

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

**In the Matter of the Accusation  
Against:**

**James Bennett Reynolds, M.D.**

**Physician's and Surgeon's  
Certificate No. G 18657**

**Respondent**

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**Case No. 800-2014-009717**

**DECISION**

The attached Stipulated Settlement 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 February 5, 2020.

IT IS SO ORDERED: January 6, 2020.

**MEDICAL BOARD OF CALIFORNIA**



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**Kristina D. Lawson, Chair  
Panel B**

1 XAVIER BECERRA  
Attorney General of California  
2 MARY CAIN-SIMON  
Supervising Deputy Attorney General  
3 State Bar No. 113083  
4 455 Golden Gate Avenue, Suite 11000  
San Francisco, CA 94102-7004  
Telephone: (415) 510-3884  
5 Facsimile: (415) 703-5480  
6 *Attorneys for Complainant*

7  
8 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
9 **DEPARTMENT OF CONSUMER AFFAIRS**  
10 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

Case No. 800-2014-009717

12 **JAMES BENNETT REYNOLDS, M.D.**  
13 455 Hickey Blvd, ste 310  
Daly City, CA 94015-2630

OAH No. 2019050905

14 Physician's and Surgeon's Certificate No. G  
15 18657

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

16 Respondent.

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

19 **PARTIES**

20 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board  
21 of California (Board). She brought this action solely in her official capacity and is represented in  
22 this matter by Xavier Becerra, Attorney General of the State of California, by Mary Cain-Simon,  
23 Supervising Deputy Attorney General.

24 2. Respondent James Bennett Reynolds, M.D. (Respondent) is represented in this  
25 proceeding by attorney David Depolo, whose address is: 201 North Civic Drive, Suite 239,  
26 Walnut Creek, California 94596.

27 3. On or about July 1, 1970, the Board issued Physician's and Surgeon's Certificate No.  
28 G 18657 to James Bennett Reynolds, M.D. (Respondent). The Physician's and Surgeon's

1 Certificate was in full force and effect at all times relevant to the charges brought in Accusation  
2 No. 800-2014-009717, and will expire on April 30, 2021, unless renewed.

3 **JURISDICTION**

4 4. Accusation No. 800-2014-009717 was filed before the Board, and is currently  
5 pending against Respondent. The Accusation and all other statutorily required documents were  
6 properly served on Respondent on October 30, 2017. Respondent timely filed his Notice of  
7 Defense contesting the Accusation.

8 5. A copy of Accusation No. 800-2014-009717 is attached as exhibit A and incorporated  
9 herein by reference.

10 **ADVISEMENT AND WAIVERS**

11 6. Respondent has carefully read, fully discussed with counsel, and understands the  
12 charges and allegations in Accusation No. 800-2014-009717. Respondent has also carefully read,  
13 fully discussed with counsel, and understands the effects of this Stipulated Settlement and  
14 Disciplinary Order.

15 7. Respondent is fully aware of his legal rights in this matter, including the right to a  
16 hearing on the charges and allegations in the Accusation; the right to confront and cross-examine  
17 the witnesses against him; the right to present evidence and to testify on his own behalf; the right  
18 to the issuance of subpoenas to compel the attendance of witnesses and the production of  
19 documents; the right to reconsideration and court review of an adverse decision; and all other  
20 rights accorded by the California Administrative Procedure Act and other applicable laws.

21 8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and  
22 every right set forth above.

23 **CULPABILITY**

24 9. Respondent admits the truth of each and every charge and allegation in Accusation  
25 No. 800-2014-009717.

26 10. Respondent agrees that his Physician's and Surgeon's Certificate is subject to  
27 discipline and he agrees to be bound by the Board's probationary terms as set forth in the  
28 Disciplinary Order below.

1 CONTINGENCY

2 11. This stipulation shall be subject to approval by the Medical Board of California.  
3 Respondent understands and agrees that counsel for Complainant and the staff of the Medical  
4 Board of California may communicate directly with the Board regarding this stipulation and  
5 settlement, without notice to or participation by Respondent or his counsel. By signing the  
6 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek  
7 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails  
8 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary  
9 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal  
10 action between the parties, and the Board shall not be disqualified from further action by having  
11 considered this matter.

12 12. The parties understand and agree that Portable Document Format (PDF) and facsimile  
13 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile  
14 signatures thereto, shall have the same force and effect as the originals.

15 13. In consideration of the foregoing admissions and stipulations, the parties agree that  
16 the Board may, without further notice or formal proceeding, issue and enter the following  
17 Disciplinary Order:

18 DISCIPLINARY ORDER

19 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 18657 issued  
20 to Respondent James Bennett Reynolds, M.D. is revoked. However, the revocation is stayed and  
21 Respondent is placed on probation for three (3) years on the following terms and conditions.

22 1. CONTROLLED SUBSTANCES - TOTAL RESTRICTION. Respondent shall not  
23 order, prescribe, dispense, administer, furnish, or possess any controlled substances as defined in  
24 the California Uniform Controlled Substances Act.

25 Respondent shall not issue an oral or written recommendation or approval to a patient or a  
26 patient's primary caregiver for the possession or cultivation of marijuana for the personal medical  
27 purposes of the patient within the meaning of Health and Safety Code section 11362.5.

28 If Respondent forms the medical opinion, after an appropriate prior examination and a

1 medical indication, that a patient's medical condition may benefit from the use of marijuana,  
2 Respondent shall so inform the patient and shall refer the patient to another physician who,  
3 following an appropriate prior examination and a medical indication, may independently issue a  
4 medically appropriate recommendation or approval for the possession or cultivation of marijuana  
5 for the personal medical purposes of the patient within the meaning of Health and Safety Code  
6 section 11362.5. In addition, Respondent shall inform the patient or the patient's primary  
7 caregiver that Respondent is prohibited from issuing a recommendation or approval for the  
8 possession or cultivation of marijuana for the personal medical purposes of the patient and that  
9 the patient or the patient's primary caregiver may not rely on Respondent's statements to legally  
10 possess or cultivate marijuana for the personal medical purposes of the patient. Respondent shall  
11 fully document in the patient's chart that the patient or the patient's primary caregiver was so  
12 informed. Nothing in this condition prohibits Respondent from providing the patient or the  
13 patient's primary caregiver information about the possible medical benefits resulting from the use  
14 of marijuana. Respondent shall immediately surrender his DEA permit to the Drug Enforcement  
15 Administration for cancellation, together with any state prescription forms, and all controlled  
16 substances order forms.

17 2. EDUCATION COURSE. Within 60 calendar days of the effective date of this  
18 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee  
19 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours  
20 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at  
21 correcting any areas of deficient practice or knowledge and shall be Category I certified. The  
22 annual education courses shall include courses in prescribing practices. The educational  
23 program(s) or course(s) shall be at Respondent's expense and shall be in addition to the  
24 Continuing Medical Education (CME) requirements for renewal of licensure. Following the  
25 completion of each course, the Board or its designee may administer an examination to test  
26 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65  
27 hours of CME of which 40 hours were in satisfaction of this condition.

28 3. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective

1 date of this Decision, respondent shall enroll in a course in prescribing practices approved in  
2 advance by the Board or its designee. Respondent shall provide the approved course provider  
3 with any information and documents that the approved course provider may deem pertinent.  
4 Respondent shall participate in and successfully complete the classroom component of the course  
5 not later than six (6) months after the respondent's initial enrollment. Respondent shall  
6 successfully complete any other component of the course within one (1) year of enrollment. The  
7 prescribing practices course shall be at respondent's expense and shall be in addition to the  
8 Continuing Medical Education (CME) requirements for renewal of licensure.

9 A prescribing practices course taken after the acts that gave rise to the charges in the  
10 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
11 or its designee, be accepted towards the fulfillment of this condition if the course would have  
12 been approved by the Board or its designee had the course been taken after the effective date of  
13 this Decision.

14 Respondent shall submit a certification of successful completion to the Board or its  
15 designee not later than 15 calendar days after successfully completing the course, or not later than  
16 15 calendar days after the effective date of the Decision, whichever is later.

17 4. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective  
18 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in  
19 advance by the Board or its designee. Respondent shall provide the approved course provider  
20 with any information and documents that the approved course provider may deem pertinent.  
21 Respondent shall participate in and successfully complete the classroom component of the course  
22 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully  
23 complete any other component of the course within one (1) year of enrollment. The medical  
24 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing  
25 Medical Education (CME) requirements for renewal of licensure.

26 A medical record keeping course taken after the acts that gave rise to the charges in the  
27 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
28 or its designee, be accepted towards the fulfillment of this condition if the course would have

1 been approved by the Board or its designee had the course been taken after the effective date of  
2 this Decision.

3 Respondent shall submit a certification of successful completion to the Board or its  
4 designee not later than 15 calendar days after successfully completing the course, or not later than  
5 15 calendar days after the effective date of the Decision, whichever is later.

6 5. SOLO PRACTICE PROHIBITION. Respondent is prohibited from engaging in the  
7 solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice  
8 where: 1) Respondent merely shares office space with another physician but is not affiliated for  
9 purposes of providing patient care, or 2) Respondent is the sole physician practitioner at that  
10 location.

11 If Respondent fails to establish a practice with another physician or secure employment in  
12 an appropriate practice setting within 60 calendar days of the effective date of this Decision,  
13 Respondent shall receive a notification from the Board or its designee to cease the practice of  
14 medicine within three (3) calendar days after being so notified. The Respondent shall not resume  
15 practice until an appropriate practice setting is established.

16 If, during the course of the probation, the Respondent's practice setting changes and the  
17 Respondent is no longer practicing in a setting in compliance with this Decision, the Respondent  
18 shall notify the Board or its designee within five (5) calendar days of the practice setting change.  
19 If Respondent fails to establish a practice with another physician or secure employment in an  
20 appropriate practice setting within 60 calendar days of the practice setting change, Respondent  
21 shall receive a notification from the Board or its designee to cease the practice of medicine within  
22 three (3) calendar days after being so notified. The Respondent shall not resume practice until an  
23 appropriate practice setting is established.

24 STANDARD CONDITIONS

25 6. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the  
26 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the  
27 Chief Executive Officer at every hospital where privileges or membership are extended to  
28 Respondent, at any other facility where Respondent engages in the practice of medicine,

1 including all physician and locum tenens registries or other similar agencies, and to the Chief  
2 Executive Officer at every insurance carrier which extends malpractice insurance coverage to  
3 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15  
4 calendar days.

5 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

6 7. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE  
7 NURSES. During probation, Respondent is prohibited from supervising physician assistants and  
8 advanced practice nurses.

9 8. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules  
10 governing the practice of medicine in California and remain in full compliance with any court  
11 ordered criminal probation, payments, and other orders.

12 9. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations  
13 under penalty of perjury on forms provided by the Board, stating whether there has been  
14 compliance with all the conditions of probation.

15 Respondent shall submit quarterly declarations not later than 10 calendar days after the end  
16 of the preceding quarter.

17 10. GENERAL PROBATION REQUIREMENTS.

18 Compliance with Probation Unit

19 Respondent shall comply with the Board's probation unit.

20 Address Changes

21 Respondent shall, at all times, keep the Board informed of Respondent's business and  
22 residence addresses, email address (if available), and telephone number. Changes of such  
23 addresses shall be immediately communicated in writing to the Board or its designee. Under no  
24 circumstances shall a post office box serve as an address of record, except as allowed by Business  
25 and Professions Code section 2021(b).

26 Place of Practice

27 Respondent shall not engage in the practice of medicine in Respondent's or patient's place  
28 of residence, unless the patient resides in a skilled nursing facility or other similar licensed



1 facility.

2 License Renewal

3 Respondent shall maintain a current and renewed California physician's and surgeon's  
4 license.

5 Travel or Residence Outside California

6 Respondent shall immediately inform the Board or its designee, in writing, of travel to any  
7 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty  
8 (30) calendar days.

9 In the event Respondent should leave the State of California to reside or to practice  
10 ,Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of  
11 departure and return.

12 11. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be  
13 available in person upon request for interviews either at Respondent's place of business or at the  
14 probation unit office, with or without prior notice throughout the term of probation.

15 12. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or  
16 its designee in writing within 15 calendar days of any periods of non-practice lasting more than  
17 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is  
18 defined as any period of time Respondent is not practicing medicine as defined in Business and  
19 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct  
20 patient care, clinical activity or teaching, or other activity as approved by the Board. If  
21 Respondent resides in California and is considered to be in non-practice, Respondent shall  
22 comply with all terms and conditions of probation. All time spent in an intensive training  
23 program which has been approved by the Board or its designee shall not be considered non-  
24 practice and does not relieve Respondent from complying with all the terms and conditions of  
25 probation. Practicing medicine in another state of the United States or Federal jurisdiction while  
26 on probation with the medical licensing authority of that state or jurisdiction shall not be  
27 considered non-practice. A Board-ordered suspension of practice shall not be considered as a  
28 period of non-practice.

1 In the event Respondent's period of non-practice while on probation exceeds 18 calendar  
2 months, Respondent shall successfully complete the Federation of State Medical Boards's Special  
3 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program  
4 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model  
5 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

6 Respondent's period of non-practice while on probation shall not exceed two (2) years.

7 Periods of non-practice will not apply to the reduction of the probationary term.

8 Periods of non-practice for a Respondent residing outside of California will relieve  
9 Respondent of the responsibility to comply with the probationary terms and conditions with the  
10 exception of this condition and the following terms and conditions of probation: Obey All Laws;  
11 General Probation Requirements; Quarterly Declarations.

12 13. COMPLETION OF PROBATION. Respondent shall comply with all financial  
13 obligations (e.g., probation costs) not later than 120 calendar days prior to the completion of  
14 probation. Upon successful completion of probation, Respondent's certificate shall be fully  
15 restored.

16 14. VIOLATION OF PROBATION. Failure to fully comply with any term or condition  
17 of probation is a violation of probation. If Respondent violates probation in any respect, the  
18 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and  
19 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,  
20 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have  
21 continuing jurisdiction until the matter is final, and the period of probation shall be extended until  
22 the matter is final.

23 15. LICENSE SURRENDER. Following the effective date of this Decision, if  
24 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy  
25 the terms and conditions of probation, Respondent may request to surrender his or her license.  
26 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in  
27 determining whether or not to grant the request, or to take any other action deemed appropriate  
28 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent

1 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its  
2 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject  
3 to the terms and conditions of probation. If Respondent re-applies for a medical license, the  
4 application shall be treated as a petition for reinstatement of a revoked certificate.

5 16. PROBATION MONITORING COSTS. Respondent shall pay the costs associated  
6 with probation monitoring each and every year of probation, as designated by the Board, which  
7 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of  
8 California and delivered to the Board or its designee no later than January 31 of each calendar  
9 year.

10  
11 ACCEPTANCE

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

17  
18 DATED: OCTOBER 23, 2019

James Bennett Reynolds, M.D.  
19 JAMES BENNETT REYNOLDS, M.D.  
Respondent

20 I have read and fully discussed with Respondent James Bennett Reynolds, M.D. the terms  
21 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary  
22 Order. I approve its form and content.

23 DATED: 10/23/19

DAVID DEPOLO  
24 DAVID DEPOLO  
Attorney for Respondent

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**ENDORSEMENT**

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

DATED: Nov. 4, 2019

Respectfully submitted,

XAVIER BECERRA  
Attorney General of California  
MARY CAIN-SIMON  
Supervising Deputy Attorney General



MARY CAIN-SIMON  
Supervising Deputy Attorney General  
*Attorneys for Complainant*

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21672269

**Exhibit A**

**Accusation No. 800-2014-009717**

XAVIER BECERRA  
Attorney General of California  
JANE ZACK SIMON  
Supervising Deputy Attorney General  
CAROLYNE EVANS  
Deputy Attorney General  
State Bar No. 289206  
455 Golden Gate Avenue, Suite 11000  
San Francisco, CA 94102-7004  
Telephone: (415) 703-1211  
Facsimile: (415) 703-5480  
*Attorneys for Complainant*

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

In the Matter of the Accusation Against:

Case No. 800-2014-009717

**JAMES BENNETT REYNOLDS, M.D.**  
455 Hickey Blvd, Ste 310  
Daly City, CA 94015

**ACCUSATION**

**Physician's and Surgeon's Certificate  
No. G 18657,**

Respondent.

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 July 1, 1970, the Medical Board issued Physician's and Surgeon's Certificate Number G 18657 to James Bennett Reynolds, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on April 30, 2019, unless renewed.

## 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 unless otherwise indicated.

4. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

5. Section 2234 of the Code states, in pertinent part:

"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.

6. 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."

1 **CAUSE FOR DISCIPLINE**

2 **(Gross Negligence, Repeated Negligent Acts, Inadequate Records)**

3 7. Respondent James Bennett Reynolds, M.D. is subject to disciplinary action under  
4 sections 2234 and/or 2234(b) and/or 2234(c) and/or 2266 in that Respondent engaged in  
5 unprofessional conduct and/or was grossly negligent and/or committed repeated acts of  
6 negligence and/or failed to maintain adequate medical records for his patients. The circumstances  
7 are as follows:

8 8. Patient T.B.<sup>1</sup> is a fifty-seven year old male who was being treated by Respondent for  
9 pain in his cervical, thoracic, and lumbar spine from 2006 through 2017. At Patient T.B.'s first  
10 appointment, Respondent started him on narcotic medications. Patient T.B. was placed on high  
11 dose opioid therapy, including morphine sulfate (100 mg, #30)<sup>2</sup> and oxycodone (10/325 mg,  
12 #240), as well as Baclofen (a muscle relaxer) and gabapentin (anti-epileptic medication). As a  
13 consequence, Patient T.B.'s daily morphine equivalent dosing placed him at greater risk for  
14 respiratory arrest.

15 For the majority of office visits, Respondent's treatment plan consisted of refilling Patient  
16 T.B.'s medications for three months, dating prescriptions for the future, and scheduling a follow  
17 up in three months. Throughout treatment, Respondent did not refer Patient T.B. to a pain  
18 management, psychiatric, or other consultant, or to physical therapy. Additionally, there is no  
19 documentation regarding a pain contract until November 2015.

20 Patient T.B.'s course of treatment required documentation which is not contained in  
21 Respondent's records, including a discussion of the risks of prolonged and heavy use of narcotics,  
22 narcotic dependency and overdose issues. A pain management plan, specifically discussing  
23 attempts and methods to decrease the patient's narcotic use, appropriate consultations, urine  
24 testing and pain contracts should either have been utilized throughout the entire course of  
25 treatment or the reasons why they were not being provided should have been documented.

26  
27  
28 <sup>1</sup> Names are abbreviated to protect privacy rights.

<sup>2</sup> In 2016, Respondent reduced the morphine sulfate dosage from 300 mg to 180 mg.



1           9.     Patient D.W. is a fifty-three-year-old female, who was under Respondent's care from  
2 2013 through December 2016. Patient D.W. was diagnosed with neuropathic pain (nerve pain)  
3 and post laminectomy syndrome (pain following spinal surgery). Respondent prescribed  
4 oxycodone (30 mg #1080) every three months. Notably, the patient received a handwritten  
5 prescription for 1080 oxycodone tablets on March 10, 2016 and another 1080 tablets five days  
6 later on March 15, 2016. As a consequence, Patient D.W.'s daily morphine equivalent dosing  
7 placed her at greater risk for respiratory arrest. Respondent's records do not document alternative  
8 treatments, addiction issues, weaning protocols, or urine testing.

9           Patient D.W.'s course of treatment required documentation, which is not contained in  
10 Respondent's records, including a discussion of the risks of prolonged and heavy use of narcotics,  
11 narcotic dependency and overdose issues. A pain management plan, specifically discussing  
12 attempts and methods to decrease the patient's narcotic use, appropriate consultations, urine  
13 testing and pain contracts should either have been utilized or the reasons why they were not being  
14 provided should have been documented.

15           10.    Patient L.D. is a sixty-one-year-old female who was being treated by Respondent for  
16 chronic lower back pain with spasm from March 2003 through November 2016. During that  
17 time, Respondent intermittently prescribed opioids and consistently prescribed soma (muscle  
18 relaxant). Respondent prescribed 90 tablets of soma per month, with each prescription for  
19 typically five additional refills for a six-month supply. There is reference in Patient's L.D.'s  
20 chart, which states "further reduction and tapering of her narcotic medications." However, the  
21 majority of the office notes, under the plan section, simply indicate that the medications will be  
22 refilled, and that the patient should follow up in six months; there is no indication that reduction  
23 or tapering of narcotics was further considered or assessed. Overall, in the medical records, there  
24 is no discussion of alternative treatment options, or addiction potential to soma or narcotics, or  
25 recommendations for additional consultations, and no pain contract.

26           Patient L.D.'s course of treatment required documentation, which is not contained in  
27 Respondent's records, including a discussion of the risks of prolonged and heavy use of narcotics,  
28 narcotic dependency, overdose issues, and risks associated with long term use of soma. A pain

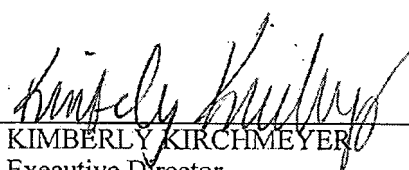
1 management plan, specifically discussing attempts and methods to decrease the patient's narcotic  
2 use and soma use, appropriate consultations, urine testing and pain contracts should either have  
3 been utilized or the reasons why they were not being provided should have been documented.

4  
5  
6 **PRAYER**

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

- 9 1. Revoking or suspending Physician's and Surgeon's Certificate Number G 18657,  
10 issued to James Bennett Reynolds, M.D.;
- 11 2. Revoking, suspending or denying approval of James Bennett Reynolds, M.D.'s  
12 authority to supervise physician assistants and advanced practice nurses;
- 13 3. Ordering James Bennett Reynolds, M.D., if placed on probation, to pay the Board the  
14 costs of probation monitoring; and
- 15 4. Taking such other and further action as deemed necessary and proper.

16  
17 DATED: October 30, 2017

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