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

In the Matter of the First Amended Accusation Against: **Mark Edward Knoble, M.D.** **Physician's and Surgeon's Certificate No. G 77414** **Respondent.**	**Case No. 800-2016-021167**

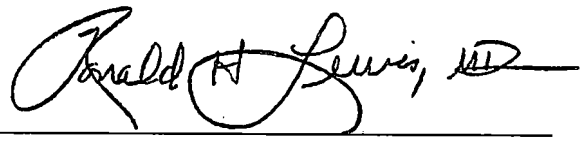
DECISION

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 May 29, 2020.

IT IS SO ORDERED: May 1, 2020.

MEDICAL BOARD OF CALIFORNIA



Ronald H. Lewis, M.D., Chair
Panel A

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

In the Matter of the Accusation Against: **MARK EDWARD KNOBLE, M.D.** **3288 Bell Rd** **Auburn, CA 95603** **Physician's and Surgeon's Certificate No. G 77414** Respondent.	Case No. 800-2016-021167 OAH No. 2019031130 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

1. Christine J. Lally (Complainant) is the Interim Executive Director of the Medical Board of California (Board). She brought this action solely in her official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Jannsen Tan, Deputy Attorney General.

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2. Respondent Mark Edward Knoble, M.D. (Respondent) is represented in this proceeding by attorney Lawrence S. Girardina, whose address is: 400 University Ave. Sacramento, CA 95825-6502

3. On or about August 16, 1993, the Board issued Physician's and Surgeon's Certificate No. G 77414 to Mark Edward Knoble, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2016-021167, and will expire on March 31, 2021, unless renewed.

JURISDICTION

Accusation No. 800-2016-021167 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on May 16, 2019. Respondent timely filed his Notice of Defense contesting the Accusation.

4. A copy of Accusation No. 800-2016-021167 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2016-021167. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

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CULPABILITY

8. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2016-021167, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

9. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a prima facie case with respect to the charges and allegations contained in Accusation No. 800-2016-021167, and that Respondent hereby gives up his right to contest those charges.

10. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in Accusation No. 800-2016-021167 shall be deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any other licensing proceeding involving respondent in the State of California.

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

RESERVATION

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

CONTINGENCY

13. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails

to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

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

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 77414 issued to Respondent Mark Edward Knoble, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for four (4) years on the following terms and conditions.

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

2. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in prescribing practices approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent.

Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The prescribing practices course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

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

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

Respondent shall submit a certification of successful completion to the Board or its

designee not later than 15 calendar days after successfully completing the course, or not later than 15 calendar days after the effective date of the Decision, whichever is later.

4. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a professionalism program, that meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1. Respondent shall participate in and successfully complete that program. Respondent shall provide any information and documents that the program may deem pertinent. Respondent shall successfully complete the classroom component of the program not later than six (6) months after Respondent's initial enrollment, and the longitudinal component of the program not later than the time specified by the program, but no later than one (1) year after attending the classroom component. The professionalism program shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

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

If Respondent fails to establish a practice with another physician or secure employment in an appropriate practice setting within 60 calendar days of the effective date of this Decision, Respondent shall receive a notification from the Board or its designee to cease the practice of

medicine within three (3) calendar days after being so notified. The Respondent shall not resume practice until an appropriate practice setting is established.

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

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

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

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

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

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

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

10. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

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

Place of Practice

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

License Renewal

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

Travel or Residence Outside California

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

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

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

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

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

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

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

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

13. COMPLETION OF PROBATION. Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the

completion of probation. Upon successful completion of probation, Respondent's certificate shall be fully restored.

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

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

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

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Lawrence S. Girardina. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement

and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 2/24/20

MARK EDWARD KNOBLE, M.D.
Respondent

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

DATED: 2/25/20

LAWRENCE S. GIRARDINA
Attorney for Respondent

ENDORSEMENT

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

DATED: 3/18/20

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
STEVEN D. MUNI
Supervising Deputy Attorney General

JANNSEN TAN
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2016-021167

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

In the Matter of the First Amended Accusation Against: **MARK EDWARD KNOBLE, M.D.** **3288 Bell Rd** **Auburn, CA 95603** **Physician's and Surgeon's Certificate No. G 77414,** Respondent.	Case No. 800-2016-021167 **FIRST AMENDED ACCUSATION**

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer (Complainant) brings this First Amended Accusation (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 August 16, 1993, the Medical Board issued Physician's and Surgeon's Certificate No. G 77414 to Mark Edward Knoble, 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 March 31, 2021, unless renewed.

JURISDICTION

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

4. Section 2227 of the Code 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:

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

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

"(b) Gross negligence.

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

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

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

"(d) Incompetence.

"..."

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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."

DRUGS

7. Fentanyl – Generic name for the drug Duragesic. Fentanyl is a potent, synthetic opioid analgesic with a rapid onset and short duration of action used for pain. The fentanyl transdermal patch is used for long term chronic pain. It has an extremely high danger of abuse and can lead to addiction as the medication is estimated to be 80 times more potent than morphine and hundreds of more times potent than heroin.[1] Fentanyl is a Schedule II controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.12 and is a Schedule II controlled substance pursuant to California Health and Safety Code section 11055(c). It is a dangerous drug pursuant to California Business and Professions Code section 4022.

8. Oxycodone –The generic name for the drug OxyContin. Oxycodone is a long acting opioid analgesic used to treat moderate to severe pain. It has a high danger of abuse and can lead to addiction. Oxycodone is a Schedule II controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.12. Oxycodone is a dangerous drug pursuant to California Business and Professions Code section 4022 and is a Schedule II controlled substance pursuant to California Health and Safety Code section 11055(b).

9. Oxycodone with Acetaminophen – The generic name for Percocet. Percocet is a short acting opioid analgesic used to treat moderate to severe pain. Percocet is a Schedule II controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.12. Percocet is a dangerous drug pursuant to California Business and Professions Code section 4022 and is a Schedule II controlled substance pursuant to California Health and Safety Code section 11055(b).

10. Hydrocodone with acetaminophen – The generic name for the drugs Vicodin, Norco, Lorcet and Lortab. Hydrocodone with acetaminophen is classified as an opioid analgesic combination product used to treat moderate to moderately severe pain. Prior to October 6, 2014,

[1] http://www.cdc.gov/niosh/ershdb/EmergencyResponseCard_29750022.html

Hydrocodone with acetaminophen was a Schedule III controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.13(e).[2] Hydrocodone with acetaminophen is a dangerous drug pursuant to California Business and Professions Code section 4022 and is a Schedule II controlled substance pursuant to California Health and Safety Code section 11055, subdivision (b).

11. Oxymorphone – The generic name for Opana. Oxymorphone is a long acting opioid analgesic used to treat moderate to severe pain. It has a high danger of abuse and can lead to addiction. Oxymorphone is a Schedule II controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.12. Oxymorphone is a dangerous drug pursuant to California Business and Professions Code section 4022 and is a Schedule II controlled substance pursuant to California Health and Safety Code section 11055(b).

12. Lorazepam – The generic name for Ativan. Lorazepam is a member of the benzodiazepine family and is a fast acting anti-anxiety medication used for the short-term management of severe anxiety. Lorazepam is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.14(c). It is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

13. Clonazepam – The generic name for Klonopin. Clonazepam is an anti-anxiety medication in the benzodiazepine family used to prevent seizures, panic disorder and akathisia. Clonazepam is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.14(c). It is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

14. Alprazolam – The generic name for the drug Xanax. Alprazolam is classified as a benzodiazepine indicated for the treatment of anxiety disorders. Alprazolam is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.14(c) (2), and

[2] On October 6, 2014, Hydrocodone combination products were reclassified as Schedule II controlled substances. Federal Register Volume 79, Number 163. Code of Federal Regulations Title 21 section 1308.12.

Health and Safety Code section 11057(d). It is a dangerous drug as defined by California Business and Professions Code section 4022.

15. Xanax – is the brand name for Alprazolam, a Schedule IV controlled substance pursuant to Health and Safety Code §11057(d), and a dangerous drug pursuant to Business and Professions Code §4022. It is an anti-anxiety medication in the benzodiazepine family.

16. Soma – a trade name for Carisoprodol, is a dangerous drug as defined in §4022 of the Code and was reclassified as a Schedule IV controlled substance effective January 12, 2012 under Code of Federal Regulations Title 21 §1308.14(c).

17. Tramadol – is a narcotic-like pain reliever used to treat moderate to severe pain, and is a Schedule IV controlled substance effective August 18, 2014, and is a dangerous drug pursuant to Code section 4022.

FIRST CAUSE FOR DISCIPLINE
(Gross Negligence-Patient A)

18. Respondent is subject to disciplinary action under sections 2234, subdivision (b) and 2234 in that he committed acts of gross negligence and unprofessional conduct in his care and treatment of patient A[3]. The circumstances are as follows:

19. On or about March 6, 2015, respondent undertook the care and treatment of patient A, a then 17-year-old male. This patient presented with a complaint of chronic pain secondary to fibromyalgia. Prior to respondent's care of this patient, the patient had been on chronic narcotic therapy of hydrocodone with acetaminophen 325/5 mgs per day, (or 5 MED[4] a day). The patient's mother, told respondent at this office visit, that fentanyl, a narcotic 7.2 times stronger than the patient's prescription, helped with her own fibromyalgia. This statement prompted respondent to prescribe 10 fentanyl patches to patient A at 12 mcg/hr and he renewed the hydrocodone prescription but raised it to 325/10 mgs per day (totaling approximately 40 MED/day).

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[3] All patients will be identified in discovery.
[4] Morphine Equivalent Dose.

20. On or about April 6, 2015, respondent next saw patient A, and the patient reported that he had decreased pain on fentanyl. Respondent then increased the fentanyl prescription to 10 patches at 25 mcg/hr and renewed the hydrocodone with acetaminophen 10 mg, 30 tablets/month, (for a total MED of approximately 70). This pattern of prescribing opioids by respondent to this patient extended through October 21, 2015.

21. Patient A was next seen on October 27, 2015, when respondent decreased the patient's fentanyl dose to 12 mcg/hr for 5 patches, but adds a prescription of hydromorphone 2mg, 45 tablets for the month. The hydromorphone was refilled by respondent on November 10, 2015 for 60 tablets, November 30, 2015 for 75 tablets and December 22, 2015 for 75 tablets. No explanation for the changes in the dose, quantity and opiate selection was provided by respondent in the medical record.

22. Patient A was next seen on or about January 14, 2016, where the patient complained about chronic untreated pain. The patient requested a prescription for Oxycontin 30 mgs., twice daily. Respondent told the patient that he would prescribe Oxycontin 15 mg., twice daily with 60 tablets. In addition, respondent also prescribed 75 tablets of Hydromorphone 2mg.

23. On or about February 2, 2016, respondent prescribed to patient A, Oxymorphone 10 mg. 30 tablets. Then on or about February 15, 2016, respondent prescribed to patient A, Oxymorphone 10 mg. 30 tablets and Hydromorphone 2mg. 75 tablets without explanation. Additionally, from November 20, 2015 through April 6, 2016, respondent also prescribed the following benzodiazepines to patient A: Clonazepam .5 mg 60 tablets in November 2015; Lorazepam 1 mg 20 tablets in January 2016; Alprazolam 1 mg 20 tablets, Lorazepam 1mg 20 tablets, and Alprazolam 1 mg 20 tablets in February 2016; Alprazolam 1 mg 20 tablets in March 2016. On April 21, 2016, respondent dismissed patient A for non-compliance of his controlled substance contract by requesting early refills.

24. Respondent failed to complete a thorough medical history or evaluation, failed to document the assessment of addictive disorders, failed to consider the patient's history of mental illness, (including a December 2014 psychiatric hospitalization with acute psychosis), failed to consider the patient's young age, and failed to consider the lack of efficacy in using chronic

opioid therapy for the treatment of fibromyalgia, which collectively constitutes an extreme departure from the standard of care.

25. Respondent's failure to document patient A's clinical history to support long-term narcotic therapy, combined with the patient's age and mental history which increased the risk of negative outcomes, along with respondent's action of prescribing benzodiazepines concurrently constitutes an extreme departure from the standard of care.

26. Respondent's failure to develop and document a treatment plan and objectives, and his failure to discuss non-opiate treatment options with patient A constitutes an extreme departure from the standard of care.

27. Respondent's lack of documentation regarding compliance monitoring from patient A constitutes an extreme departure.

28. Respondent's lack of ongoing assessment of patient A's progress toward treatment of objectives constitutes an extreme departure from the standard of care.

SECOND CAUSE FOR DISCIPLINE
(Gross Negligence-Patient B)

29. Respondent is subject to disciplinary action under sections 2234, subdivision (b) and 2234 in that he committed acts of gross negligence and unprofessional conduct in his care and treatment of patient B. The circumstances are as follows:

30. On or about October 21, 1999 respondent commenced treatment of patient B, a then 35-year old female primarily for chronic pain, secondary to Ehlers-Danlos Syndrome[5].

31. Respondent reported that patient B came to his practice on chronic controlled substances consisting of Oxycontin 80 mgs., three times a day, and also hydrocodone 10, to be used for breakthrough pain. Additionally, the patient was on Xanax for bipolar related anxiety.

32. As early as March 4, 2003, respondent was aware that patient B exhibited certain high risk behaviors for continued treatment with chronic controlled substances, including respondent's note that the patient was abusing cocaine. At that time the patient was on oxycodone 80 mgs, three times daily, with additional 5 mgs 1-2 tablets twice a day for breakthrough pain.

[5] A connective tissue disorder affecting skin, joints and blood vessels.

Additionally, respondent had prescribed hydrocodone 10 (Vicodin), 1-2 tablets four times daily as needed and Xanax .5 mgs three times a day. The total medication from this time frame adds up to 390 MED possible per day. The other behaviors from patient B, documented by respondent, that should have caused concern include on October 24, 2005, the patient reported falling off her bike, and on October 4, 2007, the patient reported falling several times. On February 24, 2000, patient B reported that she took too much Xanax accidently and on August 26, 2011, she reports to respondent that a family member "steals" her pain medication.

33. In 2014 through 2016, respondent was prescribing approximately the following: Oxycontin 80 mg 90 tablets, every two months, Oxycontin 60 mgs 60 tablets, every two months, Oxycontin 40 mgs 90 tablets, every two months, 325/10 hydrocodone with acetaminophen 90 tablets per month, along with alprazolam 2 mg 90 tablets, and clonazepam 2 mgs 90 tablets, monthly. (This patient ranged in average MED per day depending on the number of refills from 429 MED in 2014 to 600 MED in 2016). On January 7, 2016, patient B reported to respondent that she is suicidal and on December 24, 2016, that she went to the emergency room after she fell in her home.

34. Respondent failed to adequately assess the patient and failed to perform stratification of patient B's risk for long term high-dose controlled substance treatment, which collectively constitutes an extreme departure from the standard of care.

35. Respondent's failure to develop and document a comprehensive treatment plan and objectives for patient B constitutes an extreme departure from the standard of care.

36. Respondent's lack of documentation regarding compliance monitoring from patient B in the form of review of CURES reports, drug testing, or pill counting constitutes an extreme departure.

37. Respondent's lack of ongoing assessment of patient B's progress toward treatment of objectives constitutes an extreme departure from the standard of care.

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THIRD CAUSE FOR DISCIPLINE
(Gross Negligence-Patient C)

38. Respondent is subject to disciplinary action under sections 2234, subdivision (b) and 2234 in that he committed acts of gross negligence and unprofessional conduct in his care and treatment of patient C. The circumstances are as follows:

39. On or about November 21, 2014, respondent undertook the care and treatment of patient C, a then 45-year-old female, for chronic pain secondary to fibromyalgia, migraine headaches and chronic pelvic pain with sporadic acute pain needs. From November 2014 through June 2016, respondent prescribed the following to patient C: Oxycodone HCL 10 mg 60 tablets, monthly, and hydrocodone with acetaminophen, 325/10 60 tablets, monthly. From November 2014 through June 2015 respondent also prescribed to the patient, Fentanyl 25 mcg/1 hour 10 patches, approximately monthly, increasing the number of Fentanyl patches to 15 50 mcg/1 hour from September 2015 through November 2015, and then increasing the dosage of the Fentanyl patches to 100 mcg/1 hour for 15 patches from December 2015 through March 2016. (By the first six months of 2016, respondent was prescribing approximately 330 MED to patient C daily.) Respondent also prescribed benzodiazepines including diazepam 10 mgs 90-150 tablets from July 2015 through January 2016 and carisoprodol 360 mg 60 tablets, from November 2014 through March 2015.

40. Patient C exhibited multiple risk factors for maintaining chronic high dose narcotic therapy as follows: on February 15, 2015, respondent notes that the patient has been exceeding her prescribed quantities of narcotics, on March 22, 2015, patient was taking more pain medication due to ear pain, on October 2, 2015, patient C requests additional pain medication after injuring her hip secondary to a mechanical fall, on October 17, 2015, patient C was involved in a motor vehicle accident that was suspicious of a DUI and patient reports on the same date that she was concerned about being overmedicated, on May 10, 2017, respondent reports this patient made multiple early refill requests, and respondent reports violations by patient C of her pain contract and respondent reports discontinuing narcotics yet prescribed Tramadol, a Schedule IV controlled substance to her.

41. Respondent failed to adequately assess patient C, including a failure to complete a thorough history and physical, failed to document a risk of addictive disorders and failed to perform stratification of patient C's risk for long term high-dose narcotic treatment, despite the lack of evidence of the efficacy of using high dose narcotics to treat fibromyalgia and migraines, collectively constitutes an extreme departure from the standard of care.

42. Respondent's failure to develop and document a comprehensive treatment plan and objectives for patient C constitutes an extreme departure from the standard of care.

43. Respondent's lack of documentation regarding compliance monitoring from patient C in the form of review of CURES reports, drug testing, or pill counting constitutes an extreme departure.

44. Respondent's lack of ongoing assessment of patient C's progress toward treatment of objectives constitutes an extreme departure from the standard of care.

45. Respondent's failure to place patient C on a long-term controlled substance contact until January 8, 2016, nearly fourteen months after he commenced treating her, constitutes an extreme departure from the standard of care.

FOURTH CAUSE FOR DISCIPLINE
(Gross Negligence – Patient D)

46. Respondent is subject to disciplinary action under sections 2234, subdivision (b) and 2234 in that he committed acts of gross negligence and unprofessional conduct in his care and treatment of patient D. The circumstances are as follows:

47. On or about September 1997, respondent undertook the care and treatment of patient D, a then 62-year-old male, after a work related injury. Patient D was being treated for neck and back pain, depression, traumatic brain injury, and other chronic medical conditions. From 2005 through April 2016, respondent prescribed chronic opioid therapy.

48. Patient D exhibited multiple risk factors for maintaining chronic high dose narcotic therapy as follows: respondent knew that patient D had a history of alcoholism and narcotic use; patient D made multiple requests for an early refill; in 2002, Dr. A, a specialist in occupational injuries did not find any long term sequelae from his 1997 injury, and only prescribed exercise

and intermittent medication to address pain; patient D's several lab tests were concerning for alcohol abuse; respondent knew that patient D's traumatic brain injury made it difficult for patient D to manage his narcotic prescription; patient D had depression; and patient D's MED during the period of January through April 2016 increased from 60 MED to an average of 125 MED per day without additional assessment.

49. On March, 23, 2016 and April 1, 2016, patient D asked for early refills. Respondent refilled patient D's medication and failed to order pill counts or random drug screens as delineated in the pain contract.

50. Respondent's failure to appropriately recognize patient D's multiple high risk factors and absence of clinical history supporting long-term narcotic therapy constitutes an extreme departure from the standard of care.

51. Respondent's lack of documentation justifying patient D's MED increase in 2016 constitutes an extreme departure.

52. Respondent's failure to abide by the pain contract constitutes an extreme departure from the standard of care.

53. Respondent's failure to document patient D's progress towards treatment objectives and failed to show the absence of substantial risks or adverse events in light of patient D's behavior constitutes an extreme departure from the standard of care.

FIFTH CAUSE FOR DISCIPLINE
(Repeated Negligent Acts-Patients A, B, C, and D)

54. Respondent is subject to disciplinary action under section 2234 subdivision (c) in that respondent was repeatedly negligent in his care and treatment of patients A, B, C, and D. The circumstances are as follows:

55. Complainant re-alleges paragraphs 18 through 53 and incorporates them by reference herein as though fully set forth.

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SIXTH CAUSE FOR DISCIPLINE
(Inadequate Record Keeping)

56. Respondent is subject to disciplinary action under section 2266 in that respondent failed to maintain adequate and accurate records for patients A, B, C, and D. The circumstances are as follows:

57. Complainant re-alleges paragraphs 18 through 53 above and incorporates them by reference herein as though fully set forth.

58. Respondent's failure to record relevant information to assess patient's risk of addiction, his failure to document ongoing assessment, his failure to record a treatment plan and objectives, as well as a failure to document compliance monitoring, constitutes a failure to maintain adequate and accurate records.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate No. G 77414, issued to Mark Edward Knoble, M.D.;

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

3. Ordering Mark Edward Knoble, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: May 16, 2019

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

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