

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

**In the Matter of the Accusation** )  
**Against:** )  
 )  
 )  
**Mark Scheier, M.D.** )  
 )  
**Physician's and Surgeon's** )  
**Certificate No. A 36345** )  
 )  
**Respondent** )  
\_\_\_\_\_ )

**Case No. 800-2017-031603**

**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 March 20, 2020.**

**IT IS SO ORDERED: February 20, 2020.**

**MEDICAL BOARD OF CALIFORNIA**



\_\_\_\_\_  
**Kristina D. Lawson, J.D., Chair  
Panel B**

1 XAVIER BECERRA  
Attorney General of California  
2 MATTHEW M. DAVIS  
Supervising Deputy Attorney General  
3 GIOVANNI F. MEJIA  
Deputy Attorney General  
4 State Bar No. 309951  
600 West Broadway, Suite 1800  
5 San Diego, CA 92101  
P.O. Box 85266  
6 San Diego, CA 92186-5266  
Telephone: (619) 738-9072  
7 Facsimile: (619) 645-2061

8 *Attorneys for Complainant*

9  
10 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
11 **DEPARTMENT OF CONSUMER AFFAIRS**  
12 **STATE OF CALIFORNIA**

13 In the Matter of the Accusation Against:

14 **MARK SCHEIER, M.D.**  
15 **5451 La Palma Avenue, Ste. 22**  
**La Palma, CA 920623**

16 **Physician's and Surgeon's Certificate**  
17 **No. A 36345**

18 Respondent.

Case No. 800-2017-031603

OAH No. 2019040227

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

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

21 **PARTIES**

22 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board  
23 of California (Board). She brought this action solely in her official capacity and is represented in  
24 this matter by Xavier Becerra, Attorney General of the State of California, by Giovanni F. Mejia,  
25 Deputy Attorney General.

26 2. Respondent Mark Scheier, M.D. (Respondent) is represented in this proceeding by  
27 attorney Raymond J. McMahon, Esq., whose address is: 5440 Trabuco Road, Irvine, CA 92620.

28 // // //



1 Accusation No. 800-2017-031603 and that he has thereby subjected his license to disciplinary  
2 action.

3 10. Respondent agrees that if he ever petitions for early termination or modification of  
4 probation, or if the Board ever petitions for revocation of probation, all of the charges and  
5 allegations contained in Accusation No. 800-2017-038244 shall be deemed true, correct and fully  
6 admitted by Respondent for purposes of that proceeding or any other licensing proceeding  
7 involving Respondent in the State of California.

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

11 **CONTINGENCY**

12 12. This stipulation shall be subject to approval by the Medical Board of California.  
13 Respondent understands and agrees that counsel for Complainant and the staff of the Medical  
14 Board of California may communicate directly with the Board regarding this stipulation and  
15 settlement, without notice to or participation by Respondent or his counsel. By signing the  
16 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek  
17 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails  
18 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary  
19 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal  
20 action between the parties, and the Board shall not be disqualified from further action by having  
21 considered this matter.

22 **ADDITIONAL PROVISIONS**

23 13. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to  
24 be an integrated writing representing the complete, final and exclusive embodiment of the  
25 agreements of the parties in the above-entitled matter.

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



1 purposes of the patient. Respondent shall fully document in the patient's chart that the patient or  
2 the patient's primary caregiver was so informed. Nothing in this condition prohibits Respondent  
3 from providing the patient or the patient's primary caregiver information about the possible  
4 medical benefits resulting from the use of marijuana.

5       2.    CONTROLLED SUBSTANCES - MAINTAIN RECORDS AND ACCESS TO  
6 RECORDS AND INVENTORIES. Respondent shall maintain a record of all controlled  
7 substances ordered, prescribed, dispensed, administered, or possessed by Respondent, and any  
8 recommendation or approval which enables a patient or patient's primary caregiver to possess or  
9 cultivate marijuana for the personal medical purposes of the patient within the meaning of Health  
10 and Safety Code section 11362.5, during probation, showing all of the following: 1) the name and  
11 address of the patient; 2) the date; 3) the character and quantity of controlled substances involved;  
12 and 4) the indications and diagnosis for which the controlled substances were furnished.

13       Respondent shall keep these records in a separate file or ledger, in chronological order. All  
14 records and any inventories of controlled substances shall be available for immediate inspection  
15 and copying on the premises by the Board or its designee at all times during business hours and  
16 shall be retained for the entire term of probation

17       3.    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 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to  
23 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the  
24 completion of each course, the Board or its designee may administer an examination to test  
25 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65  
26 hours of CME of which 40 hours were in satisfaction of this condition.

27       4.    PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective  
28 date of this Decision, Respondent shall enroll in a course in prescribing practices approved in

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

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

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

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

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

28 / / / /

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 6. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days  
7 of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment  
8 program approved in advance by the Board or its designee. Respondent shall successfully  
9 complete the program not later than six (6) months after Respondent's initial enrollment unless  
10 the Board or its designee agrees in writing to an extension of that time.

11 The program shall consist of a comprehensive assessment of Respondent's physical and  
12 mental health and the six general domains of clinical competence as defined by the Accreditation  
13 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to  
14 Respondent's current or intended area of practice. The program shall take into account data  
15 obtained from the pre-assessment, self-report forms and interview, and the Decision(s),  
16 Accusation(s), and any other information that the Board or its designee deems relevant. The  
17 program shall require Respondent's on-site participation for a minimum of three (3) and no more  
18 than five (5) days as determined by the program for the assessment and clinical education  
19 evaluation. Respondent shall pay all expenses associated with the clinical competence  
20 assessment program.

21 At the end of the evaluation, the program will submit a report to the Board or its designee  
22 which unequivocally states whether the Respondent has demonstrated the ability to practice  
23 safely and independently. Based on Respondent's performance on the clinical competence  
24 assessment, the program will advise the Board or its designee of its recommendation(s) for the  
25 scope and length of any additional educational or clinical training, evaluation or treatment for any  
26 medical condition or psychological condition, or anything else affecting Respondent's practice of  
27 medicine. Respondent shall comply with the program's recommendations.

28 / / / /



1 Determination as to whether Respondent successfully completed the clinical competence  
2 assessment program is solely within the program's jurisdiction.

3 If Respondent fails to enroll, participate in, or successfully complete the clinical  
4 competence assessment program within the designated time period, Respondent shall receive a  
5 notification from the Board or its designee to cease the practice of medicine within three (3)  
6 calendar days after being so notified. The Respondent shall not resume the practice of medicine  
7 until enrollment or participation in the outstanding portions of the clinical competence assessment  
8 program have been completed. If the Respondent did not successfully complete the clinical  
9 competence assessment program, the Respondent shall not resume the practice of medicine until a  
10 final decision has been rendered on the accusation and/or a petition to revoke probation. The  
11 cessation of practice shall not apply to the reduction of the probationary time period.

12 7. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this  
13 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice  
14 monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose  
15 licenses are valid and in good standing, and who are preferably American Board of Medical  
16 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal  
17 relationship with Respondent, or other relationship that could reasonably be expected to  
18 compromise the ability of the monitor to render fair and unbiased reports to the Board, including  
19 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree  
20 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

21 The Board or its designee shall provide the approved monitor with copies of the Decision(s)  
22 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the  
23 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed  
24 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role  
25 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees  
26 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the  
27 signed statement for approval by the Board or its designee.

28 / / / /

1           Within 60 calendar days of the effective date of this Decision, and continuing throughout  
2 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall  
3 make all records available for immediate inspection and copying on the premises by the monitor  
4 at all times during business hours and shall retain the records for the entire term of probation.

5           If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective  
6 date of this Decision, Respondent shall receive a notification from the Board or its designee to  
7 cease the practice of medicine within three (3) calendar days after being so notified. Respondent  
8 shall cease the practice of medicine until a monitor is approved to provide monitoring  
9 responsibility.

10           The monitor(s) shall submit a quarterly written report to the Board or its designee which  
11 includes an evaluation of Respondent's performance, indicating whether Respondent's practices  
12 are within the standards of practice of medicine, and whether Respondent is practicing medicine  
13 safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure  
14 that the monitor submits the quarterly written reports to the Board or its designee within 10  
15 calendar days after the end of the preceding quarter.

16           If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of  
17 such resignation or unavailability, submit to the Board or its designee, for prior approval, the  
18 name and qualifications of a replacement monitor who will be assuming that responsibility within  
19 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60  
20 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a  
21 notification from the Board or its designee to cease the practice of medicine within three (3)  
22 calendar days after being so notified. Respondent shall cease the practice of medicine until a  
23 replacement monitor is approved and assumes monitoring responsibility.

24           In lieu of a monitor, Respondent may participate in a professional enhancement program  
25 approved in advance by the Board or its designee that includes, at minimum, quarterly chart  
26 review, semi-annual practice assessment, and semi-annual review of professional growth and  
27 education. Respondent shall participate in the professional enhancement program at Respondent's  
28 expense during the term of probation.

1           8.    NOTIFICATION. Within seven (7) days of the effective date of this Decision, the  
2 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the  
3 Chief Executive Officer at every hospital where privileges or membership are extended to  
4 Respondent, at any other facility where Respondent engages in the practice of medicine,  
5 including all physician and locum tenens registries or other similar agencies, and to the Chief  
6 Executive Officer at every insurance carrier which extends malpractice insurance coverage to  
7 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15  
8 calendar days. This condition shall apply to any change(s) in hospitals, other facilities or  
9 insurance carrier.

10           9.    SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE  
11 NURSES. During probation, Respondent is prohibited from supervising physician assistants and  
12 advanced practice nurses.

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

16           11. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations  
17 under penalty of perjury on forms provided by the Board, stating whether there has been  
18 compliance with all the conditions of probation.

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

21           12. GENERAL PROBATION REQUIREMENTS.

22           Compliance with Probation Unit

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

24           Address Changes

25           Respondent shall, at all times, keep the Board informed of Respondent's business and  
26 residence addresses, email address (if available), and telephone number. Changes of such  
27 addresses shall be immediately communicated in writing to the Board or its designee. Under no

28           / / / /

1 circumstances shall a post office box serve as an address of record, except as allowed by Business  
2 and Professions Code section 2021(b).

3 Place of Practice

4 Other than hospice care, Respondent shall not engage in the practice of medicine in  
5 Respondent's or a patient's place of residence, unless the patient resides in a skilled nursing  
6 facility or other similar licensed facility.

7 License Renewal

8 Respondent shall maintain a current and renewed California physician's and surgeon's  
9 license.

10 Travel or Residence Outside California

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

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

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

20 14. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or  
21 its designee in writing within 15 calendar days of any periods of non-practice lasting more than  
22 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is  
23 defined as any period of time Respondent is not practicing medicine as defined in Business and  
24 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct  
25 patient care, clinical activity or teaching, or other activity as approved by the Board. If  
26 Respondent resides in California and is considered to be in non-practice, Respondent shall  
27 comply with all terms and conditions of probation. All time spent in an intensive training  
28 program which has been approved by the Board or its designee shall not be considered non-

1 practice and does not relieve Respondent from complying with all the terms and conditions of  
2 probation. Practicing medicine in another state of the United States or Federal jurisdiction while  
3 on probation with the medical licensing authority of that state or jurisdiction shall not be  
4 considered non-practice. A Board-ordered suspension of practice shall not be considered as a  
5 period of non-practice.

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

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

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

13 Periods of non-practice for a Respondent residing outside of California will relieve  
14 Respondent of the responsibility to comply with the probationary terms and conditions with the  
15 exception of this condition and the following terms and conditions of probation: Obey All Laws;  
16 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or  
17 Controlled Substances; and Biological Fluid Testing.

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

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

1           17. LICENSE SURRENDER. Following the effective date of this Decision, if  
2 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy  
3 the terms and conditions of probation, Respondent may request to surrender his or her license.  
4 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in  
5 determining whether or not to grant the request, or to take any other action deemed appropriate  
6 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent  
7 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its  
8 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject  
9 to the terms and conditions of probation. If Respondent re-applies for a medical license, the  
10 application shall be treated as a petition for reinstatement of a revoked certificate.

11           18. PROBATION MONITORING COSTS. Respondent shall pay the costs associated  
12 with probation monitoring each and every year of probation, as designated by the Board, which  
13 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of  
14 California and delivered to the Board or its designee no later than January 31 of each calendar  
15 year.

16 // // //  
17 // // //  
18 // // //  
19 // // //  
20 // // //  
21 // // //  
22 // // //  
23 // // //  
24 // // //  
25 // // //  
26 // // //  
27 // // //  
28 // // //



**Exhibit A**

**Accusation No. 800-2017-031603**



1 XAVIER BECERRA  
Attorney General of California  
2 MATTHEW M. DAVIS  
Supervising Deputy Attorney General  
3 GIOVANNI F. MEJIA  
Deputy Attorney General  
4 State Bar No. 309951  
600 West Broadway, Suite 1800  
5 San Diego, CA 92101  
P.O. Box 85266  
6 San Diego, CA 92186-5266  
Telephone: (619) 738-9072  
7 Facsimile: (619) 645-2061

8 *Attorneys for Complainant*

FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO DEC. 31 20 18  
BY FARA FASOLA ANALYST

9  
10 **BEFORE THE**  
11 **MEDICAL BOARD OF CALIFORNIA**  
12 **DEPARTMENT OF CONSUMER AFFAIRS**  
13 **STATE OF CALIFORNIA**

13 In the Matter of the Accusation Against:

Case No. 800-2017-031603

14 **Mark Scheier, M.D.**  
5451 La Palma Avenue, Ste. 22  
15 La Palma, CA 90623

**A C C U S A T I O N**

16 **Physician's and Surgeon's Certificate**  
17 **No. A 36345,**

Respondent.

18  
19 Complainant alleges:

20 **PARTIES**

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

24 2. On or about February 23, 1981, the Medical Board issued Physician's and Surgeon's  
25 Certificate No. A 36345 to Respondent Mark Scheier, M.D. ("Respondent"). The Physician's  
26 and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
27 herein and will expire on May 31, 2020, unless renewed.

28 // // //

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 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.”

/////

/////

/////

/////

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

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 2242 of the Code states, in pertinent part:

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

“....”

7. 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 8. Section 725 of the Code states, in pertinent part:

2 “(a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or  
3 administering of drugs or treatment, repeated acts of clearly excessive use of  
4 diagnostic procedures, or repeated acts of clearly excessive use of diagnostic or  
5 treatment facilities as determined by the standard of the community of licensees is  
6 unprofessional conduct for a physician and surgeon, dentist, podiatrist,  
7 psychologist, physical therapist, chiropractor, optometrist, speech-language  
8 pathologist, or audiologist.

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

14 “....”

15 **FIRST CAUSE FOR DISCIPLINE**

16 **(Gross Negligence)**

17 9. Respondent has subjected his Physician’s and Surgeon’s Certificate No. A 36345 to  
18 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of  
19 the Code in that he committed gross negligence in his care and treatment of one or more patients,  
20 as more particularly alleged hereinafter:

21 **Patient A**

22 10. On or about December 11, 2011,<sup>1</sup> a then forty-three-year-old male, “patient A”,<sup>2</sup> was  
23 admitted to a hospital in or around La Palma, California by Respondent. At the time, Respondent  
24 documented complaints of chest pain, shortness of breath and weakness. Respondent also

25 <sup>1</sup> Any medical care or treatment rendered by Respondent more than seven years prior to  
26 the filing of the instant Accusation is described for informational purposes only and not pleaded  
as a basis for disciplinary action.

27 <sup>2</sup> Patients’ true names are not used in the instant Accusation to maintain patient  
28 confidentiality. The patients’ identities are known to Respondent or will be disclosed to  
Respondent upon receipt of a duly issued request for discovery and in accordance with  
Government Code section 11507.6.

1 documented a long history of chronic neck pain following a fall several years prior, that patient A  
 2 had a neurostimulator in place and that patient A was on “high-dose pain medications along with  
 3 [sic] muscle relaxant for relief of his pain.” During patient A’s December 2011 hospital stay, on  
 4 or about December 13, 2011, an imaging study of patient A’s cervical spine found “[v]ery mild  
 5 degenerative changes of the cervical spine.” Eventually, patient A was diagnosed with  
 6 pancreatitis, his condition improved and he was discharged home on or about December 14, 2011.  
 7 In his discharge note, Respondent documented that patient A was to “[f]ollow up with [sic] pain  
 8 doctor in one week.”

9 11. Subsequent to patient A’s December 2011 hospitalization, Respondent had  
 10 approximately 25 office visits with patient A through as late as April 2013. Throughout this  
 11 period, Respondent prescribed multiple opioids and multiple benzodiazepines to patient A in  
 12 unsafe, at times excessive, combinations and dosages.

13 12. Beginning on or about January 2, 2012, the California Controlled Substance  
 14 Utilization Review and Evaluation System (“CURES”) database lists concurrent prescriptions for  
 15 multiple opioid analgesics (Demerol<sup>3</sup> and hydromorphone<sup>4</sup>) and a benzodiazepine (clonazepam<sup>5</sup>)  
 16 as having been issued by Respondent and filled to patient A:

<b>Date Filled</b>	<b>Drug Name</b>	<b>Strength</b>	<b>Qty</b>	<b>Days Supply</b>
01/02/12	Demerol Hydrochloride	100 mg-1 ml	150	30
01/02/12	Clonazepam	2 mg	90	30
01/02/12	Hydromorphone HCL	8 mg	150	25
01/23/12	Hydromorphone HCL	8 mg	150	25
01/30/12	Clonazepam	2 mg	90	30
02/10/12	Demerol Hydrochloride	100 mg-1 ml	150	30

24 <sup>3</sup> Demerol is a brand name for meperedine, a Schedule II controlled substance pursuant to  
 25 Health and Safety Code section 11056, subdivision (c), and a dangerous drug pursuant to  
 Business and Professions Code section 4022.

26 <sup>4</sup> Hydromorphone, also known as Dilaudid, is a Schedule II controlled substance pursuant  
 to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to  
 Business and Professions Code section 4022.

27 <sup>5</sup> Clonazepam is a Schedule IV controlled substance pursuant to Health and Safety Code  
 28 section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code  
 section 4022. It is an anti-anxiety medication in the benzodiazepine family.

<b>Date Filled</b>	<b>Drug Name</b>	<b>Strength</b>	<b>Qty</b>	<b>Days Supply</b>
02/13/12	Hydromorphone HCL	8 mg	150	25
02/21/12	Clonazepam	2 mg	90	30
03/07/12	Demerol Hydrochloride	100 mg-1 ml	150	30
03/07/12	Hydromorphone HCL	8 mg	150	30
03/09/12	Clonazepam	2 mg	90	30

13. The use of opioids in combination with benzodiazepines carries increased risk for adverse events including, but not limited to, respiratory suppression and drug overdose intoxication.

14. Prior to concurrently prescribing multiple opioids and one or more benzodiazepines to Respondent in or around January 2012, or thereafter, Respondent failed to adequately conduct or document an evaluation of patient A.

15. Beginning on or about March 30, 2012 and through on or about September 20, 2012, the CURES database lists a recurring prescription for an additional benzodiazepine, lorazepam,<sup>6</sup> in addition to continuing prescriptions for Demerol, hydromorphone and clonazepam, as having been issued by Respondent and filled to patient A:

<b>Date Filled</b>	<b>Drug Name</b>	<b>Strength</b>	<b>Qty</b>	<b>Days Supply</b>
03/30/12	Demerol Hydrochloride	100 mg-1 ml	150	30
03/30/12	Lorazepam	2 mg	60	20
03/30/12	Clonazepam	2 mg	90	30
03/30/12	Hydromorphone HCL	8 mg	150	30
04/24/12	Demerol Hydrochloride	100 mg-1 ml	150	30
04/24/12	Lorazepam	2 mg	60	20
04/24/12	Clonazepam	2 mg	90	30
04/24/12	Hydromorphone HCL	8 mg	150	25
05/18/12	Demerol Hydrochloride	100 mg-1 ml	150	30
05/18/12	Lorazepam	2 mg	90	30

<sup>6</sup> Lorazepam 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.

	Date Filled	Drug Name	Strength	Qty	Days Supply
1					
2	05/18/12	Clonazepam	2 mg	90	30
3	05/18/12	Hydromorphone HCL	8 mg	150	30
4	06/04/12	Suboxone <sup>7</sup>	8 mg-2 mg	90	30
5	06/13/12	Demerol Hydrochloride	100 mg-1 ml	150	30
6	06/13/12	Clonazepam	2 mg	90	30
7	06/13/12	Hydromorphone HCL	8 mg	150	30
8	07/10/12	Demerol Hydrochloride	100 mg-1 ml	150	30
9	07/10/12	Lorazepam	2 mg	90	30
10	07/10/12	Clonazepam	2 mg	90	30
11	07/10/12	Hydromorphone HCL	8 mg	150	30
12	08/03/12	Demerol Hydrochloride	100 mg-1 ml	150	30
13	08/03/12	Clonazepam	2 mg	90	30
14	08/03/12	Hydromorphone HCL	8 mg	150	30
15	08/27/12	Demerol Hydrochloride	100 mg-1 ml	150	30
16	08/27/12	Lorazepam	2 mg	90	30
17	08/27/12	Clonazepam	2 mg	90	30
18	08/27/12	Hydromorphone HCL	8 mg	150	30
19	09/20/12	Demerol Hydrochloride	100 mg-1 ml	150	30
20	09/20/12	Lorazepam	2 mg	90	30
21	09/20/12	Clonazepam	2 mg	90	30
22	09/20/12	Hydromorphone HCL	8 mg	150	30

21 16. Respondent failed to adequately establish or document a medical indication or  
22 rationale for prescribing lorazepam to patient A, independently or concurrently with other opioid  
23 or benzodiazepine medications, in or around March 2012 or thereafter.

24 / / / /  
25 / / / /  
26 / / / /

27 <sup>7</sup> Suboxone is a brand name for buprenorphine and naloxone, is a Schedule III controlled  
28 substance pursuant to Health and Safety Code section 11056, subdivision (e), and a dangerous  
drug pursuant to Business and Professions Code section 4022.

1 17. The CURES database also lists a one-time Suboxone prescription issued by  
2 Respondent and filled to patient A on or about June 4, 2012. Respondent failed to adequately  
3 establish or document a medical indication or rationale for prescribing Suboxone to patient A.

4 18. Beginning in or around October 2012, through in or around April 2013, the CURES  
5 database lists, at various times, prescriptions for additional opioid analgesics (Opana<sup>8</sup> and  
6 fentanyl<sup>9</sup>) and an additional benzodiazepine (alprazolam<sup>10</sup>), as having been issued by Respondent  
7 and filled to patient A in addition to continuing prescriptions for Demerol, hydromorphone and  
8 clonazepam:

9

10	Date Filled	Drug Name	Strength	Qty	Days Supply
11	10/12/12	Demerol Hydrochloride	100 mg-1 ml	150	30
12	10/12/12	Clonazepam	2 mg	90	30
13	10/12/12	Alprazolam	2 mg	90	30
14	10/12/12	Hydromorphone HCL	8 mg	150	30
15	10/30/12	Opana ER	40 mg	60	30
16	11/02/12	Demerol Hydrochloride	100 mg-1 ml	150	30
17	11/02/12	Hydromorphone HCL	8 mg	150	30
18	11/03/12	Alprazolam	2 mg	90	30
19	11/03/12	Clonazepam	2 mg	90	30
20	11/23/12	Demerol Hydrochloride	100 mg-1 ml	150	30
21	11/23/12	Clonazepam	2 mg	90	30
22	11/23/12	Alprazolam	2 mg	90	30
23	11/23/12	Opana ER	40 mg	60	30
24	11/23/12	Hydromorphone HCL	8 mg	150	25

24 <sup>8</sup> Opana is a brand name for oxymorphone hydrochloride, is a Schedule II controlled  
25 substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous  
drug pursuant to Business and Professions Code section 4022.

26 <sup>9</sup> Fentanyl is a Schedule II controlled substance pursuant to Health and Safety Code  
27 section 11055, subdivision (c), and a dangerous drug pursuant to Business and Professions Code  
section 4022.

28 <sup>10</sup> Alprazolam, also known as Xanax, is in the benzodiazepine family of drugs, 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.



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

Date Filled	Drug Name	Strength	Qty	Days Supply
12/14/12	Lorazepam	2 mg	90	30
12/14/12	Hydromorphone HCL	8 mg	150	30
12/17/12	Demerol Hydrochloride	100 mg-1 ml	150	30
12/17/12	Alprazolam	2 mg	90	30
12/17/12	Opana ER	40 mg	60	30
12/31/12	Clonazepam	2 mg	90	30
01/09/13	Alprazolam	2 mg	90	30
01/11/13	Demerol Hydrochloride	100 mg-1 ml	150	30
01/11/13	Clonazepam	1 mg	90	30
01/11/13	Alprazolam	2 mg	90	30
01/11/13	Fentanyl Transdermal System	100 mcg/hr	10	30
01/11/13	Hydromorphone HCL	8 mg	150	30
02/04/13	Demerol Hydrochloride	100 mg-1 ml	150	30
02/04/13	Clonazepam	2 mg	90	30
02/04/13	Fentanyl Transdermal System	100 mcg/hr	10	30
02/04/13	Alprazolam	2 mg	90	30
02/04/13	Hydromorphone HCL	8 mg	150	30
02/22/13	Hydromorphone HCL	8 mg	150	25
02/26/13	Demerol Hydrochloride	100 mg-1 ml	150	30
02/26/13	Fentanyl Transdermal System	100 mcg/hr	10	30
03/01/13	Alprazolam	2 mg	90	30
03/01/13	Clonazepam	2 mg	90	30
03/22/13	Demerol Hydrochloride	100 mg-1 ml	150	30
03/22/13	Alprazolam	2 mg	90	30
03/22/13	Fentanyl Transdermal System	100 mcg/hr	10	30
03/22/13	Hydromorphone HCL	8 mg	150	25
03/25/13	Clonazepam	2 mg	90	30
04/12/13	Demerol Hydrochloride	100 mg-1 ml	150	26

Date Filled	Drug Name	Strength	Qty	Days Supply
04/12/13	Clonazepam	2 mg	90	30
04/12/13	Alprazolam	2 mg	90	30
04/12/13	Hydromorphone HCL	8 mg	150	25

19. Throughout the period in or around October 2012 to April 2013, Respondent failed to adequately establish or document a medical indication or rationale for changes to the opioids or benzodiazepines prescribed to patient A.

20. On or about April 12, 2013, patient A was found dead at his home. Patient A's cause of death was listed as "[a]cute polydrug intoxication" due to "[c]ombined effects of meperidine/normeperidine, alprazolam/hydroxyalprazolam and hydromorphone[.]"

21. Throughout the course of Respondent's care and treatment of patient A, Respondent failed to review the CURES database for controlled substance prescriptions listed for patient A.

22. On multiple occasions throughout the course of Respondent's care and treatment of patient A, Respondent provided a prescription refill to patient A early, based upon the prescription's quantity and intended dosage.

23. Although Respondent's medical record for patient A documents multiple indicia that patient A suffered from psychological or psychiatric problems, Respondent failed to adequately coordinate or attempt to coordinate patient A's care and treatment with any mental health provider, or refer patient A to a psychiatrist.

24. On multiple occasions throughout the course of Respondent's treatment of patient A, a note for an office visit between Respondent and patient A contained content that failed to adequately or accurately describe observations or conduct occurring on the date indicated in the note, but rather was generated by default by the medical-record-keeping system used by Respondent or was copied forward from one or more prior office visit notes.

25. On multiple occasions throughout the course of Respondent's treatment of patient A, an office visit note authored by Respondent for patient A failed to adequately and accurately document one or more medications or medication amounts prescribed by Respondent to patient A.

1           26. Respondent committed gross negligence in his care and treatment of patient A in that  
2 he prescribed controlled substances to patient A without a proper evaluation including, but not  
3 limited to, failing to adequately:

- 4           (a) establish the nature and extent of patient A's pain;
- 5           (b) establish patient A's history of prior pain treatments;
- 6           (c) establish how patient A would use the various prescribed controlled substances;
- 7           (d) assess the significance of patient A's apparent psychological or psychiatric  
8                 problems and how they may impact his ability to safely use controlled substances;
- 9           (e) order or review diagnostic testing regarding the potential cause for patient A's  
10                 reported pain;
- 11           (f) develop a differential diagnosis for patient A's reported pain;
- 12           (g) review the CURES database for controlled substances listed as prescribed to  
13                 patient A; and
- 14           (h) develop a treatment plan for patient A's reported chronic pain ailment.

15           27. Respondent committed gross negligence in his care and treatment of patient A in that  
16 he failed to properly monitor his treatment of patient A with controlled substances including, but  
17 not limited to, failing to adequately:

- 18           (a) assess how Respondent's treatment of patient A with various controlled  
19                 substances was impacting patient A and patient A's functioning;
- 20           (b) monitor controlled substances prescription refills;
- 21           (c) abstain from prescribing multiple controlled substances in unsafe combinations  
22                 and dosages; and
- 23           (d) collaborate or consult with other medical providers regarding the treatment of  
24                 patient A.

25           **Patient B**

26           28. On or about September 4, 2013, a then forty-year-old female, "patient B", presented  
27 to Respondent for the first time. In his office visit note for this appointment, Respondent  
28 documented, among other things, "No Medical History", "no Anxiety [sic]", a diagnosis of lupus,

1 a history of Suboxone use for five years, a history of chronic pain and a back and leg injury, an  
2 assessment of opioid dependence in remission, that patient B was going to Narcotics Anonymous  
3 meetings and that patient B's family was aware of "old abuse problems." Respondent  
4 documented prescribing a thirty-day supply of Suboxone 2 mg-0.5 mg (180 total, to be  
5 administered six times daily), with no refills.

6 29. Although Respondent documented an opioid use disorder in the September 4, 2013  
7 office visit note, Respondent failed to adequately develop or document a medical history,  
8 substance use or abuse history, and social history to corroborate such diagnosis. Respondent also  
9 failed to adequately develop or document a treatment plan for the prescribing of Suboxone to  
10 patient B.

11 30. Subsequent to September 4, 2013, Respondent documented approximately 52 office  
12 visits with patient B through June 27, 2018 (i.e., approximately 53 total visits from September 4,  
13 2013 to June 27, 2018).

14 31. On multiple occasions throughout the course of Respondent's care and treatment of  
15 patient B, a note for an office visit between Respondent and patient B contained content that  
16 failed to adequately or accurately describe observations or conduct occurring on the date  
17 indicated in the note, but rather was generated by default by the medical-record-keeping system  
18 used by Respondent or was copied forward from one or more prior office visit notes.

19 32. On multiple occasions throughout the course of Respondent's care and treatment of  
20 patient B, a note for an office visit between Respondent and patient B contained inconsistent  
21 statements relevant to patient B's medical care and treatment including, but not limited to,  
22 inconsistent statements regarding controlled substance prescriptions for patient B.

23 // // //

24 // // //

25 // // //

26 // // //

27 // // //

28 // // //

1 33. The CURES database lists recurring prescriptions for buprenorphine (Suboxone) as  
 2 having been issued by Respondent and filled by patient B in or around September 2013 to  
 3 February 2014, as well as concurrent Lunesta<sup>11</sup> prescriptions starting in or around  
 4 November 2013:

<b>Date Filled</b>	<b>Drug Name</b>	<b>Strength</b>	<b>Qty</b>	<b>Days Supply</b>	<b>Refill#</b>
09/04/13	Suboxone	2 mg-0.5 mg	180	30	0
10/16/13	Suboxone	2 mg-0.5 mg	120	30	0
11/12/13	Suboxone	2 mg-0.5 mg	120	30	0
11/12/13	Lunesta	3 mg	30	30	0
12/09/13	Suboxone	2 mg-0.5 mg	120	30	0
12/09/13	Lunesta	3 mg	30	30	1
01/07/14	Suboxone	2 mg-0.5 mg	120	30	0
01/16/14	Lunesta	3 mg	30	30	2
02/05/14	Suboxone	2 mg-0.5 mg	120	30	0

15 34. In or around March 2014 to November 2015, the CURES database lists recurring  
 16 prescriptions of alprazolam as having been issued by Respondent and filled by patient B,  
 17 concurrent with continuing prescriptions for Suboxone, at a higher dosage, and Lunesta:

<b>Date Filled</b>	<b>Drug Name</b>	<b>Strength</b>	<b>Qty</b>	<b>Days Supply</b>	<b>Refill#</b>
03/07/14	Alprazolam	0.5 mg	90	30	0
03/13/14	Lunesta	3 mg	30	30	3
03/13/14	Suboxone	8 mg-2 mg	120	30	0
04/08/14	Suboxone	8 mg-2 mg	120	30	0
04/10/14	Alprazolam	0.5 mg	90	30	0
05/12/14	Suboxone	8 mg-2 mg	120	30	0
05/12/14	Lunesta	3 mg	30	30	0
05/12/14	Alprazolam	0.5 mg	90	30	1

18  
 19  
 20  
 21  
 22  
 23  
 24  
 25  
 26  
 27 <sup>11</sup> Lunesta is a brand name for eszopiclone, a Schedule IV controlled substance pursuant  
 28 to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to  
 Business and Professions Code section 4022. It is a sedative and is used to treat insomnia.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

Date Filled	Drug Name	Strength	Qty	Days Supply	Refill#
06/10/14	Lunesta	3 mg	30	30	1
06/11/14	Suboxone	8 mg-2 mg	120	30	0
06/13/14	Alprazolam	0.5 mg	30	10	0
07/15/14	Lunesta	3 mg	30	30	0
07/17/14	Alprazolam	0.5 mg	90	30	0
07/17/14	Suboxone	8 mg-2 mg	120	30	0
08/13/14	Lunesta	3 mg	30	30	1
08/27/14	Suboxone	8 mg-2 mg	120	30	0
09/02/14	Alprazolam	0.5 mg	90	30	1
10/03/14	Suboxone	2 mg-0.5 mg	120	30	0
10/03/14	Alprazolam	2 mg	90	30	0
10/03/14	Lunesta	3 mg	30	30	0
10/07/14	Suboxone	8 mg-2 mg	120	30	0
10/30/14	Lunesta	3 mg	30	30	1
11/25/14	Lunesta	3 mg	30	30	2
11/25/14	Alprazolam	2 mg	90	30	1
12/31/14	Lunesta	3 mg	30	30	3
02/06/15	Alprazolam	2 mg	90	30	0
02/13/15	Suboxone	8 mg-2 mg	60	30	0
02/13/15	Lunesta	3 mg	30	30	0
03/01/15	Alprazolam	2 mg	90	30	0
03/08/15	Lunesta	3 mg	30	30	1
03/17/15	Suboxone	8 mg-2 mg	60	30	0
04/11/15	Alprazolam	2 mg	90	30	1
04/11/15	Lunesta	3 mg	30	30	2
04/17/15	Suboxone	8 mg-2 mg	90	30	0
05/12/15	Lunesta	3 mg	30	30	0
05/15/15	Suboxone	8 mg-2 mg	90	30	0
06/09/15	Lunesta	3 mg	30	30	1
06/16/15	Suboxone	8 mg-2 mg	90	30	0

	Date Filled	Drug Name	Strength	Qty	Days Supply	Refill#
1	07/09/15	Lunesta	3 mg	30	30	2
2	07/13/15	Alprazolam	2 mg	90	30	0
3	07/21/15	Suboxone	8 mg-2 mg	90	30	0
4	08/24/15	Suboxone	8 mg-2 mg	90	30	0
5	09/21/15	Lunesta	3 mg	30	30	0
6	09/23/15	Alprazolam	2 mg	90	30	0
7	10/06/15	Suboxone	8 mg-2 mg	90	30	0
8	10/17/15	Lunesta	3 mg	30	30	1
9	11/10/15	Suboxone	8 mg-2 mg	60	30	0
10	11/20/15	Lunesta	3 mg	30	30	0

11 35. In or around December 2015 to as late as March 2017, the CURES database lists  
 12 recurring prescriptions for carisoprodol<sup>12</sup> as having been issued by Respondent and filled by  
 13 patient B, concurrent with continuing prescriptions for Suboxone, Lunesta and alprazolam:

	Date Filled	Drug Name	Strength	Qty	Days Supply	Refill#
14	12/11/15	Carisoprodol	350 mg	90	30	0
15	12/11/15	Suboxone	8 mg-2 mg	60	30	0
16	01/14/16	Lunesta	3 mg	30	30	0
17	01/14/16	Alprazolam	2 mg	90	30	0
18	02/02/16	Carisoprodol	350 mg	60	30	0
19	02/02/16	Suboxone	8 mg-2 mg	60	30	0
20	02/13/16	Lunesta	3 mg	30	30	1
21	03/04/16	Carisoprodol	350 mg	90	30	0
22	03/04/16	Suboxone	8 mg-2 mg	60	30	0
23	03/12/16	Lunesta	3 mg	30	30	2
24	03/31/16	Carisoprodol	350 mg	60	30	0
25	04/11/16	Lunesta	3 mg	30	30	3
26	04/11/16	Suboxone	8 mg-2 mg	90	30	0

27 <sup>12</sup> Carisoprodol, a generic for Soma, is a Schedule IV controlled substance pursuant to  
 28 Health and Safety Code section 11057, subdivision (d), and is a dangerous drug pursuant to  
 Business and Professions Code section 4022. It is often used to treat muscle spasms.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

Date Filled	Drug Name	Strength	Qty	Days Supply	Refill#
04/26/16	Alprazolam	2 mg	90	30	0
05/06/16	Carisoprodol	350 mg	90	30	0
05/26/16	Suboxone	8 mg-2 mg	60	30	0
06/01/16	Lunesta	3 mg	30	30	0
06/13/16	Carisoprodol	350 mg	90	30	0
06/24/16	Suboxone	8 mg-2 mg	60	30	0
07/18/16	Lunesta	3 mg	30	30	0
07/25/16	Suboxone	8 mg-2 mg	60	30	0
08/10/16	Carisoprodol	350 mg	90	30	0
08/10/16	Lunesta	3 mg	30	30	1
08/26/16	Suboxone	8 mg-2 mg	60	30	0
09/06/16	Carisoprodol	350 mg	90	30	1
09/06/16	Lunesta	3 mg	30	30	2
09/19/16	Alprazolam	2 mg	90	30	0
09/30/16	Suboxone	8 mg-2 mg	60	30	0
10/03/16	Lunesta	3 mg	30	30	3
10/03/16	Carisoprodol	350 mg	90	30	2
11/08/16	Carisoprodol	350 mg	90	30	0
11/08/16	Lunesta	3 mg	30	30	0
11/08/16	Suboxone	8 mg-2 mg	60	30	0
12/05/16	Lunesta	3 mg	30	30	0
12/09/16	Carisoprodol	350 mg	120	30	0
12/11/16	Suboxone	8 mg-2 mg	60	30	0
01/13/17	Lunesta	3 mg	30	30	1
01/23/17	Suboxone	8 mg-2 mg	60	30	0
01/24/17	Carisoprodol	350 mg	120	30	0
02/20/17	Carisoprodol	350 mg	120	30	1
02/27/17	Eszopiclone <sup>13</sup>	3 mg	30	30	0
03/01/17	Alprazolam	2 mg	90	30	0

<sup>13</sup> Eszopiclone is a generic for Lunesta.



	<b>Date Filled</b>	<b>Drug Name</b>	<b>Strength</b>	<b>Qty</b>	<b>Days Supply</b>	<b>Refill#</b>
1						
2	03/01/17	Suboxone	8 mg-2 mg	60	30	0
3	03/19/17	Carisoprodol	350 mg	120	30	2
4						

5           36. Throughout the period during which Respondent prescribed eszopiclone (Lunesta) to  
6 patient B, in or around November 2013 to at least March 2017, Respondent failed to adequately  
7 establish or document a medical indication or rationale for the prescribing of this drug. In fact,  
8 during this period, multiple office visit notes authored by Respondent documented that patient B  
9 had “no [i]nsomnia[.]”

10           37. Further, eszopiclone (Lunesta) is a controlled substance with abuse potential, which  
11 can be problematic when prescribed in combination with buprenorphine, as prescribed by  
12 Respondent to patient B on multiple occasions from in or around November 2013 to at least  
13 March 2017.

14           38. Throughout the period during which Respondent prescribed alprazolam (Xanax) to  
15 patient B, in or around March 2014 to at least March 2017, Respondent failed to adequately  
16 establish or document a medical indication for the prescribing of a benzodiazepine, such as  
17 alprazolam. In fact, during this period, multiple office visit notes authored by Respondent  
18 documented that patient B had “no [a]nxiety[.]”

19           39. Further, alprazolam (Xanax) is a controlled substance with abuse potential, which is  
20 problematic and generally contraindicated when prescribed in combination with buprenorphine  
21 (Suboxone), as prescribed by Respondent to patient B on multiple occasions in or around  
22 March 2014 to at least March 2017.

23           40. During the period during which Respondent prescribed carisoprodol (Soma) to  
24 patient B, in or around December 2015 to at least March 2017, Respondent failed to adequately  
25 establish or document a medical indication for the prescribing of a muscle relaxant, such as  
26 carisoprodol.

27           41. Further, carisoprodol (Soma) is a controlled substance with abuse potential, which is  
28 problematic when prescribed in combination with buprenorphine (Suboxone) and alprazolam

1 (Xanax) due to the potential for adverse interactions between them, as prescribed by Respondent  
2 to patient B on one or more occasions from in or around December 2015 to at least March 2017.

3 42. Throughout the course of Respondent's care and treatment of patient B, he failed to  
4 adequately assess or document patient B's progress, if any, toward treatment goals related to  
5 Respondent's stated diagnosis of opioid use disorder.

6 43. In an office visit note dated April 20, 2018, Respondent documented that patient B's  
7 "family called and stated that patient having [sic] memory loss and more confusion." The office  
8 visit note fails to adequately document an evaluation or examination of patient B in light of the  
9 report from her family, or corresponding changes to any treatment plan or medication  
10 prescriptions for patient B.

11 44. Although Respondent first documented an opioid use disorder diagnosis and  
12 controlled substance prescription for patient B on or about September 4, 2013, Respondent did  
13 not order or review a subsequent toxicology drug screen for patient B until, at the earliest, more  
14 than four years later, on or about May 30, 2018.

15 45. Although Respondent first documented an opioid use disorder diagnosis and  
16 controlled substance prescription for patient B on or about September 4, 2013, Respondent's  
17 medical records for patient B contain no record of his having reviewed a CURES report for  
18 patient B until, at the earliest, May 2018.

19 46. Respondent committed gross negligence in his care and treatment of patient B in that  
20 he failed to properly monitor the prescribing of medication to a patient with an opioid use  
21 disorder including, but not limited to:

22 (a) generating multiple repetitive treatment notes throughout the course of  
23 Respondent's prescribing of controlled substances to patient B with large portions  
24 of the content of the notes appearing to have been copied forward from a prior  
25 note;

26 (b) failing to adequately and accurately document medications, and medication  
27 amounts, and medication refills prescribed to patient B;

28 / / / /

- 1 (c) prescribing a benzodiazepine, such as alprazolam, to patient B in combination  
2 with buprenorphine without adequate medical indication for the prescribing of a  
3 benzodiazepine;
- 4 (d) prescribing a muscle relaxant, such as carisoprodol, to patient B in combination  
5 with buprenorphine and alprazolam without adequate medical indication for the  
6 prescribing of a muscle relaxant;
- 7 (e) prescribing eszopiclone (Lunesta) to patient B in combination with buprenorphine  
8 without adequate medical indication for the prescribing of eszopiclone;
- 9 (f) failing to adequately follow up on or document the result of one or more  
10 laboratory studies or specialist consultations for patient B;
- 11 (g) failing to adequately assess or document patient B's progress with regard to any  
12 established treatment goals pertinent to her documented diagnosis of an opioid  
13 use disorder;
- 14 (h) failing to adequately confirm patient B's compliance with treatment, or lack  
15 thereof; and
- 16 (i) failing to adequately respond to one or more reports of a significant change in  
17 patient B's condition.

18 **Patient C**

19 47. On or about August 10, 2015, a then twenty-seven-year-old male, "patient C",  
20 presented to Respondent for the first time. In his office visit note for this appointment,  
21 Respondent documented, among other things, that patient C had been taking one  
22 Suboxone 8 mg-2 mg per day, that patient C previously "was on heroin[,] oxycodone and  
23 onrocode [sic][,]" a diagnosis of opioid type dependence, in remission, and issuing a prescription  
24 for a thirty-day supply of Suboxone 8 mg-2 mg, to be administered once per day, with two refills.

25 48. At patient C's initial office visit with Respondent on or about August 10, 2015,  
26 Respondent failed to adequately establish or document patient C's substance abuse, mental health  
27 and social histories sufficient to properly formulate a diagnosis of an opioid use disorder.

28 / / / /

1 Further, Respondent failed to adequately establish or document the nature and extent of  
2 patient C's prior abuse of certain drugs.

3 49. At patient C's initial office visit with Respondent on or about August 10, 2015,  
4 Respondent failed to adequately establish or document informed consent for buprenorphine  
5 therapy including, but not limited to, discussing or documenting discussion of potential harms of  
6 buprenorphine therapy or alternative treatment options for an opioid use disorder.

7 50. At patient C's initial office visit with Respondent on or about August 10, 2015,  
8 Respondent failed to adequately establish or document a treatment plan and objectives for  
9 patient C.

10 51. At or before patient C's initial office visit with Respondent on or about August 10,  
11 2015, Respondent failed to review medical records for patient C by any former medical care  
12 providers, order or review a urine drug screen or other toxicology drug screening for patient C, or  
13 review the CURES database for any controlled substance prescriptions listed for patient C.

14 52. Subsequent to the August 10, 2015 appointment, Respondent documented  
15 approximately 29 office visits with patient C through as late as May 15, 2018 (i.e., thirty total  
16 visits documented from August 10, 2015 to May 15, 2018).

17 53. The CURES database lists recurring prescriptions for Suboxone, seemingly consistent  
18 with a prescribing pattern of Suboxone 8 mg-2 mg once per day, as having been issued by  
19 Respondent and filled by patient C in or around August 2015 to March 13, 2016:

<b>Date Filled</b>	<b>Drug Name</b>	<b>Strength</b>	<b>Qty</b>	<b>Days Supply</b>	<b>Refill#</b>
8/14/15	Suboxone	8 mg-2 mg	30	30	0
10/7/15	Suboxone	8 mg-2 mg	2	2	0
10/11/15	Suboxone	8 mg-2 mg	1	1	0
10/12/15	Suboxone	8 mg-2 mg	15	15	1
11/9/15	Suboxone	8 mg-2 mg	1	1	2
11/11/15	Suboxone	8 mg-2 mg	11	11	3
11/29/15	Suboxone	8 mg-2 mg	7	7	0
12/9/15	Suboxone	8 mg-2 mg	1	1	1

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

Date Filled	Drug Name	Strength	Qty	Days Supply	Refill#
12/10/15	Suboxone	8 mg-2 mg	5	5	2
12/20/15	Suboxone	8 mg-2 mg	4	4	3
12/28/15	Suboxone	8 mg-2 mg	5	5	0
1/10/16	Suboxone	8 mg-2 mg	1	1	1
1/11/16	Suboxone	8 mg-2 mg	7	7	2
1/19/16	Suboxone	8 mg-2 mg	8	8	3
1/25/16	Suboxone	8 mg-2 mg	7	7	4
1/29/16	Suboxone	8 mg-2 mg	7	7	4
2/3/16	Suboxone	8 mg-2 mg	8	8	0
2/8/16	Suboxone	8 mg-2 mg	7	7	1
2/12/16	Suboxone	8 mg-2 mg	7	7	2
2/16/16	Suboxone	8 mg-2 mg	7	7	3
2/20/16	Suboxone	8 mg-2 mg	7	7	0
2/24/16	Suboxone	8 mg-2 mg	7	7	1
2/28/16	Suboxone	8 mg-2 mg	7	7	2
3/3/16	Suboxone	8 mg-2 mg	7	7	3
3/7/16	Suboxone	8 mg-2 mg	6	6	5
3/10/16	Suboxone	8 mg-2 mg	2	2	4
3/11/16	Suboxone	8 mg-2 mg	2	2	5
3/13/16	Suboxone	8 mg-2 mg	1	1	4

54. Notes for office visits between Respondent and patient C in or around August 2015 to April 13, 2016 stated on multiple occasions that patient C was “[u]sing smaller amounts” without providing further explanation or identifying the drug or substance purportedly being used in smaller amounts.

55. Although Respondent first documented an opioid use disorder diagnosis and opioid prescription for patient C on or about August 14, 2015, Respondent did not order or review a toxicology drug screen for patient C until, at the earliest, approximately eight months later, on or about April 13, 2016.

////

1 56. Respondent would not order or review another toxicology drug screen for patient C  
2 until, at the earliest, more than two years later, on or about June 15, 2018.

3 57. The CURES database lists recurring prescriptions for Suboxone, seemingly  
4 consistent with a prescribing pattern of Suboxone 8 mg-2 mg twice per day, as having been issued  
5 by Respondent and filled to patient C in or around March 14, 2016 to May 31, 2016:

<b>Date Filled</b>	<b>Drug Name</b>	<b>Strength</b>	<b>Qty</b>	<b>Days Supply</b>	<b>Refill#</b>
3/14/16	Suboxone	8 mg-2 mg	10	5	0
3/19/16	Suboxone	8 mg-2 mg	10	5	1
3/24/16	Suboxone	8 mg-2 mg	10	5	2
3/29/16	Suboxone	8 mg-2 mg	7	3	3
4/2/16	Suboxone	8 mg-2 mg	8	4	4
4/8/16	Suboxone	8 mg-2 mg	7	3	0
4/11/16	Suboxone	8 mg-2 mg	8	4	1
4/15/16	Suboxone	8 mg-2 mg	10	5	0
4/20/16	Suboxone	8 mg-2 mg	10	5	1
4/25/16	Suboxone	8 mg-2 mg	10	5	2
4/30/16	Suboxone	8 mg-2 mg	10	5	3
5/6/16	Suboxone	8 mg-2 mg	10	5	4
5/12/16	Suboxone	8 mg-2 mg	10	5	5
5/17/16	Suboxone	8 mg-2 mg	10	5	0
5/22/16	Suboxone	8 mg-2 mg	10	5	1
5/26/16	Suboxone	8 mg-2 mg	10	5	2
5/31/16	Suboxone	8 mg-2 mg	10	5	3

22 58. Despite documenting office visits with patient C on March 14, 2016 and April 13,  
23 2016, Respondent did not document any increase in the dosage of patient C's Suboxone  
24 prescription until, at the earliest, May 13, 2016. In the office visit note dated May 13, 2016,  
25 Respondent failed to adequately establish or document a medical indication or rationale for  
26 changing patient C's Suboxone dosage.

27 59. In the note for the subsequent office visit with patient C dated June 13, 2016,  
28 Respondent documented that patient C's current medications included Suboxone 8 mg – 2 mg

1 once a day, despite documenting in the preceding office visit note, as well as elsewhere in the  
2 June 13, 2016 office visit note, that the dosage had been increased to twice a day.

3 60. Elsewhere in the office visit note dated June 13, 2016, Respondent documented  
4 “[d]iscuss change in med [sic]” as a reason for the appointment and the commencement of a  
5 prescription for Bunavail<sup>14</sup> 4.2 mg-0.7 mg twice a day.

6 61. In the note for the subsequent office visit with patient C dated July 13, 2016,  
7 Respondent documented that patient C was to stop Bunavail. Further, Respondent again  
8 documented inconsistent Suboxone prescription dosages in this office visit note.

9 62. In or around June and July 2016, Respondent failed to adequately establish or  
10 document a medical rationale for starting and stopping patient C on Bunavail.

11 63. The CURES database lists a prescription for Bunavail as having been issued by  
12 Respondent and filled to patient C in or around June 2016, along with prescriptions for Suboxone:

<b>Date Filled</b>	<b>Drug Name</b>	<b>Strength</b>	<b>Qty</b>	<b>Days Supply</b>	<b>Refill#</b>
6/4/16	Suboxone	8 mg-2 mg	10	5	4
6/8/16	Suboxone	8 mg-2 mg	10	5	5
6/14/16	Bunavail	4.2 mg-0.7 mg	10	5	0
6/17/16	Suboxone	8 mg-2 mg	10	5	0
6/20/16	Suboxone	8 mg-2 mg	10	5	1
6/25/16	Suboxone	8 mg-2 mg	10	5	2
6/30/16	Suboxone	8 mg-2 mg	10	5	3

13  
14  
15  
16  
17  
18  
19  
20  
21 64. In or around July 2016 to at least March 2017, the CURES database lists no more  
22 Bunavail prescriptions, but does list continuing prescriptions for Suboxone as having been issued  
23 by Respondent and filled to patient C:

<b>Date Filled</b>	<b>Drug Name</b>	<b>Strength</b>	<b>Qty</b>	<b>Days Supply</b>	<b>Refill#</b>
7/5/16	Suboxone	8 mg-2 mg	10	5	4
7/8/16	Suboxone	8 mg-2 mg	10	5	5

24  
25  
26  
27 <sup>14</sup> Bunavail is a brand name for a combination of buprenorphine and naloxone, is a  
28 Schedule III controlled substance pursuant to Health and Safety Code section 11056, subdivision  
(e), and a dangerous drug pursuant to Business and Professions Code section 4022.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

Date Filled	Drug Name	Strength	Qty	Days Supply	Refill#
7/13/16	Suboxone	8 mg-2 mg	8	4	0
7/16/16	Suboxone	8 mg-2 mg	10	5	1
7/20/16	Suboxone	8 mg-2 mg	10	5	2
7/24/16	Suboxone	8 mg-2 mg	8	4	3
7/27/16	Suboxone	8 mg-2 mg	8	4	4
7/30/16	Suboxone	8 mg-2 mg	8	4	5
8/3/16	Suboxone	8 mg-2 mg	8	4	6
8/8/16	Suboxone	8 mg-2 mg	8	4	0
8/12/16	Suboxone	8 mg-2 mg	8	4	0
8/16/16	Suboxone	8 mg-2 mg	8	4	1
8/21/16	Suboxone	8 mg-2 mg	8	4	2
8/25/16	Suboxone	8 mg-2 mg	8	4	3
8/28/16	Suboxone	8 mg-2 mg	8	4	4
9/2/16	Suboxone	8 mg-2 mg	8	4	5
9/8/16	Suboxone	8 mg-2 mg	8	4	0
9/13/16	Suboxone	8 mg-2 mg	8	4	1
9/17/16	Suboxone	8 mg-2 mg	8	4	2
9/22/16	Suboxone	8 mg-2 mg	8	4	3
9/25/16	Suboxone	8 mg-2 mg	8	4	4
9/28/16	Suboxone	8 mg-2 mg	8	4	5
10/2/16	Suboxone	8 mg-2 mg	8	4	6
10/6/16	Suboxone	8 mg-2 mg	8	4	0
10/10/16	Suboxone	8 mg-2 mg	8	4	1
10/14/16	Suboxone	8 mg-2 mg	8	30	2
10/17/16	Suboxone	8 mg-2 mg	20	10	3
10/27/16	Suboxone	8 mg-2 mg	8	4	4
11/1/16	Suboxone	8 mg-2 mg	8	4	0
11/4/16	Suboxone	8 mg-2 mg	8	4	5
11/9/16	Suboxone	8 mg-2 mg	8	4	0
11/13/16	Suboxone	8 mg-2 mg	8	4	1



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

Date Filled	Drug Name	Strength	Qty	Days Supply	Refill#
11/17/16	Suboxone	8 mg-2 mg	8	4	2
11/22/16	Suboxone	8 mg-2 mg	1	1	3
11/23/16	Suboxone	8 mg-2 mg	12	6	4
11/30/16	Suboxone	8 mg-2 mg	2	1	5
12/1/16	Suboxone	8 mg-2 mg	15	7	0
12/9/16	Suboxone	8 mg-2 mg	15	5	1
12/18/16	Suboxone	8 mg-2 mg	15	7	2
12/27/16	Suboxone	8 mg-2 mg	8	4	3
1/2/17	Suboxone	8 mg-2 mg	15	7	4
1/9/17	Suboxone	8 mg-2 mg	15	7	5
1/24/17	Suboxone	8 mg-2 mg	8	8	7
1/29/17	Suboxone	8 mg-2 mg	5	2	8
2/1/17	Suboxone	8 mg-2 mg	15	8	0
2/8/17	Suboxone	8 mg-2 mg	15	8	1
2/16/17	Suboxone	8 mg-2 mg	15	8	2
2/25/17	Suboxone	8 mg-2 mg	7	4	3
3/3/17	Suboxone	8 mg-2 mg	29	14	0
3/23/17	Suboxone	8 mg-2 mg	16	8	1

65. Multiple notes for office visits between Respondent and patient C following June 2016, through at least April 2017, continued to inconsistently document the Suboxone dosages prescribed by Respondent to Patient C.

66. On multiple occasions throughout the course of Respondent's care and treatment of patient C, Respondent failed to adequately assess or document patient C's progress toward any established treatment objectives, patient C's adherence to treatment, or whether patient C was having any adverse effects from his use of buprenorphine (contained in both Suboxone and Bunavail).

67. Although Respondent first documented an opioid use disorder diagnosis and controlled substance prescription for patient C on or about August 14, 2015, Respondent's medical records for patient C contain no record that Respondent reviewed the CURES database

1 for controlled substance prescriptions listed for patient C until, at the earliest, May 2018, almost  
2 three years after commencing treatment of the patient.

3 68. Throughout the course of Respondent's care and treatment of patient C through at  
4 least May 15, 2018, Respondent failed to adequately ascertain or document the nature or  
5 existence of any comorbid illnesses relevant to a patient with an opioid use disorder including,  
6 but not limited to, ordering or reviewing laboratory testing to ascertain whether patient C had any  
7 liver disease or infectious disease, such as hepatitis or HIV.

8 69. Throughout the course of Respondent's care and treatment of patient C through at  
9 least May 15, 2018, Respondent failed to adequately establish or document patient C's  
10 involvement in drug abuse counseling or rehabilitation programs.

11 70. Respondent committed gross negligence in his care and treatment of patient C in that  
12 he failed to properly evaluate patient C prior to prescribing him medication for treatment of an  
13 opioid use disorder including, but not limited to:

- 14 (a) failing to establish sufficient detail regarding patient C's substance abuse history,  
15 mental health history, and social history in order to properly establish a diagnosis  
16 of an opioid use disorder;
- 17 (b) failing to order or review laboratory testing to ascertain whether patient C had any  
18 infection, liver disease, or infectious disease such as hepatitis or HIV;
- 19 (c) failing to adequately establish informed consent at the outset of buprenorphine  
20 treatment;
- 21 (d) failing to adequately delineate a treatment plan and objectives for patient C;
- 22 (e) and failing to order or review a toxicology drug screen and the CURES database  
23 at the outset of buprenorphine treatment.

24 71. Respondent committed gross negligence in his care and treatment of patient C in that  
25 he failed to properly monitor patient C's treatment for an opioid use disorder including, but not  
26 limited to:

- 27 (a) failing to adequately document patient C's progress toward any established  
28 treatment objectives;

- 1 (b) failing to adequately document patient C's adherence to treatment;
- 2 (c) failing to adequately document whether patient C suffered any adverse effects
- 3 from his use of buprenorphine;
- 4 (d) failing to make adequate efforts to use toxicology drug screens to monitor
- 5 patient C's compliance with treatment;
- 6 (e) failing to make adequate efforts to review the CURES database; and
- 7 (f) failing to adequately establish patient C's involvement in drug abuse counseling
- 8 or rehabilitation.

9 **SECOND CAUSE FOR DISCIPLINE**

10 **(Repeated Acts of Negligence)**

11 72. Respondent has further subjected his Physician's and Surgeon's Certificate

12 No. A 36345 to disciplinary action under sections 2227 and 2234, as defined by section 2234,

13 subdivision (c), of the Code in that he committed repeated negligent acts in his care and treatment

14 of at least three patients as more particularly alleged hereinafter:

15 73. Paragraphs 9 to 71, above, are hereby incorporated by reference and realleged as if

16 fully set forth herein.

17 74. Respondent committed negligence in his care and treatment of patient A in that he

18 failed to maintain adequate and accurate records pertaining to Respondent's prescribing of

19 controlled substances to patient A for pain including, but not limited to:

- 20 (a) documenting multiple office visit notes with repetitive and inaccurate content that
- 21 appears to have been entered by default or copied forward from prior notes;
- 22 (b) failing to adequately document the nature and extent of patient A's pain and its
- 23 impact on his functioning;
- 24 (c) failing to adequately document examination findings relevant to patient A's
- 25 musculoskeletal and neurological condition;
- 26 (d) failing to adequately document diagnostic testing relevant to the patient's reported
- 27 chronic pain;

28 / / / /

- 1 (e) failing to adequately document the Respondent's course of treatment for  
2 patient A, including patient A's compliance with treatment, progress toward any  
3 established treatment goals, and tolerance for prescribed medications; and  
4 (f) failing to adequately and accurately document prescribed medication and  
5 medication amounts on multiple occasions.

6 75. Respondent committed negligence in his care and treatment of patient B in that he  
7 failed to properly evaluate patient B prior to prescribing her buprenorphine for treatment of an  
8 opioid use disorder including, but not limited to:

- 9 (a) failing to adequately and independently corroborate patient B's prior diagnosis of  
10 an opioid use disorder;  
11 (b) failing to adequately address a significant discrepancy in patient B's reported  
12 Suboxone use at the outset of buprenorphine treatment;  
13 (c) failing to order or review a toxicology drug screen for patient B at the outset of  
14 buprenorphine treatment; and  
15 (d) failing to review the CURES database for controlled substances listed for  
16 patient B at the outset of buprenorphine treatment.

17 76. Respondent committed negligence in his care and treatment of patient B in that he  
18 failed to maintain adequate and accurate records pertinent to his prescribing of medications to  
19 patient B including, but not limited to:

- 20 (a) failing to adequately document patient B's medical history and relevant physical  
21 examination findings;  
22 (b) failing to adequately document diagnostic testing for patient B;  
23 (c) failing to adequately and accurately document medications and medication  
24 amounts prescribed to patient B on multiple occasions;  
25 (d) failing to document a treatment plan, patient B's compliance with any such  
26 treatment plan, and whether patient B was benefitting or being harmed from  
27 treatment;

28 / / / /

- 1 (e) failing to adequately document ancillary treatment rendered to patient B, such as  
2 treatment by any consulting specialists; and  
3 (f) documenting multiple office visit notes with repetitive and inaccurate content that  
4 appears to have been entered by default or copied forward from prior notes.

5 77. Respondent committed negligence in his care and treatment of patient C in that he  
6 failed to maintain adequate and accurate records pertaining to Respondent's prescribing of  
7 medications to patient C to treat an opioid use disorder including, but not limited to:

- 8 (a) misidentifying patient C's sex in all or nearly all of Respondent's office visit  
9 notes for patient C;  
10 (b) documenting multiple office visit notes containing repetitive and inaccurate  
11 content that appears to have been entered by default or copied forward from prior  
12 visit notes;  
13 (c) failing to adequately and accurately document the medication or medication  
14 amounts prescribed to patient C on multiple occasions;  
15 (d) and failing to adequately document the history of patient C's course of treatment  
16 with Respondent including, but not limited to, patient C's compliance with  
17 treatment, patient C's progress toward treatment goals, and patient C's tolerance  
18 for the prescribed medication.

19 **THIRD CAUSE FOR DISCIPLINE**

20 **(Prescribing, Dispensing, or Furnishing of a Dangerous Drug without an Appropriate Prior  
21 Examination and a Medical Indication)**

22 78. Respondent has further subjected his Physician's and Surgeon's Certificate  
23 No. A 36345 to disciplinary action under sections 2227 and 2234, as defined by section 2242, of  
24 the Code in that he prescribed, dispensed, or furnished a dangerous drug on one or more  
25 occasions without an appropriate prior examination and a medical indication as more particularly  
26 alleged in paragraphs 9 to 75, above, which are hereby incorporated by reference and realleged as  
27 if fully set forth herein.

28 / / / /

1 **FOURTH CAUSE FOR DISCIPLINE**

2 **(Repeated Acts of Clearly Excessive Prescribing)**

3 79. Respondent has further subjected his Physician's and Surgeon's Certificate  
4 No. A 36345 to disciplinary action under sections 2227 and 2234, as defined by section 725, of  
5 the Code in that he committed repeated acts of clearly excessive prescribing, furnishing,  
6 dispensing or administering of a drug or treatment as more particularly alleged in  
7 paragraphs 9 to 75, above, which are hereby incorporated by reference and realleged as if fully set  
8 forth herein.

9 **FIFTH CAUSE FOR DISCIPLINE**

10 **(Failure to Maintain Adequate and Accurate Records)**

11 80. Respondent has further subjected his Physician's and Surgeon's Certificate  
12 No. A 36345 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of  
13 the Code in that he failed to maintain adequate and accurate records relating to his provision of  
14 services to one or more patients as more particularly alleged in paragraphs 9 to 77, above, which  
15 are hereby incorporated by reference and realleged as if fully set forth herein.

16 **SIXTH CAUSE FOR DISCIPLINE**

17 **(Violation of the Medical Practice Act)**

18 81. Respondent has further subjected his Physician's and Surgeon's Certificate  
19 No. A 36345 to disciplinary action under sections 2227 and 2234, as defined by section 2234,  
20 subdivision (a), of the Code in that he violated or attempted to violate, directly or indirectly, any  
21 provision of the Medical Practice Act as more particularly alleged in paragraphs 9 to 80, above,  
22 which are hereby incorporated by reference and realleged as if fully set forth herein.

23 **DISCIPLINARY CONSIDERATIONS**

24 82. To determine the degree of discipline, if any, to be imposed on Respondent,  
25 Complainant alleges that on or about May 19, 1998, in a prior action, the Board issued  
26 Decision No. 11-96-61601 (the "Decision"), which is hereby incorporated by reference and  
27 alleged as if fully set forth herein, wherein the Board found that Respondent committed repeated  
28 negligent acts, incompetence, unprofessional conduct, and failed to keep accurate or complete

1 records in rendering medical care and treatment to two pregnant female patients. The decision  
2 revoked Respondent's Physician's and Surgeon's Certificate No. A 36345, revocation stayed, and  
3 placed Respondent on four years' probation. Probation conditions imposed on Respondent  
4 included, but were not limited to, completion of a physician assessment and clinical education  
5 program of at least three days and including appropriate patient chart documentation, practice  
6 monitoring, and the completion of an ethics course. By a subsequent Board decision on or about  
7 March 1, 2001, a Petition for Penalty Relief filed by Respondent was granted and his probation  
8 was terminated effective March 30, 2001.

9 **PRAYER**

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

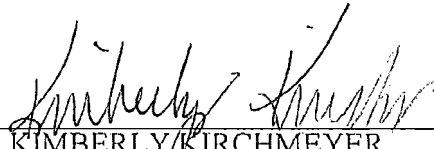
12 1. Revoking or suspending Physician's and Surgeon's Certificate No. A 36345, issued  
13 to Respondent Mark Scheier, M.D.;

14 2. Revoking, suspending or denying approval of Respondent Mark Scheier, M.D.'s  
15 authority to supervise physician assistants and advanced practice nurses;

16 3. Ordering Respondent Mark Scheier, M.D., if placed on probation, to pay the Board  
17 the costs of probation monitoring; and

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

19  
20 DATED: December 31, 2018

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