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

In the Matter of the First Amended Accusation Against:	)	
LENTON JOBY MORROW, M.D.	)	Case No. 800-2013-000363
Physician's and Surgeon's Certificate No. A97241	)	
Respondent	)	

DECISION

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 November 28, 2017

IT IS SO ORDERED November 21, 2017.

MEDICAL BOARD OF CALIFORNIA

By: Kimberly Kirchmeyer
Kimberly Kirchmeyer
Executive Director

XAVIER BECERRA
Attorney General of California
ALEXANDRA M. ALVAREZ
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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 First Amended Accusation Against: **LENTON JOBY MORROW, M.D.** **4378 Auburn Blvd., Ste. 100** **Sacramento, CA 95841** **Physician's and Surgeon's Certificate No. A 97241** Respondent.	Case No. 800-2013-000363 OAH No. 2016110096 **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 Jannsen Tan, Deputy Attorney General.

1. Respondent Lenton Joby Morrow, M.D. (Respondent) is represented in this proceeding by attorney Mitchell Green, Esq., whose address is: 50 California St., 34th Fl. San Francisco, CA 94111

2. On or about September 8, 2006, the Board issued Physician's and Surgeon's Certificate No. A 97241 to Lenton Joby Morrow, M.D. (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. 800-2013-000363, and will expire on January 31, 2019, unless renewed.

JURISDICTION

3. The First Amended Accusation No. 800-2013-000363 (Accusation) was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on October 21, 2016. Respondent timely filed his Notice of Defense contesting the Accusation.

4. A copy of Accusation No. 800-2013-000363 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2013-000363. Respondent also has carefully read, fully discussed with counsel, and understands the effects of this Stipulated Surrender of License and 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; 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, having been fully advised of the same by his attorney of record, Mitchell Green, Esq.

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

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 the First and Second Causes of Discipline in Accusation No. 800-2013-000363 and that he has thereby subjected his license to disciplinary action.

9. Respondent understands that by signing this stipulation he enables the Executive Director of the Medical Board to issue an order accepting the surrender of his Physician's and Surgeon's License No. A 97241 on behalf of the Board, without further notice or opportunity to be heard.

10. Respondent agrees that if he ever petitions for reinstatement of his/her Physician's and Surgeon's Certificate No. A 97241, all of the charges and allegations contained in the First and Second Causes of Discipline in the Accusation No. 800-2013-000363 shall be deemed true, correct and fully admitted by Respondent for purposes of that reinstatement proceeding or any other licensing proceeding involving Respondent in the State of California. However, the allegations may be deemed to be true, correct and fully admitted by Respondent solely for the purposes of the Board's determination as to whether to grant or deny the petition or other requested licensing action and may not and are not intended to be admissions in any other proceeding. For good cause shown, Respondent may apply for reinstatement of his license at anytime that is at least two years from the effective date of the surrender.

RESERVATION

11. The admissions made by Respondent herein are only for the purposes of this proceeding, or any other proceedings in which the Medical Board of California or other professional licensing agency is involved, and shall not be admissible in any other criminal or civil proceeding

CONTINGENCY

2. 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."

3. 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.

4. 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.

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ADDITIONAL PROVISIONS

13. 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.

14. 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 and signatures shall have the same force and effect as originals.

15. 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. A 97241, issued to Respondent is surrendered and accepted by the Medical Board of California.

1. The surrender of Respondent's Physician's and Surgeon's License No. A 97241 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 the First and Second Causes of Discipline in the Accusation No. 800-2013-000363 shall be deemed to be true, correct and fully admitted by Respondent when the Board determines whether to grant or

deny the petition. However, the allegations may be deemed to be true, correct and fully admitted by Respondent solely for the purposes of the Board's determination as to whether to grant or deny the petition and may not be used and are not intended to be admissions in any other proceeding.

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 the First and Second Causes of Discipline in the Accusation, No. 800-2013-000363 shall be deemed to be true, correct, and fully admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure. However, the allegations may be deemed to be true, correct and fully admitted by Respondent solely for the purposes of the Board's determination as to whether to grant or deny the petition and may not be used and are not intended to be admissions in any other proceeding.

ACCEPTANCE

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

DATED: 4/6/2017

LENTON JOBY MORROW, M.D.
Respondent

I have read and fully discussed with Respondent Lenton Joby Morrow, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 4/6/2017

MITCHELL GREEN, ESQ.
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California

Dated: 4/6/2017

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General

JANNSEN TAN
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

First Amended Accusation No. 800-2013-000363

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Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO Oct 21 20 16
BY D. Richards ANALYST

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

In the Matter of the First Amended Accusation Against: **LENTON JOBY MORROW M.D.** 4378 Auburn Blvd. STE 100 Sacramento, CA 95841 Physician's and Surgeon's Certificate No. A97241 Respondent.	Case No. 800-2013-000363 **FIRST AMENDED ACCUSATION**

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer (Complainant) brings this First Amended 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 September 8, 2006, the Medical Board issued Physician's and Surgeon's Certificate No. A97241 to Lenton Joby Morrow M.D. (Respondent). The Physician's and Surgeon's Certificate No. A97241 was in full force and effect at all times relevant to the charges brought herein and will expire on February 28, 2018, unless renewed.

JURISDICTION

3. This First Amended 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."

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:

"(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

"(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.

"(d) Incompetence.

"(e) The commission of any act involving dishonesty or corruption which is substantially related to the qualifications, functions, or duties of a physician and surgeon.

"(f) Any action or conduct which would have warranted the denial of a certificate.

"(g) The practice of medicine from this state into another state or country without meeting the legal requirements of that state or country for the practice of medicine. Section 2314 shall not apply to this subdivision. This subdivision shall become operative upon the implementation of the proposed registration program described in Section 2052.5.

"(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board."

6. Section 726 of the Code states:

"The commission of any act of sexual abuse, misconduct, or relations with a patient, client, or customer constitutes unprofessional conduct and grounds for disciplinary action for any

person licensed under this division, under any initiative act referred to in this division and under Chapter 17 (commencing with Section 9000) of Division 3.

"This section shall not apply to sexual contact between a physician and surgeon and his or her spouse or person in an equivalent domestic relationship when that physician and surgeon provides medical treatment, other than psychotherapeutic treatment, to his or her spouse or person in an equivalent domestic relationship."

7. Section 729 (a) of the Code states:

"Any physician and surgeon, psychotherapist, alcohol and drug abuse counselor or any person holding himself or herself out to be a physician and surgeon, psychotherapist, or alcohol and drug abuse counselor, who engages in an act of sexual intercourse, sodomy, oral copulation, or sexual contact with a patient or client, or with a former patient or client when the relationship was terminated primarily for the purpose of engaging in those acts, unless the physician and surgeon, psychotherapist, or alcohol and drug abuse counselor has referred the patient or client to an independent and objective physician and surgeon, psychotherapist, or alcohol and drug abuse counselor recommended by a third-party physician and surgeon, psychotherapist, or alcohol and drug abuse counselor for treatment, is guilty of sexual exploitation by a physician and surgeon, psychotherapist, or alcohol and drug abuse counselor.

". . ."

8. 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."

DRUGS AT ISSUE

9. Phentermine is a psychostimulant drug of the substituted amphetamine chemical class with pharmacology similar to amphetamine. It is used medically as an appetite suppressant for short term use, as an adjunct to exercise and reducing calorie intake. It is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (f), and a dangerous drug pursuant to Business and Professions Code section 4022.

10. Hydrocodone, brand name Norco, among others, is a semi-synthetic opioid derived from codeine. It is commonly used in combination with Acetaminophen. It is a Schedule II controlled substance pursuant to Health and Safety Code 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022.

11. Lorazepam, brand name Ativan, is a benzodiazepine drug used to treat anxiety disorders. It 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.

12. Diazepam, brand name Valium, is a benzodiazepine drug used to treat a wide range of conditions, including anxiety, panic attacks, insomnia, seizures (including status epilepticus), muscle spasms (such as in tetanus cases), restless leg syndrome, alcohol withdrawal, benzodiazepine withdrawal, opiate withdrawal syndrome and Ménière's disease. It 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.

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13. Buphrenorphine is a semi-synthetic opioid. It is used to treat opioid addiction in higher dosages, to control moderate acute pain in non-opioid-tolerant individuals in lower dosages and to control moderate chronic pain in even smaller doses. It is a Schedule III controlled substance under the Controlled Substances Act, and a dangerous drug pursuant to Business and Professions Code section 4022.

14. Methadone is a synthetic opioid. It is used medically as an analgesic and a maintenance anti-addictive and reductive preparation for use by patients with opioid dependence. It is a Schedule II controlled substance pursuant to Health and Safety Code 11055, subdivision (c), and a dangerous drug pursuant to Business and Professions Code section 4022.

15. Fentanyl, brand name Duragesic, is a potent, synthetic opioid analgesic with a rapid onset and short duration of action used for pain. It is a Schedule II controlled substance pursuant to Health and Safety Code 11055, subdivision (c), and a dangerous drug pursuant to Business and Professions Code section 4022.

16. Oxycodone is a semi-synthetic opioid. It is an analgesic generally indicated for relief of moderate to severe pain. It is a Schedule II controlled substance pursuant to Health and Safety Code 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022.

17. Alprazolam, brand name Xanax, is a short-acting anxiolytic of the benzodiazepine class of psychoactive drugs used for treatment of panic disorder, and anxiety disorders, It 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.

18. Carisoprodol, brand name Soma, is a centrally acting skeletal muscle relaxant. Effective January 11, 2012, it was reclassified from a non-controlled substance to a Federal Schedule IV controlled substance pursuant to the Controlled Substances Act. It is a dangerous drug pursuant to Business and Professions Code section 4022.

19. Lorazepam is a benzodiazepine medication used to treat anxiety disorders, trouble sleeping, and active seizures. It is a Schedule IV controlled substance pursuant

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to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

20. Clonazepam is an anti-anxiety medication in the benzodiazepine family. It 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.

21. Morphine, sold under different trade names, is an opioid analgesic drug. It is the main psychoactive chemical in opium. Like other opioids, such as oxycodone, hydromorphone, and heroin, morphine acts directly on the central nervous system (CNS) to relieve pain. It is a Schedule II controlled substance pursuant to Health and Safety Code 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022.

FIRST CAUSE FOR DISCIPLINE

(Sexual Abuse, Misconduct, and/or Relation-Patient N.M.)

22. Respondent's license is subject to disciplinary action under sections 2227, 2234, 726, and 729 (a), of the Code, in that he engaged in sexual abuse, misconduct, and/or relation with his patient, Patient N.M.[1], as more particularly alleged hereinafter:

23. Patient N.M. was hospitalized at Heritage Oaks Hospital in or about August 2011, after being rushed to the emergency department, for cutting her wrists and legs superficially. She was hospitalized from on or about October 25 to November 2, 2011. During this time, Respondent saw Patient N.M. as his patient. At the second visit during the treatment period, Respondent asked her if she masturbated.

24. Respondent saw Patient N.M. during nighttime. She would be fatigued from her prescribed medications. She was always the last patient. Respondent would play the piano for families at the hospital. He would play the piano from 10:30-10:45 p.m. All the other patients would be locked down, but Patient N.M. was allowed to stay. She would curl up on the couch and listen to Respondent.

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[1] Patient and provider names are abbreviated to protect patient confidentiality. Full patient names will be provided upon receipt of a Request for Discovery.

25. Upon her release, Patient N.M. continued treatment in an outpatient program under Heritage Oaks, in Sacramento, CA.

26. Patient N.M. went to the Heritage Oaks outpatient program for five days from 8:00 a.m. to 3:00 p.m. She then saw Respondent at a place called "Strategies for Change." Respondent had an office at that location. She would see him once a week at around 5:00 p.m. She was the last patient. As she saw Respondent at his "Strategies for Change" office, Patient N.M. felt attracted to Respondent. Respondent talked to her about seduction and how it couldn't be acted upon, despite attraction to one-another. At his "Strategies for Change" office, Respondent hugged Patient N.M. after appointments. The hugs became longer and then occurred before and after appointments. The hugs progressed to a hand on the rear during the hug. Respondent always had an erection during the hugs and Patient N.M. would tell him she noticed. He would tell her he was a doctor and could not cross boundaries. Respondent told her that there was an energy between them and a connection.

27. In or about January or February of 2012, Respondent put his hand down the front of Patient N.M.'s pants into her underpants. He touched her genital area. Respondent also complimented her on her looks. During one appointment, Respondent ran his hands up and down the front of Patient N.M.'s dress. Respondent also kissed Patient N.M. on her lips.

28. On or about March 17, 2012, around 1:00 p.m., Respondent called Patient N.M. over to his office. Respondent let her into the office and they hugged. No therapy occurred during this visit. Patient N.M. felt numb and shut down. She had taken marijuana, wine and Klonopin prior to the visit. Respondent had sexual intercourse with Patient N.M.

29. Respondent saw Patient N.M. from October of 2011 to November of 2012. Respondent continued to have sexual contact with Patient N.M. Respondent would see patients from 8:00 a.m. to 12:00 p.m. at his office. At 1:00 p.m., he saw patients at Heritage Oaks. Respondent would skip lunch and his secretary and former patient would leave. He would close his blinds. Respondent and Patient N.M. would sit with her legs on his lap. After they would meet, he would walk out the back of the office and she would walk out the front.

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SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

30. Respondent's license is subject to discipline 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 Patient N.M. as more particularly alleged hereinafter: Paragraphs 22 to 29, above, are hereby incorporated by reference and realleged as if fully set forth herein.

31. During the period of October 2011 to November 2012, Respondent prescribed benzodiazepines to Patient N.M. despite knowing that Patient N.M. drank 2-3 bottles of wine per day. Respondent also gave Patient N.M. and her husband a schedule to titrate her off alcohol and benzodiazepines over an 8 week period. Patient N.M. was unable to comply with the schedule.

32. At the outset of Patient N.M. treatment, Respondent told Patient N.M. and her husband that he had applied to be a provider for their insurance. He allowed Patient N.M. to dictate her own co-pay. Patient N.M. and her husband were billed for $5,000 in November 2011. Patient N.M. initially made arrangements to pay $150 every two weeks for 33 payments. However, when Patient N.M. and her husband confronted Respondent, Respondent wrote them an apology letter and refunded the co-pays at the end of her treatment.

33. Respondent's care and treatment of Patient N.M. departed from the standard of care in that:

A. Respondent engaged in sexual abuse, misconduct, and/or relation with his patient.

B. Respondent overprescribed, and/or prescribed benzodiazepines to a patient with persistent alcohol intake.

C. Respondent failed to treat Patient N.M.'s alcohol and drug dependence appropriately by instructing Patient N.M. and her husband to titrate off alcohol on her own for 8 weeks.

D. Respondent failed to clearly delineate his billing. He billed inappropriately. He also failed to clarify that he was not in the network of Patient N.M.'s insurance.

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THIRD CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

34. Respondent's license is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, of the Code, in that he has engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming to a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 23 through 33, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

FOURTH CAUSE FOR DISCIPLINE

(Gross Negligence)

35. Respondent's license is subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that he committed grossly negligent acts in his care and treatment of Patients K.L., T.G., R.J. and S.M., as more particularly alleged hereinafter:

Patient K.L.

36. Patient K.L. saw Respondent after a suicide attempt and was diagnosed with Major Depression, fibromyalgia pain syndrome and physiologic opioid dependence. She was treated with the following controlled substances: Fentanyl, hydrocodone, phentermine, clonazepam, oxycodone, buprenorphine, and alprazolam.

37. During the period of January to December of 2012, Respondent prescribed a variety of opiates to Patient K.L. that were excessive and unmonitored. Respondent wrote refills without being aware of the amount his patient was taking. Respondent's documentation did not match his actual prescriptions for controlled substances.

38. In or about October of 2012 Patient KL received 498 pills of hydrocodone 10 mg/ apap 325 mg prescribed by Respondent and also 120 mg of the same medication prescribed by other doctors. The prescribed acetaminophen dosage during October 2012 exceeded the recommended daily maximum dosage. Respondent failed to check CURES reports and failed to

notice the large amount of acetaminophen he was prescribing and the fact Patient K.L. was getting the same medication from other providers.

39. Respondent documented that Patient K.L. had received opioids from other providers and noted that if Patient K.L. continues, he was going to discharge her as a patient. Respondent continued to prescribe to Patient K.L. despite her continued conduct.

40. Respondent prescribed fentanyl patches and hydrocodone to Patient K.L. for pain management. Respondent failed to enter into a pain contract with Patient K.L.

41. On or around February 27, 2014, Respondent noted that Patient K.L. may need "Pain consult if no improvement or at least manageable" but never made such a referral.

42. On or around October 12, 2015, Respondent noted the lack of objective studies in his record. "I talked with her about getting an MRI. She has actually never had her back problem reevaluated past the initial MRI from a car accident several years ago. We should certainly do that to determine whether or not there is a justifiable cause for continuing chronic analgesics like this." Respondent failed to get a pain consult and/or failed to order an MRI.

43. During the treatment period, Respondent never considered that Patient K.L. had a substance abuse disorder.

Patient T.G.

44. Respondent treated Patient T.G. during the period of 2011 to 2013. Respondent diagnosed Patient T.G. with bipolar disorder type 2 and opiate dependence. He was treated with the following controlled substances: buprenorphine, alprazolam, carisoprodol, and diazepam.

45. During the course of Patient T.G.'s treatment with buprenorphine and buprenorphine/naloxone, Respondent prescribed Alprazolam and Carisoprodol. Respondent failed to consider alternative non-addictive medications in a patient suffering from opiate dependence.

46. On or about January 2013, Patient T.G. forged a prescription for hydrocodone from Respondent. Respondent discovered the forgery in March 2013. Respondent failed to adequately monitor the treatment of a patient with opiate dependence.

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Patient R.J.

47. Respondent has treated Patient R.J. since 2012. Respondent diagnosed Patient R.J. with bipolar disorder, alcoholism and chronic pain. Respondent treated Patient R.J. with hydrocodone, diazepam, lorazepam, methadone, morphine, oxycodone, and zolpidem.

48. Respondent failed to consider alternatives and prescribed lorazepam and zolpidem which are both contraindicated in the treatment of patients with substance abuse disorder.

Patient S.M.

49. Respondent has treated Patient S.M. since 2012. Respondent diagnosed Patient S.M. with major depression, generalized anxiety disorder and opioid dependence. Respondent treated Patient S.M. with lorazepam, buprenorphine, carisoprodol, diazepam, and oxycodone.

50. Respondent prescribed buprenorphine for pain; lorazepam, a benzodiazepine, and, carisoprodol, which is a sedating addictive muscle relaxant. Patient S.M. was also getting controlled substances from a number of other providers. Respondent makes one note of her getting alprazolam from another provider and the need to discuss this with her but Respondent failed to follow-up. Respondent failed to discontinue prescribing lorazepam.

FIFTH CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

51. Respondent's license is subject to discipline 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 K.L., T.G., R.J. and S.M. as more particularly alleged hereinafter: Paragraphs 35 to 50, above, are hereby incorporated by reference and realleged as if fully set forth herein.

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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. A97241, issued to Respondent Lenton Joby Morrow, M.D.;

2. Revoking, suspending or denying approval of Respondent Lenton Joby Morrow, M.D.'s authority to supervise physician assistants, pursuant to section 3527 of the Code;

3. Ordering Respondent Lenton Joby Morrow, 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: October 21, 2016

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

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