

XAVIER BECERRA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General
CHRIS LEONG
Deputy Attorney General
State Bar No. 141079
California Department of Justice
300 South Spring St., Suite 1702
Los Angeles, California 90013
Telephone: (213) 897-2575
Facsimile: (213) 897-9395
E-mail: Chris.Leong@doj.ca.gov
Attorneys for Complainant

BEFORE THE
BOARD OF PODIATRIC MEDICINE
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

Case No. 500-2014-000115

MARIO ANTONYO PACADA, D.P.M.

3756 Santa Rosalia Drive, Suite 609
Los Angeles, CA 90008

A C C U S A T I O N

Podiatric Medicine License No. E4163,
Respondent.

Complainant alleges:

PARTIES

1. Brian Naslund (Complainant) brings this Accusation solely in his official capacity as the Executive Officer of the Board of Podiatric Medicine (Board).

2. On July 21, 1998, the Board issued Podiatric Medicine Certificate Number E4163 to Mario Antonio Pacada, D.P.M. (Respondent). That license was in full force and effect at all times relevant to the charges brought herein, except that Respondent's license was not renewed and current for two periods, as follows: from May 1, 2014, until his renewed certificate was

1 issued on October 17, 2014, and from May 1, 2016, until his renewal certificate was issued on
2 June 28, 2016. Respondent's license will expire on April 30, 2018, unless renewed.

3 JURISDICTION

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

7 4. Section 2222 of the Code states:

8 "The California Board of Podiatric Medicine shall enforce and administer this article as to
9 doctors of podiatric medicine. Any acts of unprofessional conduct or other violations proscribed
10 by this chapter are applicable to licensed doctors of podiatric medicine and wherever the Medical
11 Quality Hearing Panel established under Section 11371 of the Government Code is vested with
12 the authority to enforce and carry out this chapter as to licensed physicians and surgeons, the
13 Medical Quality Hearing Panel also possesses that same authority as to licensed doctors of
14 podiatric medicine.

15 "The California Board of Podiatric Medicine may order the denial of an application or issue
16 a certificate subject to conditions as set forth in Section 2221, or order the revocation, suspension,
17 or other restriction of, or the modification of that penalty, and the reinstatement of any certificate
18 of a doctor of podiatric medicine within its authority as granted by this chapter and in conjunction
19 with the administrative hearing procedures established pursuant to Sections 11371, 11372, 11373,
20 and 11529 of the Government Code. For these purposes, the California Board of Podiatric
21 Medicine shall exercise the powers granted and be governed by the procedures set forth in this
22 chapter."

23 5. Section 2227 of the Code states:

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

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

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

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

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

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

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

15 6. Section 2052 of the Code states:

16 “(a) Notwithstanding Section 146, any person who practices or attempts to practice, or who
17 advertises or holds himself or herself out as practicing, any system or mode of treating the sick or
18 afflicted in this state, or who diagnoses, treats, operates for, or prescribes for any ailment,
19 blemish, deformity, disease, disfigurement, disorder, injury, or other physical or mental condition
20 of any person, without having at the time of so doing a valid, unrevoked, or unsuspended
21 certificate as provided in this chapter or without being authorized to perform the act pursuant to a
22 certificate obtained in accordance with some other provision of law is guilty of a public offense,
23 punishable by a fine not exceeding ten thousand dollars (\$10,000), by imprisonment in the state
24 prison, by imprisonment in a county jail not exceeding one year, or by both the fine and either
25 imprisonment.

26 (b) Any person who conspires with or aids or abets another to commit any act described in
27 subdivision (a) is guilty of a public offense, subject to the punishment described in that
28 subdivision.

1 (c) The remedy provided in this section shall not preclude any other remedy provided by
2 law.”

3 7. Section 2474 of the Code states:

4 “Any person who uses in any sign or in any advertisement or otherwise, the word or words
5 "doctor of podiatric medicine," "doctor of podiatry," "podiatric doctor," "D.P.M.," "podiatrist,"
6 "foot specialist," or any other term or terms or any letters indicating or implying that he or she is a
7 doctor of podiatric medicine, or that he or she practices podiatric medicine, or holds himself out
8 as practicing podiatric medicine or foot correction as defined in Section 2472, without having at
9 the time of so doing a valid, unrevoked, and unsuspended certificate as provided for in this
10 chapter, is guilty of a misdemeanor.”

11 8. Section 2497 of the Code states:

12 “(a) The board may order the denial of an application for, or the suspension of, or the
13 revocation of, or the imposition of probationary conditions upon, a certificate to practice podiatric
14 medicine for any of the causes set forth in Article 12 (commencing with Section 2220) in
15 accordance with Section 2222.

16 “(b) The board may hear all matters, including but not limited to, any contested case or may
17 assign any such matters to an administrative law judge. The proceedings shall be held in
18 accordance with Section 2230. If a contested case is heard by the board itself, the administrative
19 law judge who presided at the hearing shall be present during the board's consideration of the case
20 and shall assist and advise the board.”

21 9. Section 2472 of the Code states in pertinent part:

22 “(a) The certificate to practice podiatric medicine authorizes the holder to practice podiatric
23 medicine.

24 “(b) As used in this chapter, "podiatric medicine" means the diagnosis, medical, surgical,
25 mechanical, manipulative, and electrical treatment of the human foot, including the ankle and
26 tendons that insert into the foot and the nonsurgical treatment of the muscles and tendons of the
27 leg governing the functions of the foot.”

28 10. Section 4022 of the Code states:

1 “Dangerous drug’ or ‘dangerous device’ means any drug or device unsafe for self-use in
2 humans or animals, and includes the following:

3 “(a) Any drug that bears the legend: ‘Caution: federal law prohibits dispensing without
4 prescription,’ ‘Rx only,’ or words of similar import.

5 “(b) Any device that bears the statement: “Caution: federal law restricts this device to sale
6 by or on the order of a ,’ ‘Rx only,’ or words of similar import, the blank to be filled in with the
7 designation of the practitioner licensed to use or order use of the device.

8 “(c) Any other drug or device that by federal or state law can be lawfully dispensed only on
9 prescription or furnished pursuant to Section 4006.”

10 11. Section 725 of the Code states:

11 “(a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering
12 of drugs or treatment, repeated acts of clearly excessive use of diagnostic procedures, or repeated
13 acts of clearly excessive use of diagnostic or treatment facilities as determined by the standard of
14 the community of licensees is unprofessional conduct for a physician and surgeon, dentist,
15 podiatrist, psychologist, physical therapist, chiropractor, optometrist, speech language
16 pathologist, or audiologist.

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

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

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

27 12. Section 2242 of the Code states in pertinent part:
28

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

4 13. Section 2234 of the Code states:

5 “The Division of Medical Quality¹ shall take action against any licensee who is charged
6 with unprofessional conduct. In addition to other provisions of this article, unprofessional
7 conduct includes, but is not limited to, the following:

8 “(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the
9 violation of, or conspiring to violate any provision of this chapter [Chapter 5, the Medical
10 Practice Act].

11 “(b) Gross negligence.

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

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

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

22 “(d) Incompetence.

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

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

26 ///

27
28 ¹ Pursuant to Business and Professions Code section 2002, “Division of Medical Quality”
or “Division” shall be deemed to refer to the Medical Board of California.

14. 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.

///

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

4 15. Section 2242 of the Code states:

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

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

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

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

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

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

23 “(3) The licensee was a designated practitioner serving in the absence of the
24 patient's physician and surgeon or podiatrist, as the case may be, and was in
25 possession of or had utilized the patient's records and ordered the renewal of a
26 medically indicated prescription for an amount not exceeding the original
27 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.”

16. Section 2261 of the Code states:

"Knowingly making or signing any certificate or other document directly or indirectly related to the practice of medicine or podiatry which falsely represents the existence or nonexistence of a state of facts, constitutes unprofessional conduct."

17. 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.”

COST RECOVERY

18. Section 2497.5 of the Code states:

“(a) The board may request the administrative law judge, under his or her proposed decision in resolution of a disciplinary proceeding before the board, to direct any licensee found guilty of unprofessional conduct to pay to the board a sum not to exceed the actual and reasonable costs of the investigation and prosecution of the case.”

“(b) The costs to be assessed shall be fixed by the administrative law judge and shall not be increased by the board unless the board does not adopt a proposed decision and in making its own decision finds grounds for increasing the costs to be assessed, not to exceed the actual and reasonable costs of the investigation and prosecution of the case.”

“(c) When the payment directed in the board's order for payment of costs is not made by the licensee, the board may enforce the order for payment by bringing an action in any appropriate court. This right of enforcement shall be in addition to any other rights the board may have as to any licensee directed to pay costs.”

“(d) In any judicial action for the recovery of costs, proof of the board's decision shall be conclusive proof of the validity of the order of payment and the terms for payment.”

“(e)(1) Except as provided in paragraph (2), the board shall not renew or reinstate the license of any licensee who has failed to pay all of the costs ordered under this section.”

1 “(2) Notwithstanding paragraph (1), the board may, in its discretion, conditionally renew or
2 reinstate for a maximum of one year the license of any licensee who demonstrates financial
3 hardship and who enters into a formal agreement with the board to reimburse the board within
4 that one-year period for those unpaid costs.”

5 “(f) All costs recovered under this section shall be deposited in the Board of Podiatric
6 Medicine Fund as a reimbursement in either the fiscal year in which the costs are actually
7 recovered or the previous fiscal year, as the board may direct.”

8 INTRODUCTION

9 19. This Accusation involves prescriptions for medications regulated by The
10 Comprehensive Drug Abuse Prevention and Control Act, passed into law in 1970. Title II of this
11 law, the Controlled Substances Act, is the legal foundation of narcotics enforcement in the United
12 States. The Controlled Substances Act regulates the manufacture, possession, movement, and
13 distribution of drugs in our country. The Controlled Substances Act places all drugs into one of
14 five schedules, or classifications, and is controlled by the Department of Justice and the
15 Department of Health and Human Services, including the Federal Drug Administration.

16 20. The following delineates the five schedules with examples of drugs, medications, and
17 information about each.

18 21. Schedule I Drugs

19 These drugs have NO safe, accepted medical use in the United States. This schedule
20 includes drugs such as marijuana, heroin, ecstasy, LSD, and crack cocaine. Schedule I drugs
21 have a high tendency for abuse and have no accepted medical use. Pharmacies do not sell
22 Schedule I drugs, and they are not available with a prescription by a physician.

23 22. Schedule II Drugs

24 Schedule II drugs have a high tendency for abuse, may have an accepted medical use, and
25 can produce dependency or addiction with chronic use. Of all legal prescription medications,
26 Schedule II controlled substances have the highest abuse potential. These drugs can cause severe
27 psychological or physical dependence. Schedule II drugs include certain narcotic, stimulant, and
28 depressant drugs. Examples of Schedule II drugs include cocaine, opium, morphine,

Oxymorphone, commonly prescribed under the trademark name "Opana," oxycodone, commonly prescribed under the trademark name "OxyContin," hydromorphone, commonly prescribed under the trademark name "Dilaudid," methadone HCL, secobarbital, commonly prescribed under the trademark name "Seconal," Fentanyl, amphetamines, and methamphetamines.

Schedule II drugs may be available with a prescription by a physician, but not all pharmacies may carry them. These drugs require more stringent records and storage procedures than drugs in Schedules III and IV.

23. Schedule III Drugs

Schedule III drugs have less potential for abuse or addiction than drugs in the first two schedules and have a currently accepted medical use. The abuse of Schedule II drugs may lead to moderate to high psychological dependence.

Examples of Schedule III drugs include codeine, hydrocodone with acetaminophen, commonly prescribed under the trademark name "Vicodin," hydrocodone APAP, buprenorphine/naloxone, commonly prescribed under the trademark name "Suboxone," or anabolic steroids such as testosterone. Schedule III drugs may be available with a prescription, but not all pharmacies may carry them.

24. Schedule IV Drugs

Schedule IV drugs have a low potential for abuse that leads only to limited physical dependence or psychological dependence relative to drugs in Schedule III. Schedule IV drugs have a currently accepted medical use and have limited addictive properties. Schedule IV drugs have the same restrictions as Schedule III drugs.

Examples of Schedule IV drugs include Xanax, Valium, Phenobarbital, Clonazepam, temazepam, commonly prescribed under the trademark name "Restoril," phentermine, commonly prescribed under the trademark names "Fastin" and Ionamin," and rohypnol (commonly known as the "date rape" drug). These drugs may be available with a prescription, but not all pharmacies may carry them.

///

1 25. **Schedule V Drugs**

2 Schedule V drugs have a lower potential for abuse than Schedule IV drugs, have a currently
3 accepted medical use in the United States, and a lesser chance of dependence compared to
4 Schedule IV drugs. This schedule includes such drugs as cough suppressants with codeine.

5 Schedule V drugs are regulated but generally do not require a prescription.

6 **CONTROLLED SUBSTANCES AND DANGEROUS DRUGS**

7 26. **Xanax** is a dangerous drug pursuant to Code section 4022. It is a Schedule IV
8 Controlled Substance as designated by Health and Safety Code section 11057, subdivision (d)(1).
9 Its generic name is alprazolam and it is used to relieve anxiety.

10 27. **Norco**, a brand name for hydrocodone with acetaminophen, is a dangerous drug
11 pursuant to Code section 4022. It is a Schedule II controlled substance as designated by Health
12 and Safety Code section 10055, subdivision (b)(1)(I).

13 28. **Soma** is a dangerous drug pursuant to section 4022 of the Code. It is not a controlled
14 substance. Its generic name is carisprodol and it is used as a skeletal muscle relaxant.

15 29. **OxyContin** (oxycodone) is an opioid, i.e., a synthetic narcotic that resembles the
16 naturally occurring opiates. It is a Schedule II controlled substance, as designated by Health and
17 Safety Code section 11055, subdivision (b)(1)(M), and a close relative of morphine, heroin,
18 codeine, fentanyl, and methadone. It is a dangerous drug within the meaning of Code section
19 4022.

20 30. **Hydrocodone/APAP** (Lortab) hydrocodone, and acetaminophen. Acetaminophen,
21 often abbreviated as APAP, is a peripherally acting analgesic agent found in many combination
22 products and also available by itself. This combination product is used to treat moderate to
23 moderately severe pain. In the United States, formulations containing more than 15 mg
24 hydrocodone per dosage unit are considered Schedule II drugs. Those containing less than or
25 equal to 15 mg per dosage unit in combination with acetaminophen or another non-controlled
26 drug are called hydrocodone compounds and are considered Schedule III drugs. Hydrocodone is
27 not available in pure form in the United States due to a separate regulation. Hydrocodone is
28 always sold combined with another drug.

CASE SUMMARY

31 On August 22, 2014, the Board received an anonymous on-line complaint alleging that Respondent had been writing multiple prescriptions for Norco and Motrin to patients. It also alleged that Respondent had a delinquent license; thus resulted in the opening of Investigation No. 500-2014-000115.

Patient M. C.²

32. An affidavit was submitted by Respondent stating that there were no medical records for M. C. Respondent wrote prescriptions as follows:

<u>Date</u>	<u>Drug</u>	<u>Dose</u>	<u>Number</u>
May 5, 2014	Norco	10/325	#90
	Soma	350 mg	#60
	Motrin	800 mg	#60
August 5, 2014	Norco	10/325	#60
	Motrin	400 mg	#40
	Xanax	2 mg	#30
August 8, 2014	Norco	10/325	#100
	Motrin	800 mg	#40
	Xanax	2 mg	#40
October 31, 2014	Norco	10/325	#60

and additional prescriptions from August 23, 2014 through September 9, 2014.

Patient P.C.

33. An affidavit was submitted by Respondent stating that there were no medical records for review. Respondent wrote prescriptions for P.C. as follows:

<u>Date</u>	<u>Drug</u>	<u>Dose</u>	<u>Number</u>
May 12, 2014	Norco	10/325	#100
	Naprosyn	500 mg	#60

² Patient initials will be used to protect the patient's privacy. Respondent may learn the names of the patients during discovery.

1	August 8, 2014	Norco	10/325	#100
2		Naprosyn	500 mg	#40
3	August 11, 2014	Norco	10/325	#100
4		Motrin	600 mg	#40
5	August 15, 2014	Naprosyn	10/325	#100
6	June 24, 2014	Norco	10/325	#120
7		Motrin	800 mg	#60
8	September 10, 2014	Norco	10/325	#100
9		Naprosyn	500 mg	#40

10 **Patient J.C.**

11 34. Respondent submitted an affidavit stating that there were no medical records for
12 review. Respondent wrote prescriptions to patient J.C. as follows:

13	<u>Date</u>	<u>Drug</u>	<u>Dose</u>	<u>Number</u>
14	May 30, 2014	Norco	10/325	#120
15		Motrin	400 mg	#40
16	July 10, 2014	Norco	10/325	#90
17		Motrin	800 mg	#40
18	August 12, 2014	Norco	10/325	#120
19		Motrin	800 mg	#40
20	September 16, 2014	Norco	10/325	#100
21		Motrin	800 mg	#60

22 **Patient S.C.**

23 35. On April 24, 2014, Respondent initially evaluated patient S.C. There was a patient
24 registration and medical history that were filled out by S.C. The medical records contained a
25 medication list from Rite Aid Pharmacy dated April 23, 2014. In the history filled out by S.C., it
26 stated that he was a Type 1 diabetic, on insulin control with Humalog.

27 36. The next progress note was dated May 21, 2014. Vital signs were recorded. There
28 was a notation that pain has persisted but has improved, and there was pain in the right foot. The

1 assessment/treatment plan states metatarsalgia³, old fracture. There was a superbill following
2 service on May 21, 2014, which showed a Kenalog injection of the tendon sheath, nail avulsion, a
3 detailed office visit with band strapping. Diagnoses were capsulitis, tendinitis, metatarsalgia, foot
4 pain, and ingrown nail. There were no prescriptions noted in the record. However, in fact, on or
5 about May 21, 2014, Respondent prescribed Oxycodone 30 mg, #90, Norco 10/325, # 60, Motrin
6 800 mg, #60.

7 37. The next progress note was dated June 23, 2014. Only vital signs were recorded.
8 Two sheets for physical exam are completely blank. There are no neurologic, vascular or
9 musculoskeletal findings recorded. There is no assessment or treatment plan noted. The
10 Superbill reflected an injection of Kenalog in the tendon sheath, strapping and expanded office
11 visit. The diagnoses were plantar fasciitis, capsulitis, tendinitis, difficulty in walking, and foot
12 pain. The notes do not reflect any prescriptions; however, CURES showed that there was a
13 prescription on June 4, 2014 for Oxycodone 30 mg, #90, Norco 10/325, #60, Naprosyn 500 mg,
14 #30. Respondent also prescribed on June 20, 2014, Oxycodone 30 mg, #120, Motrin 7.5 mg,
15 #60, Norco 10/325, #60.

16 38. The next progress note was dated July 21, 2014. Only vital signs were recorded.
17 There was no recording of any physical examination or evaluation. There were no neurologic,
18 vascular, or musculoskeletal findings noted. There was no assessment or treatment plan outlined.
19 The Superbill for that date shows a Kenalog injection, tendon sheath, strapping, and expanded
20 office visit. Diagnoses were plantar fasciitis, osteoarthritis, capsulitis, tendinitis, and foot pain.
21 There were no prescriptions recorded for that date. Review of a CURES prescription report
22 shows that on July 7, 2014, a prescription for oxycodone, 30 mg, #120, Norco 10/325, #60, and
23 Motrin 7.5, #30, was written. Review of the prescription did not show that the Motrin was filled.
24 On July 21, 2014, there was a prescription that was reviewed for oxycodone 30 mg, #140, Norco
25 10/325, #90, and Motrin 400 mg, #40. The Motrin prescription was not filled.

26 39. The next progress note was dated August 25, 2014. Vital signs were recorded.
27 There was no recording of any other history or physical examination, including vascular,

28 ³ A condition in which the ball of the foot becomes painful and inflamed.

1 neurologic, dermatologic, biomechanical or orthopedic examination. There was no assessment
2 or treatment plan offered. Treatment on August 25, 2014, shows that there was paring and
3 cutting of lesion, nail avulsions and expanded office visit. Diagnoses were ingrown nails, foot
4 pain, keratoma, and venous insufficiency. There was also a prescription on August 25, 2014, for
5 oxycodone 30 mg, #120, Norco 10/325, #60, and Motrin 7.5, #30. A prescription was identified
6 and substantiated that on September 8, 2014, Respondent prescribed oxycodone 30 mg, #120,
7 Norco 10/325, #60, and Motrin 7.5, #30.

8 40. The next progress note was dated October 1, 2014. Vital signs were the only
9 recording on the physical exam. There were no neurologic, vascular, musculoskeletal or
10 dermatologic findings. There was no assessment or treatment plan. A Superbill for that date
11 showed Kenalog injection with arthrocentesis, expanded office visit, and strapping. Diagnoses
12 listed were capsulitis, tendinitis, metatarsalgia, callus, foot pain, and diabetes mellitus type 2 with
13 neuropathy. On October 15, 2014, there was a prescription written by Respondent for oxycodone
14 30 mg, #140, Soma 350 mg, #40, Ketoconazole cream. The Ketoconazole prescription was not
15 filled.

16 41. The next progress note was dated November 3, 2014. There were no other notations
17 or recordings of physical exam that would include neurologic, vascular, dermatologic or
18 musculoskeletal findings. There was no assessment or treatment plan. A Superbill shows a
19 Kenalog injection, a detailed office visit, and arthrocentesis, paring and cutting of lesions.
20 Diagnoses listed were plantar fasciitis, joint stiffness, keratoma, and foot pain. There was a
21 Superbill only on January 6, 2015, in addition to a podiatry physical exam that states "routine."
22 There was no vascular, neurologic, dermatologic or orthopedic findings. There was no radiologic
23 finding and no assessment or treatment plan. A Superbill for January 6, 2015 showed diagnoses
24 of paronychia⁴, diabetes mellitus type 2 with neuropathy, keratoma, capsulitis, and tendinitis.
25 Treatments rendered include a Kenalog injection, arthrocentesis, nail avulsion strapping, and
26 paring and cutting of lesions.

27 ///

28 ⁴ An infection of the tissue folds around the nails.

1 42. In addition, Respondent prescribed to S.C the following:

2	<u>Date</u>	<u>Drug</u>	<u>Dose</u>	<u>Number</u>	<u>Prescription No.</u>
3	April 24, 2014	APA/Hydrocodone BITARTATE	10/325	#90	0864492
4	April 24, 2014	Oxycodone Hydrochloride (HCL)	30 mg	#120	0864491
5	May 21, 2014	APA/Hydrocodone BITARTATE	10/325	#60	086843
6	May 21, 2014	Oxycodone HCL	30 mg	#90	0868430
7	June 3, 2014	PA/Hydrocodone BITARTATE	10/325	#60	0870378
8	June 4, 2014	Oxycodone HCL	30 mg	#90	0870377
9	June 23, 2014	APA/Hydrocodone BITARTATE	10/325	#60	0873121
10	June 23, 2014	Oxycodone HCL	30 mg	#120	0873119
11	July 7, 2014	APA/Hydrocodone BITARTATE	10/325	#60	0874948
12	July 7, 2014	Oxycodone HCL	30 mg	#120	0874947
13	July 21, 2014	APA/Hydrocodone BITARTATE	10/325	#90	0876999
14	July 23, 2014	Oxycodone HCL	30 mg	#140	0876998
15	August 6, 2014	Oxycodone HCL	30 mg	#140	0870321
16	August 11, 2014	APA/Hydrocodone BITARTATE	10/325	#90	0879322
17	August 27, 2014	Oxycodone HCL	30 mg	#120	0882037
18	August 31, 2014	APA/Hydrocodone BITARTATE	10/325	#60	0882038
19	September 9, 2014	Oxycodone HCL	30 mg	#120	0884246
20	September 13, 2014	APA/Hydrocodone BITARTATE	10/325	#60	0884247
21	October 1, 2014	APA/Hydrocodone BITARTATE	10/325	#90	0887887
22	October 1, 2014	Oxycodone HCL	30 mg	#140	0887886
23	October 15, 2014	Oxycodone HCL	30 mg	#140	0890205
24	October 17, 2014	Carisoprodol	350 mg	#90	0890206
25	November 4, 2014	APA/Hydrocodone BITARTATE	10/325	#100	0893407
26	November 4, 2014	Oxycodone HCL	30 mg	#140	0893404
27	November 17, 2014	Oxycodone HCL	30 mg	#140	0895445
28	December 3, 2014	Oxycodone HCL	30 mg	#140	0897970

1	December 18, 2014	Oxycodone HCL	30 mg	#140	0900210
2	January 7, 2015	Oxycodone HCL	30 mg	#150	0903077
3	January 21, 2015	Oxycodone HCL	30 mg	#150	0905484
4	February 5, 2015	Oxycodone HCL	30 mg	#160	0908053
5	February 18, 2015	Oxycodone HCL	30 mg	#160	0910066
6	March 4, 2015	Oxycodone HCL	30 mg	#160	0912377
7	March 20, 2015	Oxycodone HCL	30 mg	#160	0914717
8	April 6, 2015	Oxycodone HCL	30 mg	#160	0917174
9	April 20, 2015	Oxycodone HCL	30 mg	#160	0919161
10	May 5, 2015	Oxycodone HCL	30 mg	#160	0921504
11	May 20, 2015	Oxycodone HCL	30 mg	#160	0923926
12	May 20, 2015	Oxycodone HCL	30 mg	#160	0924068
13	June 15, 2015	Oxycodone HCL	30 mg	#160	0927680
14	June 30, 2015	Oxycodone HCL	30 mg	#160	0929975
15	July 15, 2015	Oxycodone HCL	30 mg	#160	0932241
16	July 30, 2015	Oxycodone HCL	30 mg	#160	0934277
17	August 14, 2015	Oxycodone HCL	30 mg	#160	0936448
18	August 31, 2015	Oxycodone HCL	30 mg	#160	0938669
19	September 14, 2015	Oxycodone HCL	30 mg	#160	0940655
20	September 29, 2015	Oxycodone HCL	30 mg	#160	0943001
21	October 13, 2015	Oxycodone HCL	30 mg	#160	0945239

22 43. On October 19, 2015, the Board received a complaint from E.A., a pharmacist from
23 CVS Pharmacy. The complaint stated that he had concerns about the amount of opiate narcotics
24 Respondent was providing to patients. This resulted in the opening of Investigation No. 500-
25 2015-000294.

26 **Patient D.P.**

27 44. Respondent maintained no medical records for patient D.P. Respondent prescribed
28 to patient D.P. the following: On June 26, 2014, oxycodone 30 mg, #120; Norco 10/325 mg,

#60; and Motrin 800 mg, #60, and on July 9, 2014, Norco 10/325 mg #100 and Motrin 400 mg, #40.

Patient D.E.

45. Respondent maintained no medical records for patient D.E. Respondent prescribed to patient D.E. the following:

<u>Date</u>	<u>Drug</u>	<u>Dose</u>	<u>Number</u>
March 16, 2016	OxyContin	30 mg,	#120
	Motrin	800 mg	#30
	Lotrimin solotion		
August 29, 2016	OxyContin	30 mg	#120
	Naprosyn	500 mg	#60
	Lotrimin solution		
September 19, 2016	OxyContin	30 mg	#120
	Mobic	7.5 mg	#30
October 10, 2016	OxyContin	30 mg	#120
	Mobic	7.5 mg	#30
	Lotrimin solution.		
October 31, 2016	Oxycodone	30 mg	#120
	Mobic	15 mg	#30
	Lotrimin solution.		
November 21, 2016	Oxycodone	30 mg	#120
	Motrin	800 mg	#60
	Lotrimin solution		
December 12, 2016	Oxycodone	30 mg	#120
	Mobic	15 mg	#40
	Lotrimin solution.		

January 2, 2017 Oxycodone 30 mg # 120
Motrin 800 mg #90
Voltaren gel.

Patient K.L.

46. The medical records of patient K.L., dated April 7, 2014, consisted of a patient history and information form filled in by K.L., a HIPPA agreement, a copy of a driver's license, and an arbitration agreement. The podiatric physical examination consisted of height, weight, and date of birth. There were no vascular, neurologic, dermatologic, or orthopedic exams notated. There was no assessment or treatment plan notated. There was a superbill with no markings on it. Prescriptions for K.L. from LA's Pharmacy and Medical Equipment are as follows:

<u>Date</u>	<u>Drug</u>	<u>Dose</u>	<u>Number</u>
May 29, 2014	Oxycodone	30 mg	#90
	Norco	10/32	#60
	Motrin	800 mg	#60
July 18, 2014	Oxycodone	30 mg	#100
	Motrin	400 mg	#40
May 8, 2014	Adderall	30 mg	#30
	Motrin	800 mg	#60

Respondent also made additional prescriptions for Adderall that were written on July 25, 2014, August 21, 2014, October 23, 2014 and January 6, 2015. Additionally, prescribing of Adderall by a doctor of podiatric medicine is not usual or customary.

Patient J. L.

47. Medical records were submitted dated September 4, 2014. There was a medical history filled in by the patient, a HIPPA form, record release authorization, copy of driver's license, and insurance card. These were the only medical records that were submitted.

Respondent prescribed to patient J.L. as follows:

///

<u>Date</u>	<u>Drug</u>	<u>Dose</u>	<u>Number</u>
September 2, 2014	Norco	10/325	#100
	Motrin	400 mg	#30
May 4, 2016	Norco	10/325	#90
	Mobic	7.5 mg	
	Soma	350 mg.	
June 2, 2016	Tylenol	No. 4	#100
	Soma	250 mg	#100.

Patient M.H.

48. Medical records dated April 23, 2014, were submitted for patient M.H. These included a patient registration form filled out by the patient along with his medical history. There was a HIPPA form and a copy of a driver's license. There were no other records that were attributable to Respondent. There were multiple medical records from a prior treating physician, Tim Nguyen, D.O., that started on January 24, 2011, and continued through December 15, 2011, on a regular monthly basis. There is a referral request from Dr. Nguyen dated December 15, 2011 for a pain specialist. Diagnoses from Dr. Nguyen are chronic pain syndrome; motor vehicle accident with collision; arthritis; arthropathy, site unspecified; backache, unspecified, and prescriptions from Dr. Nguyen for Norco 10/325, four times a day (q.i.d.), Oxycodone IR #30, Soma 250 mg three times a day (t.i.d.).

49. Respondent prescribed to Patient M.H. as follows:

<u>Date</u>	<u>Drug</u>	<u>Dose</u>	<u>Number</u>
May 27, 2014	Oxycodone	30 mg	#120
	Norco	10/325	#60
	Motrin	800 mg	#60
June 20, 2014	Oxycodone	30 mg	#120
	Norco	10/325	#60
	Motrin	800 mg	#60
June 26, 2014.	Oxycodone	30 mg	#120
		21	

1		Norco	10/325	#60
2		Motrin	800 mg	#60
3	August 20, 2014	Norco	10/325	#90
4	September 5, 2014	Oxycodone	30 mg	#120
5		Norco	10/325	#90
6		Mobic	15 mg	#30
7	September 23, 2014	Oxycodone	30 mg	#120
8		Norco	10/325	#90
9		Mobic	15 mg	#30
10	October 8, 2014	Oxycodone	30 mg	#120
11		Norco	10/325	#90
12		Mobic	15 mg	#30
13	August 21, 2014,	Oxycodone	30 mg	#120
14		Norco	10/325	#90
15		Motrin	400 mg	#60
16	August 21, 2014	Oxycodone	30 mg	#120
17		Norco	10/325	#90
18	July 21, 2014	Ketoconazole cream		
19	August 4, 2014	Ketoconazole cream		

20 **Patient J.Q.**

21 50. There was medical record information sheet dated April 21, 2014, that had a history
 22 filled out by the patient. There was a HIPPA form. There was no physical examination present.
 23 An additional medical record dated May 21, 2014, and labeled "second visit," under the podiatric
 24 physical exam, are vital signs only. There was no vascular, neurologic, dermatologic, or
 25 orthopedic exam present. There was no assessment or treatment plan. The patient was to return
 26 in one month. There is a Superbill generated with diagnoses of foot pain, joint instability, and
 27 metatarsalgia. Prescriptions from copies of original prescriptions from San Jose Pharmacy for
 28 J.Q. were present for the date as follows:

<u>Date</u>	<u>Drug</u>	<u>Dose</u>	<u>Number</u>
May 16, 2016	Oxycodone	30 mg	#100
	Motrin	800 mg	#30
August 29, 2016	Oxycodone	30 mg	#120
	Mobic	7.5 mg	
October 10, 2016	Oxycodone	30 mg	#120
	Motrin	800 mg	#60
	Lotrimin solution.		
October 31, 2016	Oxycodone	30 mg	#120
	Mobic	7.5 mg	
	Lotrimin solution		
November 21, 2016	Oxycodone	30 mg	#120
	Lotrimin solution		
	Motrin	800 mg	#30
December 12, 2016	Oxycodone	30 mg	#120
	Ultram	50 mg	#30
January 2, 2017	Oxycodone		#120
	Mobic	15 mg	#30
	Voltaren gel		
January 23, 2017	Oxycodone	30 mg	#120
	Mobic	7.5 mg	
	Lotrimin solution		

51. Review of the records and Controlled Substance Utilization Review and Evaluation System (CURES) report indicates that Respondent, over a period of years, repeatedly prescribed opioids at high doses in an unsafe and risky manner including:

1) D.E. From March 16, 2016 through January 2, 2017, over 1,000 doses of Oxycodone 30 mg tablets were prescribed.

2) J.Q. From August 29, 2016 through January 23, 2017, over 1,000 doses of Oxycodone 30 mg were prescribed.

3) M.H. From July 21, 2014, through October 8, 2014, 720 doses of oxycodone 30 mg and 540 doses of Norco 10/325 were prescribed.

4) J.L. From June 9, 2014, through September 12, 2014, 440 doses of Norco 10/325 were prescribed.

5) S.C. From April 24, 2014, through October 13, 2015, multiple prescriptions of hydrocodone 10/325, #60-90 and oxycodone 30 mg #120-160.

52. It is below the standard of care to excessively prescribe multiple controlled substances without due caution and appropriate medical indication.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

53. Respondent is subject to disciplinary action under section 2234, subdivision (b), of the Code because he was grossly negligent in his care and treatment of Patients M.C., P.C., J.C., S.C., D.P., D.E., K.L., J.L., M.H., and J.Q. The facts and circumstances alleged above are incorporated herein as if fully set forth.

A. MEDICAL RECORD KEEPING

Respondent failed to maintain adequate and accurate medical records as follows:

1) M.H. The initial examination of M.H. on April 23, 2014, only demonstrates the patient's supplied personal history. There are no vascular, neurologic, dermatologic or orthopedic findings recorded. There is no assessment or treatment plan noted. The progress note on May 29, 2014, does not demonstrate vascular, neurologic, dermatologic or orthopedic findings. There is no assessment or treatment plan offered.

2) J. L. The medical records on September 4, 2014, only demonstrate a medical history filled in by the patient along with driver's license and insurance card. There is no initial history, physical examination, there are no vascular, neurologic or orthopedic findings. There is no assessment or treatment plan noted.

1 3) K. L. The patient's initial history form on April 7, 2014, only
2 demonstrates a patient-supplied history and information, with a HIPPA form, driver's license,
3 and arbitration agreement. Height, weight, and date of birth are recorded. There are no
4 vascular, neurologic, dermatologic or orthopedic findings. There is no assessment or treatment
5 plan noted.

6 4) J.Q. The examination on April 21, 2014, demonstrates an information
7 sheet and history filled out by the patient. There is a HIPPA form. There is no physical
8 examination. There are no recordings of vascular, neurologic, dermatologic or orthopedic
9 findings. There is no assessment or treatment plan noted. The progress note on May 21, 2014,
10 physical exam shows vital signs only. There are no vascular, neurologic, dermatologic or
11 orthopedic findings. There is no assessment or treatment plan noted.

12 5) S.C. Respondent failed to record the patient's vascular and neurological
13 status along with musculoskeletal findings, examinations, along with an assessment and treatment
14 plan. This is extremely important in the case of S.C. because he was a Type 1 insulin-dependent
15 diabetic. The medical records were also inadequate because there were no copies in the medical
16 records of prescriptions that were generated for S.C.

17 **B. OVERPRESCRIBING OF PRESCRIPTION OPIOID MEDICATION**

18 Respondent over-prescribed opioid medication. He failed to maintain adequate and
19 accurate medical records when treating a patient with opioids, which are usually used for chronic
20 non-cancer pain. Respondent failed to maintain an adequate medical history, results of physical
21 examination, laboratory tests related to use of medication, or a patient consent and pain
22 management agreement. Respondent failed to record a description of treatments provided, all
23 medications prescribed or administered including the date, type, dose, and quantity. Respondent
24 failed to record instructions to the patient, including the discussion of risks and benefits with the
25 patient and any significant others. Respondent failed to provide ongoing monitoring of patient
26 progress in terms of the patient's pain and functional improvement.

27 1) D.E. From March 16, 2016, through January 2, 2017, over 1,000 doses of
28 Oxycodone 30 mg tablets were prescribed.

1 2) J.Q. From August 29, 2016, through January 23, 2017, over 1,000 doses
2 of Oxycodone 30 mg were prescribed.

3 3) M.H. From July 21, 2014, through October 8, 2014, 720 doses of
4 oxycodone 30 mg and 540 doses of Norco 10/325 were prescribed.

5 4) J.L. From June 9, 2014, through September 12, 2014, 440 doses of
6 Norco 10/325 were prescribed.

7 5) S.C. The prescribing to patient S.C. was excessive. The medical records
8 of Respondent S.C. do not demonstrate the issuance of prescriptions for the dates that correspond
9 to the progress notes, nor are there any references to the dates of the other prescriptions that were
10 identified as being written by Respondent for S.C. on dates other than when he was seen in the
11 office. Additionally, there is nothing in the progress notes that would account for the use of
12 opioid medications in the amount and strength that were written for S.C. This includes
13 Respondent's prescribing from April 24, 2014, to October 13, 2015, multiple prescriptions for
14 hydrocodone 10/325, #60-90 and oxycodone 30 mg, #120-160.

15 C. EXPIRED DEA LICENSE

16 Respondent's DEA license number FP3865170 was retired on May 1, 2016. Respondent's
17 DEA number FP32001244 was retired on May 1, 2013. Respondent's DEA number BP5973981
18 was retired on May 1, 2010. However, prescriptions were written after May 1, 2016, for
19 controlled opioid medications as follows:

20 1. D.E. was prescribed medication on August 29, 2016, September 19, 2016,
21 October 10, 2016, October 31, 2016, November 21, 2016, December 12, 2016, and January 2,
22 2017.

23 2. J. Q. was prescribed medication on May 16, 2016, October 10, 2016,
24 November 21, 2016, December 12, 2016, January 2, 2017, and January 23, 2017.

25 D. UNLICENSED PRACTICE OF PODIATRY

26 Respondent practiced podiatric medicine while his license was not renewed and not current
27 for two periods: from May 1, 2014, until his renewed certificate was issued on October 17, 2014,
28

1 and from May 1, 2016 until his renewal certificate was issued on June 28, 2016. The
2 circumstances are as follows:

- 3 1) Respondent treated J. L. while his license was not current on May 4, 2014,
4 September 2, 2014, and June 2, 2016.
- 5 2) Respondent treated K. L. while his license was not current on May 9, 2014,
6 May 29, 2014, May 8, 2014, June 26, 2014, July 25, 2014, and August 21, 2014.
- 7 3) Respondent treated M. H. while his license was not current on May 27,
8 2014, June 20, 2014, June 21, 2014, June 26, 2014, August 4, 2014, and August 20, 2014, and
9 September 5, 2014.
- 10 4) Respondent treated J.Q. while his license was not current on May 1, 2014,
11 and May 21, 2014.
- 12 5) Respondent treated D. P. while his license was not current on May 16, 2014,
13 August 29, 2014, October 26, 2014, and July 9, 2014.
- 14 6) Respondent treated S.C. while his license was not current on June 4, 2014,
15 June 20, 2014, July 7, 2014, July 21, 2014, August 25, 2014, September 8, 2014, October 1,
16 2014, and October 15, 2014.
- 17 7) Respondent treated M.C. while his license was not current on May 5, 2014,
18 August 5, 2014, and August 8, 2014.
- 19 8) Respondent treated P.C. while his license was not current on May 12, 2014,
20 June 24, 2014, August 8, 2014, August 11, 2014, and August 15, 2014.
- 21 9) Respondent treated J.C. while his license was not current on May 30, 2014,
22 July 10, 2014, and August 12, 2014.

23 **E. PRACTICE OUTSIDE THE SCOPE OF PODIATRIC MEDICINE**

24 Respondent's treatment of Patient K.L. exceeded the scope of the practice of a doctor of
25 podiatric medicine and was outside of his education and training. His treatment of K.L. in
26 prescribing Adderall on May 9, 2014, was beyond the scope of a podiatric doctor. Adderall is
27 classified as a stimulant and used to treat ADHD. It can also be used to treat narcolepsy. There
28 are serious side effects with this medication. This is not a medication usually prescribed for any

1 type of podiatric condition. Respondent prescribed Adderall to Patient K.L. on July 25, 2014,
2 August 21, 2014, October 23, 2014, and January 6, 2015.

3 **F. FRAUDULENT BILLING PRACTICES**

4 Respondent's Superbills do not correspond to the medical record progress note or physical
5 exam of S.C. There is no evidence that the treatments that were billed were consistent with the
6 diagnoses that were utilized. There was no evidence that S.C. had diagnoses that would require
7 multiple steroid injections. There was no evidence in the medical record of any other conditions
8 purported to exist in patient S.C., by Respondent. These conditions included: ingrown nails,
9 plantar fasciitis, and capsulitis tenosynovitis.

10 **SECOND CAUSE FOR DISCIPLINE**

11 (Repeated Negligent Acts)

12 54. Respondent is subject to disciplinary action under section 2234, subdivision (c), of
13 the Code in that he was repeatedly negligent in his care and treatment of patients M.C., P.C., J.C.,
14 S.C., D.P., D.E., K.L., J.L., M.H., J.Q. The facts and circumstances alleged above in paragraphs
15 31 through 53, are incorporated herein as if fully set forth.

16 **THIRD CAUSE FOR DISCIPLINE**

17 (Excessive Prescribing)

18 55. Respondent is subject to disciplinary action under Code section 725 in that he
19 engaged in excessive treatment or prescribing in the care and treatment of patients S.C., D.E,
20 M.H., J.Q., and J.L. The facts and circumstances alleged above are incorporated herein as if fully
21 set forth.

22 **FOURTH CAUSE FOR DISCIPLINE**

23 (Practicing Without a Valid License)

24 56. Respondent is subject to disciplinary action under Code sections 2474, 2052, and
25 2234 (f), in that he practiced podiatric medicine while his license was delinquent for non-payment
26 of fees. The facts and circumstances alleged above are incorporated herein as if fully set forth.

27 ///

28 ///

1 **FIFTH CAUSE FOR DISCIPLINE**

2 (Practicing Outside the Scope of Podiatric Medicine)

3 57. Respondent is subject to disciplinary action under Code sections 2472, practicing
4 outside the scope of podiatric medicine, in that he practiced outside the scope of podiatric
5 medicine with Patient K.L. The facts and circumstances alleged above are incorporated herein as
6 if fully set forth.

7 **SIXTH CAUSE FOR DISCIPLINE**

8 (Prescribing Without a Valid DEA license)

9 58. Respondent is subject to disciplinary action under Code sections 2234, for
10 prescribing without a valid DEA license in that he prescribed medication without a valid DEA
11 license. The facts and circumstances alleged above are incorporated herein as if fully set forth.

12 **SEVENTH CAUSE FOR DISCIPLINE**

13 (Dishonesty)

14 59. Respondent is subject to disciplinary action under Code sections 2234(e), in that
15 he engaged in acts of dishonesty in his practice. The facts and circumstances alleged above are
16 incorporated herein as if fully set forth.

17 **EIGHTH CAUSE FOR DISCIPLINE**

18 (Failure to Maintain Adequate and Accurate Records)

19 60. Respondent is subject to disciplinary action under section 2266 of the Code in that he
20 failed to maintain adequate and accurate records relating to the provision of services to patients.
21 The facts and circumstances alleged above are incorporated herein as if fully set forth.

22 **NINTH CAUSE FOR DISCIPLINE**

23 (Unprofessional Conduct)

24 61. Respondent is subject to disciplinary action under section 2234 of the Code in that he
25 engaged in unprofessional conduct relating to the provision of services to patients. The facts and
26 circumstances alleged above are incorporated herein as if fully set forth.

27 ///

28 ///

PRAYER

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


1. Revoking or suspending Podiatric Medicine Certificate Number E4163, issued to Respondent Mario Antonio Pacada, D.P.M.;

2. Ordering Respondent to pay the Board of Podiatric Medicine the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 2497.5;

3. Ordering Respondent to pay the Board of Podiatric Medicine the probation monitoring costs, if placed on probation;

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

DATED: August 15, 2017


BRIAN NASLUND
Executive Officer
Board of Podiatric Medicine
Department of Consumer Affairs
State of California

Complainant

LA2017605096
62489314.docx