine equivalency dosage of 500 mg per day) to 80 mg per day (morphine equivalency dosage of 960 mg per day). According to the CURES report for patient C.W., the following prescriptions for controlled substances were filled for patient C.W. during 2013:

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-11-2013	Methadone HCL	10 mg	150	Respondent
02-13-2013	Diazepam	10 mg	120	Respondent
02-13-2013	Methadone HCL	10 mg	180	Respondent
03-14-2013	Methadone HCL	10 mg	150	Respondent
03-15-2013	Methadone HCL	10 mg	30	Respondent
04-12-2013	Methadone HCL	10 mg	180	Respondent
05-13-2013	Methadone HCL	10 mg	180	Respondent
06-12-2013	Methadone HCL	10 mg	180	Respondent
07-10-2013	Methadone HCL	10 mg	210	Respondent
08-13-2013	Methadone HCL	10 mg	210	Respondent
09-09-2013	Methadone HCL	10 mg	210	Respondent
10-07-2013	Methadone HCL	10 mg	210	Respondent
11-08-2013	Methadone HCL	10 mg	240	Respondent
12-10-2013	Methadone HCL	10 mg	240	Respondent

39. During the period of on or about January 1, 2014, to December 31, 2014, respondent charted approximately five visits with patient C.W. As can best be discerned from respondent's chart notes, it appears the visits took place on February 7, April 7, June 2, August 2, and November 2, 2014. Respondent's handwritten chart notes are largely illegible and incomplete, lack adequate detail, and fail to provide a clear rationale for any medical decisions. Over the next year, patient C.W. was maintained on methadone HCL 80 mg per day (morphine equivalency dosage of 960 mg per day) with periodic prescriptions of diazepam (Valium) 10 mg (#30).

Beginning on July 7, 2014, patient C.W. began filling her methadone HCL 10 mg (#240) using prescriptions that were issued by another physician, Dr. B.M. According to the CURES report for patient C.W., the following prescriptions for controlled substances were filled for patient C.W. during 2014:

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-07-2014	Methadone HCL	10 mg	240	Respondent
02-07-2014	Methadone HCL	10 mg	240	Respondent
03-07-2014	Methadone HCL	10 mg	240	Respondent
04-07-2014	Diazepam	10 mg	30	Respondent
04-07-2014	Methadone HCL	10 mg	240	Respondent
05-06-2014	Methadone HCL	10 mg	240	Respondent
05-06-2014	Diazepam	10 mg	30	Respondent
06-03-2014	Methadone HCL	10 mg	240	Respondent
07-07-2014	Methadone HCL	10 mg	240	Dr. B.M.
07-15-2014	Diazepam	10 mg	30	Respondent
08-11-2014	Methadone HCL	10 mg	240	Dr. B.M.
08-11-2014	Diazepam	10 mg	30	Respondent
09-11-2014	Methadone HCL	10 mg	240	Dr. B.M.
10-10-2014	Methadone HCL	10 mg	240	Dr. B.M.
11-07-2014	Methadone HCL	10 mg	240	Dr. B.M.
12-05-2014	Diazepam	10 mg	30	Respondent
12-05-2014	Methadone HCL	10 mg	240	Dr. B.M.

40. During the period of on or about January 1, 2015, to December 31, 2015, respondent charted four visits with patient C.W. As can best be discerned from respondent's chart notes, it appears the visits took place in February (day illegible), on April 9, August 6, and October 29, 2015. Respondent's handwritten chart notes are largely illegible and incomplete, lack adequate detail, and fail to provide a clear rationale for any medical decisions. According to the CURES

report for patient C.W., she filled four prescriptions of diazepam (Valium) 10 mg (#30) with the last prescription being filled on October 1, 2015.

41. Respondent committed gross negligence in his care and treatment of patient C.W. including, but not limited to, the following:

(a) Respondent failed to provide appropriate psychiatric evaluations of patient C.W. in that he, among other things, failed to routinely perform comprehensive psychiatric evaluations, failed to obtain a complete and comprehensive history, failed to incorporate collateral source information, failed to properly assess patient C.W.'s alleged ADHD; did not properly assess depression; and/or failed to consider addiction as part of patient C.W.'s evaluations and assessments;

(b) Respondent improperly prescribed opiates to patient C.W. in that he, among other things, failed to adequately document a basis for his repeated prescriptions to patient C.W. for opiates; failed to conduct proper physical examinations or physical assessments; failed to consider any possible differential diagnoses for any pain; failed to consider any other treatment options for patient C.W.'s alleged pain; and failed to seek consultation with a pain management physician.

(c) Respondent repeatedly prescribed controlled substances to patient C.W. without periodically reviewing CURES, without utilizing urine drug screens, without consulting with and/or obtaining records from prior treating physicians and/or without utilizing other risk screening tools; and

(d) Respondent failed to maintain adequate and accurate records in regard to his care and treatment of patient C.W. The records lacked adequate detail and specificity and were largely illegible and difficult to decipher; there were no bases listed for any diagnoses and rationales for any medical decisions, including changes in medications and/or

responses to medications, were not adequately documented; there were no clear treatment plans documented; and prescribed medications were often not listed in respondent's chart notes.

PATIENT C.T.

42. On or about December 21, 2009,[19] respondent had his first visit with patient C.T., a then-50-year-old male. As part of his initial evaluation, respondent did not seek any medical records from any prior health professionals, did not obtain any other collateral source information, and failed to do any pertinent psychological testing. Respondent's handwritten chart note for this visit is largely illegible and incomplete, lacks adequate detail, and fails to provide a clear rationale for any medical decisions.

43. During the period of on or about January 1, 2010, to December 31, 2010, respondent charted eight visits with patient C.T. As can best be discerned from respondent's chart notes, the visits took place January 20, February 24, July 15, August (day illegible), October 10, November 23, December 21, and one other illegible date in 2010. Respondent's billing records, however, indicate that he billed Medicare for nine office visits. Respondent's handwritten chart notes are largely illegible and incomplete, lack adequate detail, and fail to provide a clear rationale for any medical decisions. From May 20, 2010 to December 31, 2010, respondent issued near monthly prescriptions for diazepam (Valium) 10 mg (#100) and alprazolam (Xanax) 2 mg (which started at 30 per month and was increased to approximately 60 per month). Respondent also issued prescriptions for dextroamphetamine sulfate 10 mg (Dexedrine)[20] that were filled in May (#100),

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[19] Conduct occurring more than seven (7) years from the filing date of this Accusation is for informational purposes only and is not alleged as a basis for disciplinary action.

[20] Dexedrine® (dextroamphetamine sulfate) is a central nervous system stimulant of the amphetamine class. Dexedrine® is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for the treatment of attention-deficit hyperactivity disorder and narcolepsy. The DEA has identified amphetamines, such as Dexedrine®, as drugs of abuse. (Drugs of Abuse, A DEA Resource Guide (2011 Edition), at pp. 42-44.) The Federal Drug Administration has issued a black box warning for amphetamines which provides that "Amphetamines have a high potential for abuse. Administration of amphetamines for prolonged periods of time may lead to drug dependence and must be avoided. Particular attention should be paid to the possibility of subjects obtaining amphetamines for non-therapeutic use of distribution to others, and the drugs should be

(continued...)

June (#60), July (#93), October (#100) and December 2010 (#100). During this same time, patient C.T. was filling near monthly prescriptions of OxyContin 80 mg (#120), hydromorphone HCL 8 mg (#120 and decreased to #90 in November), Oxycodone HCL 15 mg (#120 and then increased to #130 in November) (combined morphine equivalency dose of 698 mg per day prior to changes in November)[21] that were being prescribed by another physician, Dr. B.C. According to patient C.T.'s CURES report, he filled the following prescriptions during the period of May 20, 2010, to December 31, 2010:

Date Filled	Drug Name	Strength	Quantity	Prescriber
05-20-2010	Diazepam	10 mg	100	Respondent
05-20-2010	Alprazolam	2 mg	30	Respondent
06-02-2010	OxyContin	80 mg	120	Dr. B.C.
06-02-2010	Hydromorphone HCL	8 mg	120	Dr. B.C.
06-02-2010	Oxycodone HCL	15 mg	120	Dr. B.C.
06-18-2010	Dextroamphetamine Sulfate	10 mg	60	Respondent
06-19-2010	Diazepam	10 mg	100	Respondent
06-19-2010	Alprazolam	2 mg	30	Respondent
06-28-2010	OxyContin	80 mg	120	Dr. B.C.
06-28-2010	Hydromorphone HCL	8 mg	120	Dr. B.C.
06-28-2010	Oxycodone HCL	15 mg	120	Dr. B.C.
07-16-2010	Alprazolam	2 mg	30	Respondent
07-16-2010	Diazepam	5 mg	200	Respondent

(...continued)
prescribed or dispensed sparingly. [¶] Misuse of amphetamines may cause sudden death and serious cardiovascular adverse events." Dexedrine® and other stimulants are contraindicated for patients with a history of drug abuse.

[21] The combined morphine equivalency dose was computed by adding the various daily doses of the opioids and then applying the appropriate conversion factors, i.e., OxyContin 320 mg per day [480 MED per day]; hydromorphone 32 mg per day [128 MED per day]; and Oxycodone 60 mg per day [90 MED per day] for a total of 698 MED per day.

Date Filled	Drug Name	Strength	Quantity	Prescriber
07-16-2010	Dextroamphetamine Sulfate	10 mg	93	Respondent
07-21-2010	Hydrocodone/APAP	10/325 mg	50	Dr. S.M.
07-26-2010	OxyContin	80 mg	120	Dr. B.C.
07-26-2010	Hydromorphone HCL	8 mg	120	Dr. B.C.
07-26-2010	Oxycodone HCL	15 mg	120	Dr. B.C.
08-13-2010	Alprazolam	2 mg	30	Respondent
09-10-2010	Alprazolam	2 mg	30	Respondent
09-10-2010	Diazepam	10 mg	100	Respondent
09-20-2010	OxyContin	80 mg	120	Dr. B.C.
09-20-2010	Hydromorphone HCL	8 mg	120	Dr. B.C.
09-20-2010	Oxycodone HCL	15 mg	120	Dr. B.C.
09-25-2010	Diazepam	5 mg	200	Respondent
10-04-2010	Hydrocodone/APAP	7.5/750 mg	12	Dr. I.A.
10-09-2010	Alprazolam	2 mg	30	Respondent
10-11-2010	Diazepam	10 mg	100	Respondent
10-20-2010	Dextroamphetamine Sulfate	10 mg	100	Respondent
10-20-2010	Alprazolam	2 mg	60	Respondent
10-23-2010	Diazepam	10 mg	100	Respondent
11-05-2010	Hydrocodone/APAP	10/325 mg	50	Dr. S.M.
11-15-2010	Hydromorphone HCL	8 mg	120	Dr. B.C.
11-15-2010	OxyContin	80 mg	90	Dr. B.C.
11-15-2010	Oxycodone HCL	15 mg	150	Dr. B.C.
11-16-2010	Alprazolam	2 mg	30	Respondent
11-23-2010	Diazepam	10 mg	100	Respondent
11-29-2010	Alprazolam	2 mg	60	Respondent
12-03-2010	Hydrocodone/APAP	10/325 mg	50	Dr. S.M.

Date Filled	Drug Name	Strength	Quantity	Prescriber
12-13-2010	Oxycodone HCL	15 mg	150	Dr. B.C.
12-13-2010	Hydromorphone HCL	8 mg	120	Dr. B.C.
12-13-2010	OxyContin	80 mg	90	Dr. B.C.
12-13-2010	Dextroamphetamine Sulfate	10 mg	100	Respondent
12-19-2010	Alprazolam	2 mg	30	Respondent
12-23-2010	Diazepam	10 mg	100	Respondent

44. During the period of on or about January 1, 2011, to December 31, 2011, respondent charted approximately nine visits with patient C.T. As can best be discerned from respondent's chart notes, the visits took place in January (day illegible), on February 21, March 21, April 23, May 23, June 17, June 24, July 15, and August 10, 2011. Respondent's billing records, however, indicate that he billed Medicare for ten office visits. Respondent's handwritten chart notes are largely illegible and incomplete, lack adequate detail, and fail to provide a clear rationale for any medical decisions. During 2011, patient C.T. filled near monthly prescriptions from respondent for alprazolam (Xanax) 2 mg (which started at 60 per month and were increased to approximately 75 tablets per month); diazepam (Valium) 10 mg (#100) (beginning in March); and prescriptions of dextroamphetamine sulfate 10 mg (Dexedrine) 5 mg or 10 mg (total of 860 tablets from January 25 through October 31, 2011). During 2011, patient C.T. was also filling near monthly prescriptions of OxyContin 80 mg (#90), hydromorphone HCL 8 mg (#120), Oxycodone HCL 15 mg (#150) (combined morphine equivalency dose of 600 mg per day) that were being prescribed by another physician, Dr. B.C., until respondent took over the prescribing of opioids to patient C.T. beginning in approximately June 2011. Dr. B.C., board certified in Physical Medicine and Rehabilitation, with a subspecialty in Pain Medicine, terminated his care of patient C.T. because patient C.T. violated his agreement with Dr. B.C. that he would not obtain pain pills from other sources, which he did.[22] From June 2011 to December 31, 2011, patient C.T. filled near monthly

[22] Dr. B.C.'s electronic medical record (EMR) of May 31, 2011, states, in pertinent part, "He [patient C.T.] received some pills from his psychiatrist. He knows this is not expected or allowed. He got norco 10/325 number 60. He has not used all his soma." A portion of the plan section of the EMR states "CURES reviewed. Conflict noted. Probable dismissal."

prescriptions issued by respondent for Oxycodone 15 mg (which started at 85 tablets per month and was increased to 240 tablets per month) and OxyContin 80 mg (#120) (for a combined morphine equivalency dose of 660 mg per day by the end of 2011). Respondent never had patient C.T. sign a pain management agreement and he did conduct any drug screens despite patient C.T. being terminated from Dr. B.C.'s care for violating their pain management agreement. According to his CURES report, patient C.T. filled the following prescriptions during 2011:

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-05-2011	Alprazolam	2 mg	60	Respondent
01-06-2011	Hydrocodone/APAP	10/325 mg	50	Dr. S.M.
01-10-2011	Hydromorphone HCL	8 mg	120	Dr. B.C.
01-10-2011	OxyContin	80 mg	90	Dr. B.C.
01-10-2011	Oxycodone HCL	15 mg	150	Dr. B.C.
01-19-2011	Hydrocodone/APAP	10/325 mg	50	Dr. S.M.
01-25-2011	Dextroamphetamine Sulfate	10 mg	100	Respondent
01-31-2011	Hydrocodone/APAP	10/325 mg	50	Dr. S.M.
02-03-2011	Alprazolam	2 mg	60	Respondent
02-07-2011	Hydromorphone HCL	8 mg	120	Dr. S.M.
02-07-2011	Oxycodone HCL	15 mg	150	Dr. S.M.
02-07-2011	OxyContin	80 mg	90	Dr. S.M.
03-03-2011	Dextroamphetamine Sulfate	10 mg	100	Respondent
03-07-2011	Hydromorphone HCL	8 mg	120	Dr. B.C.
03-07-2011	OxyContin	80 mg	90	Dr. B.C.
03-07-2011	Oxycodone HCL	15 mg	150	Dr. B.C.
03-07-2011	Alprazolam	2 mg	60	Respondent
03-07-2011	Diazepam	10 mg	100	Respondent
03-28-2011	Dextroamphetamine Sulfate	10 mg	100	Respondent
04-01-2011	Oxycodone HCL	15 mg	150	Dr. B.C.

Date Filled	Drug Name	Strength	Quantity	Prescriber
04-01-2011	OxyContin	80 mg	90	Dr. B.C.
04-01-2011	Hydromorphone HCL	8 mg	120	Dr. B.C.
04-08-2011	Alprazolam	2 mg	60	Respondent
04-08-2011	Diazepam	10 mg	100	Respondent
04-25-2011	Alprazolam	2 mg	75	Respondent
04-25-2011	Dextroamphetamine Sulfate	10 mg	100	Respondent
05-02-2011	Oxycodone HCL	15 mg	150	Dr. B.C.
05-02-2011	OxyContin	80 mg	90	Dr. B.C.
05-02-2011	Hydromorphone HCL	8 mg	120	Dr. B.C.
05-04-2011	Diazepam	10 mg	100	Respondent
05-31-2011	Hydromorphone HCL	8 mg	120	Dr. B.C.
05-31-2011	OxyContin	80 mg	90	Dr. B.C.
05-31-2011	Oxycodone HCL	15 mg	150	Dr. B.C.
06-16-2011	Diazepam	10 mg	100	Respondent
06-23-2011	Alprazolam	2 mg	75	Respondent
06-24-2011	Oxycodone HCL	15 mg	85	Respondent
06-24-2011	Dextroamphetamine Sulfate	5 mg	150	Respondent
06-28-2011	OxyContin	80 mg	120	Respondent
07-07-2011	Oxycodone HCL	15 mg	150	Respondent
07-18-2011	Dextroamphetamine Sulfate	5 mg	150	Respondent
07-20-2011	Alprazolam	2 mg	75	Respondent
08-04-2011	OxyContin	80 mg	120	Respondent
08-04-2011	Oxycodone HCL	15 mg	150	Respondent
08-06-2011	Diazepam	10 mg	100	Respondent
08-18-2011	Dextroamphetamine Sulfate	10 mg	60	Respondent
08-18-2011	Alprazolam	2 mg	75	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
09-02-2011	Oxycodone HCL	15 mg	180	Respondent
09-07-2011	OxyContin	80 mg	120	Respondent
09-08-2011	Diazepam	10 mg	100	Respondent
09-16-2011	Alprazolam	2 mg	75	Respondent
09-30-2011	Oxycodone HCL	15 mg	180	Respondent
09-30-2011	OxyContin	80 mg	120	Respondent
10-07-2011	Diazepam	10 mg	100	Respondent
10-18-2011	Alprazolam	2 mg	75	Respondent
10-31-2011	OxyContin	80 mg	120	Respondent
10-31-2011	Oxycodone HCL	15 mg	180	Respondent
10-31-2011	Dextroamphetamine Sulfate	10 mg	100	Respondent
11-03-2011	Diazepam	10 mg	100	Respondent
11-17-2011	Alprazolam	2 mg	75	Respondent
11-28-2011	Oxycodone HCL	15 mg	240	Respondent
11-28-2011	OxyContin	80 mg	110	Respondent
11-30-2011	Diazepam	10 mg	100	Respondent
12-13-2011	Hydrocodone/APAP	7.5/325 mg	28	Dr. L.P.
12-14-2011	Alprazolam	2 mg	75	Respondent
12-24-2011	Diazepam	10 mg	100	Respondent
12-26-2011	Oxycodone HCL	15 mg	240	Respondent
12-26-2011	OxyContin	80 mg	120	Respondent

45. During the period of on or about January 1, 2012, to December 31, 2012, respondent charted approximately 8 visits with patient C.T. As can best be discerned from respondent's chart notes, the visits took place on January 5, February 23, April 26, May 30, June 29, December 23, and one other illegible date in 2012. Respondent's billing records, however, indicate that he billed Medicare for twelve office visits. Respondent's handwritten chart notes are largely

illegible and incomplete, lack adequate detail, and fail to provide a clear rationale for any medical decisions. During 2012, patient C.T. filled near monthly prescriptions from respondent for: alprazolam (Xanax) 2 mg (which started at 75 per month and were increased to approximately 90 tablets per month); amphetamine salt combination (Adderall) 30 mg (#60) (beginning on March 22, 2012); carisoprodol (Soma) 350 mg (#60) (a new prescription); dextroamphetamine sulfate 5 mg, 10 mg, and 30 mg (various quantities – discontinued after February 23, 2012); diazepam (Valium) 10 mg (#100); Lorazepam 2 mg (#30) (beginning in April.) During 2012, patient C.T. was also filling near monthly prescriptions for various opioids issued by respondent including Hydrocodone/APAP 10/325 (#30) (one prescription in September), hydromorphone HCL 8 mg (beginning with 12 tablets in May and then increased to 60 tablets thereafter), Oxycodone HCL 30 mg (#120), and OxyContin 80 mg (#120) (combined morphine equivalency dose of 724 mg per day by the end of 2012). According to his CURES report, patient C.T. filled the following prescriptions during 2012:

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-12-2012	Alprazolam	2 mg	75	Respondent
01-16-2012	Dextroamphetamine Sulfate	5 mg	200	Respondent
01-19-2012	Diazepam	10 mg	100	Respondent
01-25-2012	OxyContin	80 mg	120	Respondent
01-25-2012	Oxycodone HCL	15 mg	240	Respondent
01-25-2012	Carisoprodol	350 mg	60	Respondent
02-09-2012	Alprazolam	2 mg	75	Respondent
02-14-2012	Diazepam	10 mg	100	Respondent
02-14-2012	Dextroamphetamine Sulfate	10 mg	100	Respondent
02-23-2012	Carisoprodol	350 mg	60	Respondent
02-23-2012	OxyContin	80 mg	120	Respondent
02-23-2012	Oxycodone HCL	15 mg	240	Respondent
02-23-2012	Dextroamphetamine Sulfate	30 mg	60	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
03-08-2012	Alprazolam	2 mg	75	Respondent
03-14-2012	Diazepam	10 mg	100	Respondent
03-22-2012	Amphetamine Salt Combo	30 mg	60	Respondent
03-22-2012	OxyContin	80 mg	120	Respondent
03-23-2012	Oxycodone HCL	15 mg	240	Respondent
04-05-2012	Alprazolam	2 mg	75	Respondent
04-06-2012	Carisoprodol	350 mg	60	Respondent
04-07-2012	Diazepam	10 mg	100	Respondent
04-26-2012	OxyContin	80 mg	120	Respondent
04-26-2012	Amphetamine Salt Combo	30 mg	60	Respondent
04-26-2012	Carisoprodol	350 mg	60	Respondent
04-26-2012	Oxycodone HCL	30 mg	120	Respondent
04-26-2012	Lorazepam	2 mg	30	Respondent
05-01-2012	Alprazolam	2 mg	75	Respondent
05-07-2012	Diazepam	10 mg	100	Respondent
05-29-2012	Lorazepam	2 mg	30	Respondent
05-30-2012	Amphetamine Salt Combo	30 mg	60	Respondent
05-30-2012	OxyContin	80 mg	120	Respondent
05-30-2012	Oxycodone HCL	30 mg	120	Respondent
05-30-2012	Hydromorphone HCL	8 mg	12	Respondent
06-04-2012	Diazepam	10 mg	100	Respondent
06-06-2012	Carisoprodol	350 mg	60	Respondent
06-26-2012	Alprazolam	2 mg	75	Respondent
06-26-2012	Lorazepam	2 mg	30	Respondent
06-29-2012	Amphetamine Salt Combo	30 mg	60	Respondent
06-29-2012	OxyContin	80 mg	120	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
06-29-2012	Oxycodone HCL	30 mg	120	Respondent
06-29-2012	Hydromorphone HCL	8 mg	12	Respondent
07-03-2012	Diazepam	10 mg	100	Respondent
07-13-2012	Carisoprodol	350 mg	60	Respondent
07-24-2012	Alprazolam	2 mg	75	Respondent
07-28-2012	Lorazepam	2 mg	30	Respondent
07-31-2012	Oxycodone HCL	30 mg	120	Respondent
07-31-2012	OxyContin	80 mg	120	Respondent
07-31-2012	Hydromorphone HCL	8 mg	15	Respondent
08-02-2012	Diazepam	10 mg	100	Respondent
08-08-2012	Amphetamine Salt Combo	30 mg	60	Respondent
08-23-2012	Carisoprodol	350 mg	60	Respondent
08-29-2012	Lorazepam	2 mg	30	Respondent
08-30-2012	Oxycodone HCL	30 mg	120	Respondent
08-30-2012	OxyContin	80 mg	120	Respondent
08-30-2012	Hydromorphone HCL	8 mg	30	Respondent
09-06-2012	Diazepam	10 mg	100	Respondent
09-12-2012	Alprazolam	2 mg	90	Respondent
09-12-2012	Amphetamine Salt Combo	30 mg	60	Respondent
09-22-2012	Carisoprodol	350 mg	60	Respondent
09-26-2012	Lorazepam	2 mg	30	Respondent
09-28-2012	Hydrocodone/APAP	10/325 mg	30	Respondent
10-01-2012	OxyContin	80 mg	120	Respondent
10-01-2012	Hydromorphone HCL	8 mg	30	Respondent
10-01-2012	Oxycodone HCL	30 mg	120	Respondent
10-08-2012	Diazepam	10 mg	100	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
10-10-2012	Alprazolam	2 mg	90	Respondent
10-22-2012	Carisoprodol	350 mg	60	Respondent
10-26-2012	Amphetamine Salt Combo	30 mg	60	Respondent
10-26-2012	OxyContin	80 mg	120	Respondent
10-26-2012	Oxycodone HCL	30 mg	120	Respondent
10-26-2012	Lorazepam	2 mg	30	Respondent
10-26-2012	Hydromorphone HCL	8 mg	60	Respondent
11-07-2012	Alprazolam	2 mg	90	Respondent
11-07-2012	Diazepam	10 mg	100	Respondent
11-27-2012	Amphetamine Salt Combo	30 mg	60	Respondent
11-27-2012	Hydromorphone HCL	8 mg	60	Respondent
11-27-2012	Carisoprodol	350 mg	60	Respondent
11-27-2012	OxyContin	80 mg	120	Respondent
11-27-2012	Oxycodone HCL	30 mg	120	Respondent
11-27-2012	Lorazepam	2 mg	30	Respondent
12-07-2012	Alprazolam	2 mg	90	Respondent
12-07-2012	Diazepam	10 mg	100	Respondent
12-21-2012	Amphetamine Salt Combo	30 mg	60	Respondent
12-21-2012	Hydromorphone HCL	8 mg	60	Respondent
12-21-2012	Oxycodone HCL	30 mg	120	Respondent
12-21-2012	OxyContin	80 mg	120	Respondent
12-24-2012	Carisoprodol	350 mg	60	Respondent
12-24-2012	Lorazepam	2 mg	30	Respondent

46. During the period of on or about January 1, 2013, to December 31, 2013, respondent charted approximately six visits with patient C.T. As can best be discerned from respondent's chart notes, the visits took place on January 1, February 11, March 8, April 10, June 10, and

October 31, 2013. Respondent's billing records, however, indicate that he billed Medicare for eleven office visits. Respondent's handwritten chart notes are largely illegible and incomplete, lack adequate detail, and fail to provide a clear rationale for any medical decisions. During 2013, patient C.T. filled prescriptions from respondent for alprazolam (Xanax) 2 mg (75 to 90 tablets per month); amphetamine salt combination (Adderall) 30 mg (#60) (six prescriptions); carisoprodol (Soma) 350 mg (5 prescriptions of #60 and then increased to 4 prescriptions of #90); dextroamphetamine sulfate 15 mg (one prescription); diazepam (Valium) 10 mg (3 prescriptions of #100 increased to #120 monthly); and Lorazepam 2 mg (#30) (beginning in March.) During 2013, patient C.T. was also filling prescriptions of various opioids from respondent, including: hydromorphone HCL 8 mg (5 prescriptions of #60 with last prescription from respondent on May 28), Opana ER[23] 40 mg #120 (one prescription in May), Oxycodone HCL 30 mg (various strengths and numbers with last prescription from respondent on June 11), and OxyContin 80 mg (starting at #120 and tapered to #60 with last prescription from respondent on June 21) (combined morphine equivalency dose of 724 mg per day in April 2013). On or about July 22, 2013, Dr. S.H., board certified in family practice, with a specialty in pain management, examined patient C.T., and took over his care and treatment for pain related issues and the prescribing of pain medications.[24] According to his CURES report, patient C.T. filled the following prescriptions during 2013:

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[23] Opana ER® (oxymorphone HCL), an opioid analgesic, is a is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for the management of pain that is severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are not available. The Drug Enforcement Administration has identified oxycodone, as a drug of abuse. (Drugs of Abuse, A DEA Resource Guide (2011 Edition), at p. 41.) The Federal Drug Administration has issued a black box warning for Opana ER® which warns about, among other things, addiction, abuse and misuse, and the possibility of life-threatening respiratory distress. The warning also cautions about the risks associated with concomitant use of Opana ER® with benzodiazepines or other central nervous system (CNS) depressants.

[24] In his type-written chart note of July 22, 2013, Dr. S.H. indicated, in pertinent part, "...I would reserve the use of opiate narcotic medications strictly to one physician which should be our office."

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-04-2013	Diazepam	10 mg	100	Respondent
01-07-2013	Alprazolam	2 mg	90	Respondent
01-18-2013	OxyContin	80 mg	120	Respondent
01-18-2013	Amphetamine Salt Combo	30 mg	60	Respondent
01-18-2013	Oxycodone HCL	30 mg	120	Respondent
01-18-2013	Hydromorphone HCL	8 mg	60	Respondent
02-05-2013	Diazepam	10 mg	100	Respondent
02-05-2013	Carisoprodol	350 mg	60	Respondent
02-06-2013	Alprazolam	2 mg	90	Respondent
02-11-2013	Hydromorphone HCL	8 mg	60	Respondent
02-14-2013	OxyContin	80 mg	90	Respondent
02-14-2013	Dextroamphetamine Sulfate	15 mg	60	Respondent
02-14-2013	Oxycodone HCL	15 mg	400	Respondent
03-04-2013	Lorazepam	2 mg	30	Respondent
03-06-2013	Diazepam	10 mg	100	Respondent
03-12-2013	Alprazolam	2 mg	75	Respondent
03-12-2013	Amphetamine Salt Combo	30 mg	60	Respondent
03-12-2013	OxyContin	80 mg	90	Respondent
03-12-2013	Oxycodone HCL	30 mg	200	Respondent
03-12-2013	Hydromorphone HCL	8 mg	60	Respondent
04-03-2013	Alprazolam	2 mg	75	Respondent
04-10-2013	Oxycodone HCL	30 mg	200	Respondent
04-10-2013	Lorazepam	2 mg	30	Respondent
04-10-2013	Diazepam	10 mg	120	Respondent
04-10-2013	Hydromorphone HCL	8 mg	60	Respondent
04-10-2013	OxyContin	80 mg	90	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
04-29-2013	Alprazolam	2 mg	75	Respondent
05-08-2013	Diazepam	10 mg	120	Respondent
05-08-2013	Carisoprodol	350 mg	60	Respondent
05-08-2013	Amphetamine Salt Combo	30 mg	60	Respondent
05-08-2013	Oxycodone HCL	30 mg	200	Respondent
05-08-2013	Opana ER	40 mg	60	Respondent
05-17-2013	Lorazepam	2 mg	30	Respondent
05-23-2013	Alprazolam	2 mg	75	Respondent
05-28-2013	Lorazepam	2 mg	30	Respondent
05-28-2013	Hydromorphone HCL	8 mg	60	Respondent
05-28-2013	OxyContin	80 mg	90	Respondent
06-11-2013	Diazepam	10 mg	120	Respondent
06-11-2013	Carisoprodol	350 mg	60	Respondent
06-11-2013	Oxycodone HCL	30 mg	120	Respondent
06-14-2013	Amphetamine Salt Combo	30 mg	60	Respondent
06-17-2013	Alprazolam	2 mg	75	Respondent
06-21-2013	OxyContin	80 mg	60	Respondent
06-25-2013	Hydrocodone/APAP	10/325 mg	20	Dr. L.P.
07-06-2013	Lorazepam	2 mg	30	Respondent
07-11-2013	Alprazolam	2 mg	75	Respondent
07-15-2013	Carisoprodol	350 mg	60	Respondent
07-15-2013	Diazepam	10 mg	120	Respondent
07-22-2013	Oxycodone HCL	10 mg	90	Dr. S.H.
07-22-2013	Methadone HCL	10 mg	240	Dr. S.H.
08-05-2013	Lorazepam	2 mg	30	Respondent
08-09-2013	Alprazolam	2 mg	90	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
08-15-2013	Carisoprodol	350 mg	60	Respondent
08-15-2013	Diazepam	10 mg	120	Respondent
08-21-2013	OxyContin	80 mg	90	Dr. S.H.
08-21-2013	Oxycodone HCL	15 mg	90	Dr. S.H.
09-07-2013	Alprazolam	2 mg	90	Respondent
09-13-2013	Diazepam	10 mg	120	Respondent
09-13-2013	Lorazepam	2 mg	30	Respondent
09-13-2013	Amphetamine Salt Combo	30 mg	60	Respondent
09-13-2013	Carisoprodol	350 mg	90	Respondent
09-19-2013	Oxycodone HCL	15 mg	90	Dr. S.H.
09-19-2013	OxyContin	80 mg	90	Dr. S.H.
10-07-2013	Alprazolam	2 mg	90	Respondent
10-14-2013	Lorazepam	2 mg	30	Respondent
10-14-2013	Diazepam	10 mg	120	Respondent
10-14-2013	Carisoprodol	350 mg	90	Respondent
10-18-2013	OxyContin	80 mg	90	Dr. S.H.
10-18-2013	Oxycodone HCL	15 mg	90	Dr. S.H.
10-30-2013	Amphetamine Salt Combo	30 mg	60	Respondent
11-06-2013	Alprazolam	2 mg	90	Respondent
11-12-2013	Carisoprodol	350 mg	90	Respondent
11-12-2013	Diazepam	10 mg	120	Respondent
11-12-2013	Lorazepam	2 mg	30	Respondent
11-15-2013	OxyContin	80 mg	90	Dr. S.H.
11-15-2013	Oxycodone HCL	15 mg	90	Dr. S.H.
12-06-2013	Alprazolam	2 mg	90	Respondent
12-15-2013	Hydromorphone HCL	8 mg	10	Dr. S.H.

Date Filled	Drug Name	Strength	Quantity	Prescriber
12-15-2013	OxyContin	80 mg	90	Dr. S.H.
12-15-2013	Oxycodone HCL	15 mg	80	Dr. S.H.
12-21-2013	Diazepam	10 mg	120	Respondent
12-21-2013	Carisoprodol	350 mg	90	Respondent
12-21-2013	Lorazepam	2 mg	30	Respondent

47. During the period of on or about January 1, 2014, to December 31, 2014, respondent charted approximately five visits with patient C.T. As can best be discerned from respondent's chart notes, the visits took place on February 24, May 9, August 16, September 22, October 27, 2014. Respondent's billing records, however, indicate that he billed Medicare for eight office visits. Respondent's handwritten chart notes are largely illegible and incomplete, lack adequate detail, and fail to provide a clear rationale for any medical decisions. During 2014, patient C.T. filled prescriptions from respondent for alprazolam (Xanax) 2 mg (# 90 per month increased to #120 per month on July 29); amphetamine salt combination (Adderall) 30 mg (#60) (five prescriptions); carisoprodol (Soma) 350 mg (5 prescriptions of #90 per month and then increased to #120 for remaining months); dextroamphetamine sulfate 30 mg #60 (one prescription); diazepam (Valium) 10 mg #120 (monthly); and Lorazepam 2 mg (one prescription of #30 and two prescriptions of #60). During 2014, Dr. S.H. continued to prescribe the opioids (hydromorphone HCL, oxycodone HCL and OxyContin) to patient C.T. According to his CURES report, patient C.T. filled the following prescriptions during 2014:

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-03-2014	Alprazolam	2 mg	90	Respondent
01-07-2014	Amphetamine Salt Combo	30 mg	60	Respondent
01-14-2014	OxyContin	80 mg	90	Dr. S.H.
01-14-2014	Oxycodone HCL	15 mg	80	Dr. S.H.
01-23-2014	Lorazepam	2 mg	30	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-23-2014	Diazepam	10 mg	120	Respondent
01-23-2014	Carisoprodol	350 mg	90	Respondent
01-30-2014	Alprazolam	2 mg	90	Respondent
02-07-2014	Hydromorphone HCL	8 mg	10	Dr. S.H.
02-14-2014	Oxycodone HCL	15 mg	80	Dr. S.H.
02-14-2014	OxyContin	80 mg	90	Dr. S.H.
03-05-2014	Alprazolam	2 mg	90	Respondent
03-08-2014	Carisoprodol	350 mg	90	Respondent
03-08-2014	Amphetamine Salt Combo	30 mg	60	Respondent
03-08-2014	Diazepam	10 mg	120	Respondent
03-10-2014	Hydromorphone HCL	8 mg	10	Dr. S.H.
03-14-2014	OxyContin	80 mg	90	Dr. S.H.
03-14-2014	Oxycodone HCL	15 mg	80	Dr. S.H.
04-02-2014	Alprazolam	2 mg	90	Respondent
04-04-2014	Carisoprodol	350 mg	90	Respondent
04-04-2014	Diazepam	10 mg	120	Respondent
04-11-2014	Hydromorphone HCL	8 mg	10	Dr. S.H.
04-11-2014	OxyContin	80 mg	90	Dr. S.H.
04-11-2014	Oxycodone HCL	15 mg	80	Dr. S.H.
05-02-2014	Carisoprodol	350 mg	90	Respondent
05-02-2014	Diazepam	10 mg	120	Respondent
05-02-2014	Alprazolam	2 mg	90	Respondent
05-12-2014	Hydromorphone HCL	8 mg	40	Dr. S.H.
05-12-2014	Oxycodone HCL	15 mg	90	Dr. S.H.
05-12-2014	OxyContin	80 mg	90	Dr. S.H.
05-31-2014	Alprazolam	2 mg	90	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
05-31-2014	Diazepam	10 mg	120	Respondent
05-31-2014	Carisoprodol	350 mg	90	Respondent
06-11-2014	Hydromorphone HCL	8 mg	40	Dr. S.H.
06-11-2014	OxyContin	80 mg	90	Dr. S.H.
06-11-2014	Oxycodone HCL	15 mg	90	Dr. S.H.
06-30-2014	Alprazolam	2 mg	90	Respondent
07-01-2014	Amphetamine Salt Combo	30 mg	60	Respondent
07-01-2014	Lorazepam	2 mg	60	Respondent
07-01-2014	Carisoprodol	350 mg	120	Respondent
07-11-2014	Hydromorphone HCL	8 mg	40	Dr. S.H.
07-11-2014	OxyContin	80 mg	90	Dr. S.H.
07-11-2014	Oxycodone HCL	15 mg	90	Dr. S.H.
07-29-2014	Alprazolam	2 mg	120	Respondent
08-04-2014	Lorazepam	2 mg	60	Respondent
08-04-2014	Carisoprodol	350 mg	120	Respondent
08-08-2014	Hydromorphone HCL	8 mg	40	Dr. S.H.
08-08-2014	OxyContin	80 mg	90	Dr. S.H.
08-08-2014	Oxycodone HCL	15 mg	90	Dr. S.H.
08-30-2014	Diazepam	10 mg	120	Respondent
09-03-2014	Alprazolam	2 mg	120	Respondent
09-03-2014	Carisoprodol	350 mg	120	Respondent
09-05-2014	Hydromorphone HCL	8 mg	40	Dr. S.H.
09-05-2014	OxyContin	80 mg	90	Dr. S.H.
09-05-2014	Oxycodone HCL	15 mg	90	Dr. S.H.
09-29-2014	Diazepam	10 mg	120	Respondent
10-01-2014	Amphetamine Salt Combo	30 mg	60	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
10-01-2014	Carisoprodol	350 mg	120	Respondent
10-02-2014	Alprazolam	2 mg	120	Respondent
10-03-2014	Hydromorphone HCL	8 mg	40	Dr. S.H.
10-03-2014	OxyContin	80 mg	90	Dr. S.H.
10-07-2014	Oxycodone HCL	15 mg	90	Dr. S.H.
10-25-2014	Diazepam	10 mg	120	Respondent
10-27-2014	Amphetamine Salt Combo	30 mg	60	Respondent
10-30-2014	Carisoprodol	350 mg	120	Dr. S.H.
11-01-2014	Hydromorphone HCL	8 mg	40	Dr. S.H.
11-01-2014	OxyContin	80 mg	60	Dr. S.H.
11-01-2014	Oxycodone HCL	15 mg	90	Dr. S.H.
11-21-2014	OxyContin	80 mg	90	Dr. S.H.
11-24-2014	Diazepam	10 mg	120	Respondent
11-28-2014	Alprazolam	2 mg	120	Respondent
11-30-2014	Hydromorphone HCL	8 mg	40	Dr. S.H.
11-30-2014	Oxycodone HCL	15 mg	90	Dr. S.H.
12-12-2014	Carisoprodol	350 mg	120	Respondent
12-12-2014	Dextroamphetamine Sulfate	30 mg	60	Respondent
12-20-2014	Hydromorphone HCL	8 mg	40	Dr. S.H.
12-23-2014	OxyContin	80 mg	90	Dr. S.H.
12-26-2014	Alprazolam	2 mg	120	Respondent
12-26-2014	Oxycodone HCL	15 mg	90	Dr. S.H.
12-27-2014	Diazepam	10 mg	120	Respondent

48. During the period of on or about January 1, 2015, to December 31, 2015, respondent charted three visits with patient C.T. As can best be discerned from respondent's chart notes, the visits took place on March 11, June 10, and December 4, 2015. Respondent's billing records,

however, indicate that he billed Medicare for eleven office visits. Respondent's handwritten chart notes are largely illegible and incomplete, lack adequate detail, and fail to provide a clear rationale for any medical decisions. During 2015, patient C.T. filled prescriptions from respondent for alprazolam (Xanax) 2 mg #120 (near monthly); amphetamine salt combination (Adderall) 30 mg (#60) (10 prescriptions); carisoprodol (Soma) 350 mg (4 prescriptions of #90 and 6 prescriptions of #120); diazepam (Valium) 10 mg #120 (monthly). Dr. S.H., continued to prescribe the opioids (hydromorphone HCL, oxycodone HCL and OxyContin) for pain management to patient C.T. until approximately August 2015; and then patient C.T. used prescriptions by three other health care professionals until the end of the year. Patient C.T. was seen, as a new consultation patient for pain management on September 21, 2015, by Dr. Y.P., whose "overall goal [was] for [patient] to decrease meds below 300 MED." According to his CURES report, patient C.T. filled the following prescriptions during 2015:

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-16-2015	Hydromorphone HCL	8 mg	40	Dr. S.H.
01-16-2015	Oxycodone HCL	15 mg	90	Dr. S.H.
01-20-2015	OxyContin	80 mg	90	Dr. S.H.
01-23-2015	Carisoprodol	350 mg	90	Dr. S.H.
01-23-2015	Diazepam	10 mg	120	Respondent
01-30-2015	Alprazolam	2 mg	120	Respondent
02-16-2015	Carisoprodol	350 mg	120	Dr. S.H.
02-16-2015	Hydromorphone HCL	8 mg	40	Dr. S.H.
02-16-2015	Oxycodone HCL	15 mg	90	Dr. S.H.
02-17-2015	Amphetamine Salt Combo	30 mg	60	Respondent
02-19-2015	OxyContin	80 mg	90	Dr. S.H.
02-22-2015	Diazepam	10 mg	120	Respondent
03-03-2015	Alprazolam	2 mg	120	Respondent
03-16-2015	Carisoprodol	350 mg	120	Dr. S.H.

Date Filled	Drug Name	Strength	Quantity	Prescriber
03-18-2015	Hydromorphone HCL	8 mg	40	Dr. S.H.
03-18-2015	OxyContin	80 mg	90	Dr. S.H.
03-18-2015	Oxycodone HCL	15 mg	90	Dr. S.H.
03-22-2015	Diazepam	10 mg	120	Respondent
03-28-2015	Amphetamine Salt Combo	30 mg	60	Respondent
04-06-2015	Alprazolam	2 mg	120	Respondent
04-16-2015	Hydromorphone HCL	8 mg	40	Dr. S.H.
04-16-2015	Oxycodone HCL	15 mg	90	Dr. S.H.
04-16-2015	OxyContin	80 mg	90	Dr. S.H.
04-22-2015	Diazepam	10 mg	120	Respondent
04-29-2015	Amphetamine Salt Combo	30 mg	60	Respondent
04-29-2015	Carisoprodol	350 mg	90	Dr. S.H.
05-07-2015	Alprazolam	2 mg	120	Respondent
05-15-2015	Hydromorphone HCL	8 mg	40	Dr. S.H.
05-15-2015	Oxycodone HCL	15 mg	90	Dr. S.H.
05-15-2015	OxyContin	80 mg	90	Dr. S.H.
05-21-2015	Diazepam	10 mg	120	Respondent
05-29-2015	Carisoprodol	350 mg	90	Dr. S.H.
06-06-2015	Alprazolam	2 mg	120	Respondent
06-06-2015	Amphetamine Salt Combo	30 mg	60	Respondent
06-12-2015	Hydromorphone HCL	8 mg	40	Dr. S.H.
06-12-2015	OxyContin	80 mg	90	Dr. S.H.
06-12-2015	Oxycodone HCL	15 mg	90	Dr. S.H.
06-21-2015	Diazepam	10 mg	120	Respondent
06-24-2015	Carisoprodol	350 mg	120	Dr. S.H.
07-05-2015	Amphetamine Salt Combo	30 mg	60	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
07-06-2015	Alprazolam	2 mg	120	Respondent
07-10-2015	Hydromorphone HCL	8 mg	80	Dr. S.H.
07-10-2015	OxyContin	80 mg	60	Dr. S.H.
07-10-2015	Oxycodone HCL	15 mg	60	Dr. S.H.
07-22-2015	Diazepam	10 mg	120	Respondent
08-02-2015	OxyContin	15 mg	90	Dr. S.H.
08-03-2015	OxyContin	80 mg	90	Dr. S.H.
08-04-2015	Carisoprodol	350 mg	120	Respondent
08-04-2015	Amphetamine Salt Combo	30 mg	60	Respondent
08-04-2015	Alprazolam	2 mg	120	Respondent
08-21-2015	Diazepam	10 mg	120	Respondent
08-31-2015	Alprazolam	2 mg	120	Respondent
09-08-2015	Carisoprodol	350 mg	120	Respondent
09-08-2015	Amphetamine Salt Combo	30 mg	60	Respondent
09-08-2015	Acetaminophen- Codeine Phosphate	30/300 mg	90	Respondent
09-11-2015	Hydrocodone/APAP	10/325 mg	42	Dr. A.C.
09-21-2015	Diazepam	10 mg	120	Respondent
09-21-2015	OxyContin	60 mg	45	Dr. Y.P.
09-21-2015	Oxycodone HCL	15 mg	45	Dr. Y.P.
10-05-2015	Oxycodone HCL	15 mg	90	Dr. Y.P.
10-07-2015	Alprazolam	2 mg	120	Respondent
10-08-2015	Amphetamine Salt Combo	30 mg	60	Respondent
10-08-2015	OxyContin	60 mg	90	Dr. Y.P.
10-21-2015	Diazepam	10 mg	120	Respondent
11-02-2015	Oxycodone HCL	15 mg	90	Dr. Y.P.
11-04-2015	OxyContin	60 mg	90	Dr. Y.P.

Date Filled	Drug Name	Strength	Quantity	Prescriber
11-06-2015	Alprazolam	2 mg	120	Respondent
11-06-2015	Carisoprodol	350 mg	90	Respondent
11-06-2015	Amphetamine Salt Combo	30 mg	60	Respondent
11-24-2015	Diazepam	10 mg	120	Respondent
12-01-2015	Hydromorphone HCL	8 mg	10	Dr. Y.P.
12-01-2015	OxyContin	60 mg	90	Dr. Y.P.
12-01-2015	Oxycodone HCL	15 mg	80	Dr. Y.P.
12-06-2015	Alprazolam	2 mg	120	Respondent
12-06-2015	Carisoprodol	350 mg	120	Respondent
12-06-2015	Amphetamine Salt Combo	30 mg	60	Respondent
12-26-2015	Diazepam	10 mg	120	Respondent
12-29-2015	Hydromorphone HCL	8 mg	30	Dr. Y.P.
12-29-2015	OxyContin	60 mg	90	Dr. Y.P.
12-29-2015	Oxycodone HCL	15 mg	90	Dr. Y.P.

49. Respondent did not routinely conduct any CURES reviews on patient C.T., did not do any urine drug screening, did not enter into any controlled substances contract with patient C.T., and continued to prescribe patient C.T. various controlled substances despite red-flags of misuse, abuse and/or diversion of controlled substances. Among other things, there were multiple prescriptions being filled at different pharmacies, early refills of medication,[25] and the termination of patient C.T.'s care and treatment by Dr. B.C., based on patient C.T.'s breach of their medication management agreement and noted conflicts when reviewing patient C.T.'s CURES report.

[25] As an example, patient C.T. obtained diazepam (Valium) prescriptions written for 30 to 33 days as follows: 10 mg (#100) on September 10, 2010; 5 mg (#200) on September 25, 2010; 10 mg (#100) on October 11, 2010; and 10 mg (#100) on October 23, 2010. As another example, patient C.T. also filled OxyContin prescriptions of 80 mg (#120) written for 30 days on September 7 and September 30, 2011 at different pharmacies.

50. Respondent committed gross negligence in his care and treatment of patient C.T. including, but not limited to, the following:

(a) Respondent failed to provide appropriate psychiatric evaluations of patient C.T. in that he, among other things, failed to routinely perform comprehensive psychiatric evaluations, failed to obtain a complete and comprehensive history, failed to incorporate collateral source information, failed to perform pertinent psychological testing, failed to properly assess patient C.T.'s alleged ADHD; and/or failed to consider addiction as part of patient C.T.'s evaluations and assessments;

(b) Respondent failed to provide appropriate treatment to patient C.T. in that he, among other things, repeatedly prescribed inherently addictive controlled substances such as benzodiazepines, amphetamines and/or opiates to patient C.T. while failing to respond to objective signs of misuse, addiction and/or diversion of the controlled substances that were being prescribed to patient C.T.;

(c) Respondent improperly prescribed opiates to patient C.T. in that he, among other things, failed to adequately document a basis for his repeated prescriptions to patient C.T. for opiates; failed to conduct proper physical examinations or physical assessments; failed to consider any possible differential diagnoses for any pain; and failed to consider any other treatment options for patient C.T.'s alleged pain;

(d) Respondent repeatedly prescribed controlled substances to patient C.T. without periodically reviewing CURES, without utilizing urine drug screens, without consulting with and/or obtaining records from prior treating physicians and/or without utilizing other risk screening tools; and

(e) Respondent failed to maintain adequate and accurate records in regard to his care and treatment of patient C.T. The records lacked adequate

detail and specificity and were largely illegible and difficult to decipher; there were no bases listed for any diagnoses and rationales for any medical decisions, including changes in medications and/or responses to medications, were not adequately documented; there were no clear treatment plans documented; prescribed medications were often not listed in respondent's chart notes; and medical records were missing and/or inconsistent with respondent's billing records.

PATIENT K.W.

51. On or about January 25, 2010,[26] respondent had his first visit with patient K.W., a then-56-year-old female. Respondent was unable to produce any chart notes for any visits during 2010 with patient K.W. Respondent's billing records, however, indicate that he billed Medicare for ten office visits in 2010.

52. For the period of on or about January 1, 2011, to December 31, 2011, respondent was unable to produce any chart notes for any visits during 2011 with patient K.W. Respondent's billing records, however, indicate that he billed Medicare for eleven office visits. During 2011, patient K.W. filled prescriptions from respondent for alprazolam (Xanax) 2 mg (3 prescriptions for #28 and 4 prescriptions for #84); dextroamphetamine sulfate (Dexedrine) 5 mg (#150) (nine prescriptions which equated to 25 mg per day); and hydrocodone/APAP 10/325 mg (five prescriptions of #60 with last prescription of #180 from respondent). Patient K.W. was also filling prescriptions of hydrocodone/APAP and one prescription of Suboxone (buprenorphine and naloxone)[27] on June 1, 2010, that were issued by others. According to her CURES report, patient K.W. filled the following prescriptions during 2011:

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[26] This is the first date that is indicated in respondent's billing records in regard to his care and treatment of patient K.W. Conduct occurring more than seven (7) years from the filing date of this Accusation is for informational purposes only and is not alleged as a basis for disciplinary action.

[27] Suboxone® (buprenorphine and naloxone) is a Schedule III controlled substance pursuant to Health and Safety Code section 11055, subdivision (c), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for the treatment of opioid dependence and should be used as part of a complete treatment program to include counseling and psychosocial support.

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-03-2011	Hydrocodone/APAP	10/325 mg	240	Dr. N.T.
01-29-2011	Dextroamphetamine Sulfate	5 mg	150	Respondent
02-01-2011	Hydrocodone/APAP	10/325 mg	240	Dr. N.T.
04-05-2011	Dextroamphetamine Sulfate	5 mg	150	Respondent
04-05-2011	Hydrocodone/APAP	10/325 mg	240	Dr. B.N.
04-25-2011	Alprazolam	1 mg	84	Respondent
05-06-2011	Dextroamphetamine Sulfate	5 mg	150	Respondent
06-01-2011	Alprazolam	1 mg	84	Respondent
06-01-2011	Suboxone	.05/2 mg	120	Dr. N.T.
06-11-2011	Dextroamphetamine Sulfate	5 mg	150	Respondent
06-11-2011	Hydrocodone/APAP	10/325 mg	30	Dr. T.K.
06-15-2011	Hydrocodone/APAP	5/325 mg	20	Dr. P.C.
07-01-2011	Alprazolam	1 mg	84	Respondent
07-07-2011	Hydrocodone/APAP	5/325 mg	20	Dr. W.L.
07-09-2011	Hydrocodone/APAP	10/325 mg	60	Respondent
07-10-2011	Dextroamphetamine Sulfate	5 mg	150	Respondent
07-28-2011	Hydrocodone/APAP	10/325 mg	60	Respondent
08-08-2011	Alprazolam	1 mg	84	Respondent
08-08-2011	Dextroamphetamine Sulfate	5 mg	150	Respondent
08-17-2011	Hydrocodone/APAP	10/325 mg	60	Respondent
08-30-2011	Hydrocodone/APAP	10/325 mg	90	Dr. W.T.
09-11-2011	Hydrocodone/APAP	10/325 mg	90	Dr. W.T.
09-12-2011	Alprazolam	1 mg	28	Respondent
09-12-2011	Dextroamphetamine Sulfate	5 mg	150	Respondent
09-29-2011	Hydrocodone/APAP	10/325 mg	60	Respondent
10-14-2011	Hydrocodone/APAP	10/325 mg	60	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
11-02-2011	Alprazolam	1 mg	84	Respondent
11-04-2011	Dextroamphetamine Sulfate	5 mg	150	Respondent
11-29-2011	Hydrocodone/APAP	10/325 mg	120	Dr. B.P.
12-05-2011	Dextroamphetamine Sulfate	5 mg	150	Respondent
12-13-2011	Alprazolam	1 mg	28	Respondent
12-15-2011	Hydrocodone/APAP	10/325 mg	180	Respondent
12-27-2011	Alprazolam	1 mg	28	Respondent

53. During the period of on or about January 1, 2012, to December 31, 2012, respondent charted three visits with patient K.W. As can best be discerned from respondent's chart notes, the visits took place on May 27, June 16, and September 22, 2012. Respondent's billing records, however, indicate that he billed Medicare for seven office visits. Respondent's handwritten chart notes are largely illegible and incomplete, lack adequate detail, and fail to provide a clear rationale for any medical decisions. During 2012, patient K.W. filled prescriptions from respondent for alprazolam (Xanax) 2 mg (1 prescription for #28 and 9 prescriptions for #90); dextroamphetamine sulfate (Dexedrine) between 5 mg and 15 mg (13 prescriptions varying from #50 to #150 [highest prescriptions of 15 mg (#100) equating to approximately 50 mg per day]); near monthly prescriptions of hydrocodone/APAP 10/325 mg (#180 per month increased to #240 per month); and modafinil (Provigil) 200 mg #30 (used to treat symptoms associated with narcolepsy, sleep apnea and/or shift work sleep disorder - two prescriptions). During 2012, patient K.W. was filling prescriptions from other physicians for Carisoprodol 350 mg (#90). According to her CURES report, patient K.W. filled the following prescriptions during 2012:

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-04-2012	Dextroamphetamine Sulfate	5 mg	105	Respondent
01-17-2012	Hydrocodone/APAP	10/325 mg	180	Respondent
01-17-2012	Alprazolam	1 mg	28	Respondent
01-23-2012	Alprazolam	1 mg	90	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-26-2012	Dextroamphetamine Sulfate	5 mg	150	Respondent
02-17-2012	Carisoprodol	350 mg	90	Dr. B.P.
02-28-2012	Hydrocodone/APAP	10/325 mg	180	Respondent
03-02-2012	Dextroamphetamine Sulfate	10 mg	75	Respondent
03-02-2012	Alprazolam	1 mg	90	Respondent
03-22-2012	Carisoprodol	350 mg	90	Dr. B.P.
03-27-2012	Dextroamphetamine Sulfate	10 mg	90	Respondent
03-27-2012	Hydrocodone/APAP	10/325 mg	180	Respondent
04-04-2012	Alprazolam	1 mg	90	Respondent
04-24-2012	Hydrocodone/APAP	10/325 mg	180	Respondent
04-25-2012	Dextroamphetamine Sulfate	5 mg	150	Respondent
05-02-2012	Alprazolam	1 mg	90	Respondent
05-03-2012	Carisoprodol	350 mg	90	Dr. B.P.
05-21-2012	Hydrocodone/APAP	10/325 mg	180	Respondent
05-25-2012	Dextroamphetamine Sulfate	10 mg	90	Respondent
06-12-2012	Carisoprodol	350 mg	90	Dr. B.P.
06-16-2012	Hydrocodone/APAP	10/325 mg	240	Respondent
06-20-2012	Dextroamphetamine Sulfate	15 mg	100	Respondent
06-22-2012	Dextroamphetamine Sulfate	5 mg	100	Respondent
07-05-2012	Alprazolam	1 mg	90	Respondent
07-12-2012	Hydrocodone/APAP	10/325 mg	240	Respondent
07-12-2012	Dextroamphetamine Sulfate	15 mg	50	Respondent
07-17-2012	Carisoprodol	350 mg	90	Dr. B.P.
07-30-2012	Dextroamphetamine Sulfate	15 mg	100	Respondent
08-02-2012	Alprazolam	1 mg	90	Respondent
09-01-2012	Dextroamphetamine Sulfate	15 mg	100	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
09-10-2012	Alprazolam	1 mg	90	Respondent
09-28-2012	Hydrocodone/APAP	10/325 mg	240	Respondent
10-02-2012	Dextroamphetamine Sulfate	15 mg	100	Respondent
10-23-2012	Hydrocodone/APAP	10/325 mg	240	Respondent
10-27-2012	Alprazolam	1 mg	90	Respondent
10-27-2012	Carisoprodol	350 mg	90	Dr. B.P.
11-05-2012	Dextroamphetamine Sulfate	15 mg	70	Respondent
11-29-2012	Modafinil	200 mg	30	Respondent
12-10-2012	Alprazolam	1 mg	90	Respondent
12-17-2012	Hydrocodone/APAP	10/325 mg	240	Respondent
12-21-2012	Modafinil	200 mg	30	Respondent

54. During the period of on or about January 1, 2013, to December 31, 2013, respondent charted three visits with patient K.W. As can best be discerned from respondent's chart notes, the visits took place on January 19, June 26, and September 12, 2013. Respondent's billing records, however, indicate that he billed Medicare for four office visits. Respondent's handwritten chart notes are largely illegible and incomplete, lack adequate detail, and fail to provide a clear rationale for any medical decisions. During 2013, patient K.W. filled prescriptions from respondent for alprazolam (Xanax) 2 mg (five prescriptions for #100 and five prescriptions for #90); carisoprodol (Soma) 350 mg (#90) (seven prescriptions); dextroamphetamine sulfate (Dexedrine) 10 mg (one prescription for #100 and nine prescriptions for #150 [from January 19 to February 23, 2013, patient K.W. obtained 550 Dexedrine tablets]); and monthly prescriptions of hydrocodone/APAP 10/325 mg (#240). The combination of alprazolam (Xanax), hydrocodone/APAP and carisoprodol (Soma) is a powerful combination of controlled substances and dangerous drugs, sought out by those who abuse controlled substances, known as the

"Houston cocktail," "trio" and/or the "holy trinity."[28] According to her CURES report, patient K.W. filled the following prescriptions during 2013:

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-02-2013	Carisoprodol	350 mg	90	Respondent
01-19-2013	Dextroamphetamine Sulfate	10 mg	150	Respondent
01-19-2013	Hydrocodone/APAP	10/325 mg	240	Respondent
01-19-2013	Dextroamphetamine Sulfate	15 mg	100	Respondent
01-19-2013	Alprazolam	1 mg	100	Respondent
01-21-2013	Dextroamphetamine Sulfate	10 mg	150	Respondent
02-05-2013	Carisoprodol	350 mg	90	Respondent
02-16-2013	Hydrocodone/APAP	10/325 mg	240	Respondent
02-23-2013	Dextroamphetamine Sulfate	10 mg	150	Respondent
02-25-2013	Alprazolam	1 mg	100	Respondent
03-13-2013	Carisoprodol	350 mg	90	Respondent
03-14-2013	Hydrocodone/APAP	10/325 mg	240	Respondent
03-28-2013	Dextroamphetamine Sulfate	10 mg	150	Respondent
04-03-2013	Alprazolam	1 mg	100	Respondent
04-11-2013	Hydrocodone/APAP	10/325 mg	240	Respondent
04-29-2013	Carisoprodol	350 mg	90	Respondent
04-29-2013	Dextroamphetamine Sulfate	10 mg	150	Respondent
05-08-2013	Hydrocodone/APAP	10/325 mg	240	Respondent
05-08-2013	Alprazolam	1 mg	100	Respondent
06-05-2013	Hydrocodone/APAP	10/325 mg	240	Respondent

[28] "Taking these three drugs in combination is typically not medically justified. When taken together these medications may give users a feeling of euphoria similar to heroin. As a result, this prescription drug combination, which may be referred to as 'Houston Cocktail,' 'Holy Trinity,' or 'Trio,' is subject to abuse and has resulted in deaths." (M. Forrester, Ingestions of Hydrocodone, Carisoprodol, and Alprazolam in Combination Reported to Texas Poison Centers, Journal of Addictive Diseases, 30:110-115, 2011.)

Date Filled	Drug Name	Strength	Quantity	Prescriber
06-14-2013	Carisoprodol	350 mg	90	Respondent
06-25-2013	Dextroamphetamine Sulfate	10 mg	150	Respondent
07-01-2013	Alprazolam	1 mg	100	Respondent
07-03-2013	Hydrocodone/APAP	10/325 mg	240	Respondent
08-01-2013	Hydrocodone/APAP	10/325 mg	240	Respondent
08-12-2013	Carisoprodol	350 mg	90	Respondent
08-14-2013	Alprazolam	1 mg	90	Respondent
08-16-2013	Dextroamphetamine Sulfate	10 mg	150	Respondent
08-29-2013	Hydrocodone/APAP	10/325 mg	240	Respondent
09-21-2013	Alprazolam	1 mg	90	Respondent
09-26-2013	Hydrocodone/APAP	10/325 mg	240	Respondent
10-06-2013	Dextroamphetamine Sulfate	10 mg	150	Respondent
10-22-2013	Alprazolam	1 mg	90	Respondent
10-24-2013	Hydrocodone/APAP	10/325 mg	240	Respondent
11-15-2013	Zolpidem Tartrate	10 mg	30	Respondent
11-20-2013	Hydrocodone/APAP	10/325 mg	240	Respondent
11-22-2013	Dextroamphetamine Sulfate	10 mg	150	Respondent
11-30-2013	Alprazolam	1 mg	90	Respondent
12-02-2013	Carisoprodol	350 mg	90	Respondent
12-18-2013	Hydrocodone/APAP	10/325 mg	240	Respondent
12-30-2013	Alprazolam	1 mg	90	Respondent

55. During the period of on or about January 1, 2014, to December 31, 2014, respondent charted two visits with patient K.W. As can best be discerned from respondent's chart notes, the visits took place on July 18 and December 28, 2014. Respondent's billing records, however, indicate that he billed Medicare for nine office visits. Respondent's handwritten chart notes are largely illegible and incomplete, lack adequate detail, and fail to provide a clear rationale for any

medical decisions. In mid-December 2014, Grossmont Pharmacy questioned one of patient K.W.'s prescriptions for hydrocodone/APAP 10/325 mg (#240). Specifically, a page in respondent's certified medical records has handwritten notes which state "Gross[mont] Pharm[acy] refused Rx said 10 days early [-] she said she is taking 8 pills a day. No pharmacy will touch Rx for that" and "pharmacy questioned pain meds for back! Will not pay 8/day To[o] high" and "She was informed to get pain md per HCH."[29] During 2014, patient K.W. filled near monthly prescriptions from respondent for alprazolam (Xanax) 2 mg (#90); carisoprodol (Soma) 350 mg (#90) (five prescriptions); dextroamphetamine sulfate (Dexedrine) 10 mg (#150) (eight prescriptions); and monthly prescriptions of hydrocodone/APAP 10/325 mg (#240). According to her CURES report, patient K.W. filled the following prescriptions during 2014:

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-11-2014	Dextroamphetamine Sulfate	10 mg	150	Respondent
01-15-2014	Hydrocodone/APAP	10/325 mg	240	Respondent
02-12-2014	Hydrocodone/APAP	10/325 mg	240	Respondent
02-12-2014	Alprazolam	1 mg	90	Respondent
02-19-2014	Carisoprodol	350 mg	90	Respondent
02-25-2014	Dextroamphetamine Sulfate	10 mg	150	Respondent
03-11-2014	Hydrocodone/APAP	10/325 mg	240	Respondent
03-14-2014	Alprazolam	1 mg	90	Respondent
04-08-2014	Hydrocodone/APAP	10/325 mg	240	Respondent
04-12-2014	Dextroamphetamine Sulfate	10 mg	150	Respondent
04-17-2014	Carisoprodol	350 mg	90	Respondent
04-18-2014	Alprazolam	1 mg	90	Respondent
05-06-2014	Hydrocodone/APAP	10/325 mg	240	Respondent

[29] There were no consultation reports from any pain medicine doctors contained within patient K.W.'s certified medical records provided by respondent. Moreover, respondent continued to prescribe patient K.W. hydrocodone/APAP 10/325 mg throughout the remainder of 2014 and through 2016.

Date Filled	Drug Name	Strength	Quantity	Prescriber
05-19-2014	Alprazolam	1 mg	90	Respondent
05-24-2014	Dextroamphetamine Sulfate	10 mg	150	Respondent
06-03-2014	Hydrocodone/APAP	10/325 mg	240	Respondent
06-13-2014	Carisoprodol	350 mg	90	Respondent
06-18-2014	Alprazolam	1 mg	90	Respondent
07-01-2014	Hydrocodone/APAP	10/325 mg	240	Respondent
07-09-2014	Dextroamphetamine Sulfate	10 mg	150	Respondent
07-28-2014	Hydrocodone/APAP	10/325 mg	240	Respondent
07-29-2014	Alprazolam	1 mg	90	Respondent
08-24-2014	Dextroamphetamine Sulfate	10 mg	150	Respondent
08-25-2014	Hydrocodone/APAP	10/325 mg	240	Respondent
08-28-2014	Alprazolam	1 mg	90	Respondent
09-12-2014	Carisoprodol	350 mg	90	Respondent
09-22-2014	Hydrocodone/APAP	10/325 mg	240	Respondent
09-22-2014	Alprazolam	1 mg	90	Respondent
10-14-2014	Dextroamphetamine Sulfate	10 mg	150	Respondent
10-20-2014	Hydrocodone/APAP	10/325 mg	240	Respondent
10-22-2014	Alprazolam	1 mg	90	Respondent
11-13-2014	Carisoprodol	350 mg	90	Respondent
11-17-2014	Alprazolam	1 mg	90	Respondent
11-19-2014	Hydrocodone/APAP	10/325 mg	240	Respondent
11-23-2014	Dextroamphetamine Sulfate	10 mg	150	Respondent
12-15-2014	Alprazolam	1 mg	90	Respondent
12-24-2014	Hydrocodone/APAP	10/325 mg	240	Respondent

56. During the period of on or about January 1, 2015, to December 31, 2015, respondent charted one visit with patient K.W. As can best be discerned from respondent's chart notes, the

visit took place on March 2, 2015. Respondent's billing records, however, indicate that he billed Medicare and "MHN" for a total of fifteen office visits. Respondent's handwritten chart notes are largely illegible and incomplete, lack adequate detail, and fail to provide a clear rationale for any medical decisions. During 2015, patient K.W. filled prescriptions from respondent for alprazolam (Xanax) 2 mg (#90) (ten prescriptions); carisoprodol (Soma) 350 mg (#90) (six prescriptions); dextroamphetamine sulfate (Dexedrine) 10 mg (six prescriptions for #150 and one prescription for #140); and hydrocodone/APAP 10/325 mg (#240) (ten prescriptions). According to her CURES report, patient K.W. filled the following prescriptions during 2015:

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-12-2015	Dextroamphetamine Sulfate	10 mg	150	Respondent
01-12-2015	Carisoprodol	350 mg	90	Respondent
01-14-2015	Alprazolam	1 mg	90	Respondent
01-30-2015	Hydrocodone/APAP	10/325 mg	240	Respondent
02-08-2015	Alprazolam	1 mg	90	Respondent
02-26-2015	Dextroamphetamine Sulfate	10 mg	150	Respondent
03-02-2015	Hydrocodone/APAP	10/325 mg	240	Respondent
03-12-2015	Alprazolam	1 mg	90	Respondent
03-16-2015	Carisoprodol	350 mg	90	Respondent
03-30-2015	Hydrocodone/APAP	10/325 mg	240	Respondent
03-30-2015	Dextroamphetamine Sulfate	10 mg	150	Respondent
04-11-2015	Alprazolam	1 mg	90	Respondent
04-28-2015	Dextroamphetamine Sulfate	10 mg	150	Respondent
04-28-2015	Hydrocodone/APAP	10/325 mg	240	Respondent
05-15-2015	Alprazolam	1 mg	90	Respondent
05-26-2015	Hydrocodone/APAP	10/325 mg	240	Respondent
05-28-2015	Carisoprodol	350 mg	90	Respondent
06-12-2015	Alprazolam	1 mg	90	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
06-23-2015	Dextroamphetamine Sulfate	10 mg	150	Respondent
06-23-2015	Hydrocodone/APAP	10/325 mg	240	Respondent
06-25-2015	Carisoprodol	350 mg	90	Respondent
07-10-2015	Alprazolam	1 mg	90	Respondent
07-21-2015	Hydrocodone/APAP	10/325 mg	240	Respondent
08-18-2015	Hydrocodone/APAP	10/325 mg	240	Respondent
09-15-2015	Hydrocodone/APAP	10/325 mg	240	Respondent
09-25-2015	Carisoprodol	350 mg	90	Respondent
10-01-2015	Alprazolam	1 mg	90	Respondent
10-10-2015	Dextroamphetamine Sulfate	10 mg	140	Respondent
10-13-2015	Hydrocodone/APAP	10/325 mg	240	Respondent
11-03-2015	Alprazolam	1 mg	90	Respondent
11-10-2015	Hydrocodone/APAP	10/325 mg	240	Dr. R.S.
11-23-2015	Dextroamphetamine Sulfate	10 mg	150	Respondent
12-08-2015	Hydrocodone/APAP	10/325 mg	30	Dr. W.F.
12-08-2015	Alprazolam	1 mg	90	Respondent
12-11-2015	Carisoprodol	350 mg	90	Respondent
12-15-2015	Hydrocodone/APAP	10/325 mg	30	Dr. R.S.
12-22-2015	Hydrocodone/APAP	10/325 mg	240	Dr. R.S.

57. During the period of on or about January 1, 2016, to December 31, 2016, respondent charted approximately two visits with patient K.W. As can best be discerned from respondent's chart notes, the visits took place on June 1 and some other illegible date in 2016. Respondent's billing records, however, indicate that he billed Medicare and "MHN" for a total of fourteen office visits. Respondent's handwritten chart notes are largely illegible and incomplete, lack adequate detail, and fail to provide a clear rationale for any medical decisions. During 2016, patient K.W. filled prescriptions from respondent for alprazolam (Xanax) 2 mg (#90) (thirteen

prescriptions); carisoprodol (Soma) 350 mg (#90) (one prescription); dextroamphetamine sulfate (Dexedrine) 10 mg (#150) (nine prescriptions); hydrocodone/APAP 10/325 mg (#240) (nine prescriptions) and Oxycodone/APAP 10/325 mg (#240) (one prescription). According to her CURES report, patient K.W. filled the following prescriptions during 2016:

Date Filled	Drug Name	Strength	Quantity	Prescriber
01-02-2016	Dextroamphetamine Sulfate	10 mg	150	Respondent
01-06-2016	Alprazolam	1 mg	90	Respondent
02-03-2016	Alprazolam	1 mg	90	Respondent
02-05-2016	Oxycodone/APAP	10/325 mg	240	Respondent
02-10-2016	Dextroamphetamine Sulfate	10 mg	150	Respondent
03-02-2016	Alprazolam	1 mg	90	Respondent
03-18-2016	Hydrocodone/APAP	10/325 mg	240	Respondent
04-01-2016	Carisoprodol	350 mg	90	Respondent
04-05-2016	Dextroamphetamine Sulfate	10 mg	150	Respondent
04-08-2016	Alprazolam	1 mg	90	Respondent
04-18-2016	Hydrocodone/APAP	10/325 mg	240	Respondent
05-07-2016	Alprazolam	1 mg	90	Respondent
05-16-2016	Hydrocodone/APAP	10/325 mg	240	Respondent
05-25-2016	Dextroamphetamine Sulfate	10 mg	150	Respondent
06-03-2016	Alprazolam	1 mg	90	Respondent
06-13-2016	Hydrocodone/APAP	10/325 mg	240	Respondent
07-03-2016	Dextroamphetamine Sulfate	10 mg	150	Respondent
07-04-2016	Alprazolam	1 mg	90	Respondent
07-11-2016	Hydrocodone/APAP	10/325 mg	240	Respondent
08-05-2016	Alprazolam	1 mg	90	Respondent
08-11-2016	Dextroamphetamine Sulfate	10 mg	150	Respondent
08-11-2016	Hydrocodone/APAP	10/325 mg	240	Respondent

Date Filled	Drug Name	Strength	Quantity	Prescriber
09-01-2016	Alprazolam	1 mg	90	Respondent
09-08-2016	Hydrocodone/APAP	10/325 mg	240	Respondent
09-24-2016	Dextroamphetamine Sulfate	10 mg	150	Respondent
09-30-2016	Alprazolam	1 mg	90	Respondent
10-06-2016	Hydrocodone/APAP	10/325 mg	240	Respondent
10-27-2016	Dextroamphetamine Sulfate	10 mg	150	Respondent
10-28-2016	Alprazolam	1 mg	90	Respondent
11-03-2016	Hydrocodone/APAP	10/325 mg	240	Respondent
11-26-2016	Alprazolam	1 mg	90	Respondent
12-01-2016	Hydrocodone/APAP	10/325 mg	240	Dr. Y.K.
12-05-2016	Dextroamphetamine Sulfate	10 mg	150	Respondent
12-23-2016	Alprazolam	1 mg	90	Respondent
12-29-2016	Hydrocodone/APAP	10/325 mg	240	Dr. Y.K.

58. Respondent did not routinely conduct any CURES reviews on patient K.W., did not do any urine drug screening, did not enter into any controlled substances contract with patient K.W., and continued to prescribe patient K.W. various controlled substances despite red-flags of misuse, abuse and/or diversion of controlled substances. Among other things, there were multiple prescriptions being filled at different pharmacies, requests for early refills of medication, pharmacies refusing to refill medications that weren't authorized for refills, and patient K.W. having previously been prescribed Suboxone.

59. Respondent committed gross negligence in his care and treatment of patient K.W. including, but not limited to, the following:

(a) Respondent failed to provide appropriate psychiatric evaluations of patient K.W. in that he, among other things, failed to routinely perform comprehensive psychiatric evaluations, failed to obtain a complete and comprehensive history, failed to incorporate collateral source

information, failed to perform pertinent psychological testing, failed to properly assess patient K.W.'s alleged ADHD; and/or failed to consider addiction as part of patient K.W.'s evaluations and assessments;

(b) Respondent failed to provide appropriate treatment to patient K.W. in that he, among other things, repeatedly prescribed inherently addictive controlled substances such as benzodiazepines, amphetamines and/or opiates to patient K.W. while failing to respond to objective signs of misuse, addiction and/or diversion of the controlled substances that were being prescribed to patient K.W.;

(c) Respondent improperly prescribed opiates to patient K.W. in that he, among other things, failed to adequately document a basis for his repeated prescriptions to patient K.W. for opiates; failed to conduct proper physical examinations or physical assessments; failed to consider any possible differential diagnoses for any pain; and failed to consider any other treatment options for patient K.W.'s alleged pain;

(d) Respondent repeatedly prescribed controlled substances to patient K.W. without periodically reviewing CURES, without utilizing urine drug screens, without consulting with and/or obtaining records from prior treating physicians and/or without utilizing other risk screening tools; and

(e) Respondent failed to maintain adequate and accurate records in regard to his care and treatment of patient K.W. The records lacked adequate detail and specificity and were largely illegible and difficult to decipher; there were no bases listed for any diagnoses and rationales for any medical decisions, including changes in medications and/or responses to medications, were not adequately documented; there were no clear treatment plans documented; prescribed medications were

often not listed in respondent's chart notes; and medical records were missing and/or inconsistent with respondent's billing records.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

60. Respond is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in his care and treatment of patients L.T., M.C., J.V., C.W., C.T. and K.W., as more particularly alleged in paragraphs 10 through 59, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

THIRD CAUSE FOR DISCIPLINE

(Repeated Acts of Clearly Excessive Prescribing)

61. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 725, subdivision (a), of the Code, in that he repeatedly prescribed clearly excessive amounts of controlled substances to patients L.T., M.C., J.V., C.W., C.T. and K.W., as more particularly alleged in paragraphs 10 through 59, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

FOURTH CAUSE FOR DISCIPLINE

(Prescribing Without an Appropriate Examination and Medical Indication)

62. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2242, of the Code, in that he repeatedly prescribed various controlled substances to patients L.T., M.C., J.V., C.W., C.T. and K.W., without performing an appropriate prior examination and medical indication, as more particularly alleged in paragraphs 10 through 59, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

FIFTH CAUSE FOR DISCIPLINE

(Furnishing Drugs to Addict)

63. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2241 of the Code, in that he prescribed controlled substances and dangerous drugs to patients L.T., M.C., J.V., C.W., C.T. and K.W., whom he knew or reasonably should

have known was an addict and/or was using or would be using the controlled substances and dangerous drugs for a nonmedical purpose, as more particularly alleged in paragraphs 10 through 59, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

SIXTH CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

64. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that respondent failed to maintain adequate and accurate records regarding his care and treatment of patients L.T., M.C., J.V., C.W., C.T. and K.W., as more particularly alleged in paragraphs 10 through 59, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate No. C36159, issued to respondent Harry Convery Henderson III, M.D.;

2. Revoking, suspending or denying approval of respondent Harry Convery Henderson III, M.D.'s authority to supervise physician assistants, pursuant to section 3527 of the Code and advanced nurse practitioners;

3. Ordering respondent Harry Convery Henderson III, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

4. Taking such other and further action as deemed necessary and proper.

DATED: June 29, 2017

KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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