

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

In the Matter of the Accusation Against:

Paul F. Reardon, M.D.

**Physician's and Surgeons
Certificate No. A 49699**

Case No. 800-2017-037841

Respondent.

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 July 10, 2020.

IT IS SO ORDERED: June 10, 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 JASON J. AHN
Deputy Attorney General
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8 *Attorneys for Complainant*

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

14 In the Matter of the Accusation Against:

15 **PAUL F. REARDON, M.D.**
16 **Newport Coast Mental Health Assoc.**
17 **15 Corporate Plaza Drive, Ste. 140**
18 **Newport Beach, CA 92660**

19 **Physician's and Surgeon's Certificate**
20 **No. A 49699**

Respondent.

Case No. 800-2017-037841

OAH No. 2019080021

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

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

23 **PARTIES**

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

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1 **CULPABILITY**

2 9. Respondent does not contest that at an administrative hearing, Complainant could
3 establish a *prima facie* case with respect to the charges and allegations contained in Accusation
4 No. 800-2017-037841 and that he has thereby subjected his license to disciplinary action.

5 10. Respondent agrees that if he ever petitions for early termination or modification of
6 probation, or if the Board ever petitions for revocation of probation, or if the Board ever petitions
7 for revocation of probation, all of the charges and allegations contained in Accusation No. 800-
8 2017-037841 shall be deemed true, correct, and fully admitted by Respondent for purposes of that
9 proceeding or any other licensing proceeding involving Respondent in the State of California.

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

13 **CONTINGENCY**

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

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1 **ADDITIONAL PROVISIONS**

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

5 14. The parties agree that copies of this Stipulated Settlement and Disciplinary Order,
6 including copies of the signatures of the parties, may be used in lieu of original documents and
7 signatures and, further, that such copies shall have the same force and effect as originals.

8 15. In consideration of the foregoing admissions and stipulations, the parties agree the
9 Board may, without further notice to or opportunity to be heard by Respondent, issue and enter
10 the following Disciplinary Order:

11 **DISCIPLINARY ORDER**

12 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 49699 issued
13 to Respondent Paul F. Reardon, M.D. is revoked. However, the revocation is stayed and
14 Respondent is placed on probation for seven (7) years on the following terms and conditions.

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

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

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

11 3. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective
12 date of this Decision, Respondent shall enroll in a course in prescribing practices approved in
13 advance by the Board or its designee. Respondent shall provide the approved course provider
14 with any information and documents that the approved course provider may deem pertinent.
15 Respondent shall participate in and successfully complete the classroom component of the course
16 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
17 complete any other component of the course within one (1) year of enrollment. The prescribing
18 practices course shall be at Respondent's expense and shall be in addition to the Continuing
19 Medical Education (CME) requirements for renewal of licensure.

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

25 Respondent shall submit a certification of successful completion to the Board or its
26 designee not later than 15 calendar days after successfully completing the course, or not later than
27 15 calendar days after the effective date of the Decision, whichever is later.

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

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

15 Respondent shall submit a certification of successful completion to the Board or its
16 designee not later than 15 calendar days after successfully completing the course, or not later than
17 15 calendar days after the effective date of the Decision, whichever is later.

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

23 The program shall consist of a comprehensive assessment of Respondent's physical and
24 mental health and the six general domains of clinical competence as defined by the Accreditation
25 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to
26 Respondent's current or intended area of practice. The program shall take into account data
27 obtained from the pre-assessment, self-report forms and interview, and the Decision(s),
28 Accusation(s), and any other information that the Board or its designee deems relevant. The

1 program shall require Respondent's on-site participation for a minimum of three (3) and no more
2 than five (5) days as determined by the program for the assessment and clinical education
3 evaluation. Respondent shall pay all expenses associated with the clinical competence
4 assessment program.

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

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

14 If Respondent fails to enroll, participate in, or successfully complete the clinical
15 competence assessment program within the designated time period, Respondent shall receive a
16 notification from the Board or its designee to cease the practice of medicine within three (3)
17 calendar days after being so notified. The Respondent shall not resume the practice of medicine
18 until enrollment or participation in the outstanding portions of the clinical competence assessment
19 program have been completed. If the Respondent did not successfully complete the clinical
20 competence assessment program, the Respondent shall not resume the practice of medicine until a
21 final decision has been rendered on the accusation and/or a petition to revoke probation. The
22 cessation of practice shall not apply to the reduction of the probationary time period.]

23 6. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this
24 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice
25 monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose
26 licenses are valid and in good standing, and who are preferably American Board of Medical
27 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal
28 relationship with Respondent, or other relationship that could reasonably be expected to

1 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
2 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
3 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

4 The Board or its designee shall provide the approved monitor with copies of the Decision(s)
5 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the
6 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed
7 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role
8 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees
9 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the
10 signed statement for approval by the Board or its designee.

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

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

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

26 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
27 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
28 name and qualifications of a replacement monitor who will be assuming that responsibility within

1 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60.
2 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
3 notification from the Board or its designee to cease the practice of medicine within three (3)
4 calendar days after being so notified. Respondent shall cease the practice of medicine until a
5 replacement monitor is approved and assumes monitoring responsibility.

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

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

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

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

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

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1 10. GENERAL PROBATION REQUIREMENTS.

2 Compliance with Probation Unit

3 Respondent shall comply with the Board’s probation unit.

4 Address Changes

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

10 Place of Practice

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

14 License Renewal

15 Respondent shall maintain a current and renewed California physician’s and surgeon’s
16 license.

17 Travel or Residence Outside California

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

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

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

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1 12. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
2 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
3 30 calendar days and within 15 calendar days of Respondent’s return to practice. Non-practice is
4 defined as any period of time Respondent is not practicing medicine as defined in Business and
5 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
6 patient care, clinical activity or teaching, or other activity as approved by the Board. If
7 Respondent resides in California and is considered to be in non-practice, Respondent shall
8 comply with all terms and conditions of probation. All time spent in an intensive training
9 program which has been approved by the Board or its designee shall not be considered non-
10 practice and does not relieve Respondent from complying with all the terms and conditions of
11 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
12 on probation with the medical licensing authority of that state or jurisdiction shall not be
13 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
14 period of non-practice.

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

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

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

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

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

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

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

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

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1 ACCEPTANCE

2 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
3 discussed it with my attorney, Marvin H. Firestone. I understand the stipulation and the effect it
4 will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and
5 Disciplinary Order voluntarily, knowingly, and intelligently, and fully agree to be bound by the
6 Decision and Order of the Medical Board of California.

7
8 DATED: 6 APRIL 2020 
9 PAUL F. REARDON, M.D.
10 *Respondent*

11
12 I have read and fully discussed with Respondent Paul F. Reardon, M.D. the terms and
13 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
14 I approve its form and content.

15
16 DATED: Apr. 7, 2020 
17 MARVIN H. FIRESTONE
18 *Attorney for Respondent*

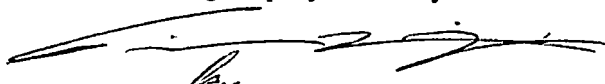
ENDORSEMENT

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

DATED: 4/8/20

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General



JASON J. AHN
Deputy Attorney General
Attorneys for Complainant

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REARDON - Stipulated Settlement and Disciplinary Order - HQE - s.docx

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Exhibit A

Accusation No. 800-2017-037841

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Supervising Deputy Attorney General
3 JASON J. AHN
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8 *Attorneys for Complainant*

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO June 21 2019
BY K. Voong ANALYST

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

14 In the Matter of the Accusation Against:

Case No. 800-2017-037841

15 **Paul F. Reardon, M.D.**
16 **Newport Coast Mntl. Hlth. Assoc.**
15 Corporate Plaza Drive, Ste. 140
Newport Beach, CA 92660

A C C U S A T I O N

17 **Physician's and Surgeon's Certificate**
18 **No. A 49699,**

19 Respondent.

20
21 Complainant alleges:

22 **PARTIES**

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

26 2. On or about July 3, 1991, the Medical Board issued Physician's and Surgeon's
27 Certificate Number A 49699 to Paul F. Reardon, M.D. (Respondent). The Physician's and
28 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought

1 herein and will expire on May 31, 2021, unless renewed.

2 **JURISDICTION**

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

6 4. Section 2227 of the Code states:

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

12 “(1) Have his or her license revoked upon order of the board.

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

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

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

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

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

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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:

“... ”

“(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.

“... ”

6. Section 725 of the Code states:

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

“... ”

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1 noted that the goals were to “address insomnia, depression, PTSD.” Respondent prescribed to
2 Patient A Trazodone³ 200 mg hs,⁴ started a prescription for Lexapro⁵ 10 mg in the morning, and
3 started a prescription for Rozerem⁶ 8 mg at bedtime. At this time, in addition to Trazodone,
4 Lexapro and Rozerem, Respondent continued Patient A’s prescriptions for Effexor,⁷ Lithium,⁸
5 Seroquel,⁹ Tegretol,¹⁰ and Neurontin,¹¹ which were started by another health care professional.

6 11. On or about October 15, 2013, Patient A returned to Respondent. Respondent noted
7 that Effexor was not helpful for Patient A’s depression and decreased it to 75 mg / day for 4 days
8 and then discontinued it, without documenting why. Respondent increased Seroquel 200 mg to
9 400 or 600 mg, if needed. Respondent maintained Patient A’s prescriptions for Trazadone,
10 Tegretol, Neurontin, Lithium, Rozerem, and Lexapro.

11 12. On or about October 22, 2013, Patient A saw Respondent. Respondent noted, “severe
12 insomnia, wakes at midnight with severe panic, up all night in spite of increased dose of Seroquel,
13 nightmares when asleep.” Respondent increased Seroquel to 1000 mg at bedtime. Respondent
14 maintained Patient A’s prescriptions for Lexapro, Trazadone, Tegretol, Neurontin, Lithium, and
15 Rozerem.

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17 ³ Trazadone is a sedative and antidepressant.

18 ⁴ H.s. (hora somni) refers to “at bedtime.”

19 ⁵ Lexapro (Escitalopram) is used to treat depression and anxiety.

20 ⁶ Rozerem (Ramelteon) can be used to treat insomnia.

21 ⁷ Effexor (Venlafaxine) is used to treat depression, generalized anxiety disorder, panic
22 disorder, and social anxiety disorder.

23 ⁸ Lithium compounds, also known as lithium salts are primarily used as a psychiatric
24 medication.

25 ⁹ Seroquel (quetiapine) is an antipsychotic that can be used to treat schizophrenia, bipolar
26 disorder, and depression.

27 ¹⁰ Tegretol (Carbamazepine) may be used to treat seizures, nerve pain, and bipolar
28 disorder.

¹¹ Neurontin (Gabpentin) can be used to treat seizures and pain caused by shingles.

1 13. On or about October 30, 2013, Patient A returned to Respondent. Respondent noted,
2 “Severe insomnia for years, 10:30 to bed, sleeps 1 hour then awake all night!” Respondent
3 increased Lithium 300 mg AM, 300 mg PM, increased Lexapro to 10 mg AM and 10 mg qhs,¹²
4 and started Clonidine .1 mg ½ qam.¹³ At this time, in addition to Lithium, Lexapro, and
5 Clonidine.¹⁴ Respondent maintained Patient A’s prescriptions for Trazadone, Seroquel,
6 Neurontin, Tegretol, Rozerem, and Lexapro.

7 14. On or about November 7, 2013, Patient A returned to Respondent. Respondent
8 noted, “Doubtful if Tegretol 200 bid is helpful. Rozerem is also not helpful for sleep. Falling
9 reported. Not oversedated. ‘Legs just give out.’” Respondent decreased Tegretol to 1 tablet for 3
10 days, then discontinued it. Respondent increased Clonidine to .1 mg / day. Respondent
11 maintained Patient A’s prescriptions for Trazadone, Seroquel, Lithium, and Neurontin.

12 15. On or about November 30, 2013, Patient A saw Respondent. Respondent noted,
13 “tearful, anxious. Ambien¹⁵ started to help sleep. PTSD nightmares. Rozerem ineffective. Will
14 give Ambien for sleep.” Respondent discontinued Rozerem. Respondent maintained Patient A’s
15 prescriptions for Lexapro, Trazadone, Seroquel, Clonidine, Neurontin, and Lithium.

16 16. On or about January 7, 2014, Patient A visited Respondent. Respondent maintained
17 Patient A’s prescriptions for Lexapro, Trazadone, Seroquel, Clonidine, Neurontin, and Lithium
18 and increased Ambien to 12.5 mg 2 hs.

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22 ¹² Q.h.s. (“quaque hora somni” in Latin) means twice a day.

23 ¹³ Q.a.m. (“quaque ante meridiem” in Latin) means every morning.

24 ¹⁴ Clonidine is a medication that can be used to treat Attention Deficit Hyperactivity
Disorder (ADHD).

25 ¹⁵ Zolpidem Tartrate (Ambien®), a centrally acting hypnotic-sedative, is a Schedule IV
26 controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a
27 dangerous drug pursuant to Business and Professions Code section 4022. When properly
prescribed and indicated, it is used for the short-term treatment of insomnia characterized by
difficulties with sleep initiation.

1 21. On or about April 7, 2014, Patient A visited Respondent. Respondent noted, among
2 other things, "Reducing Seroquel to see if sleep maintained. Anxiety comes & goes. Sleep stable.
3 Plan: [Decrease] Seroquel to 600 mg hs." Respondent maintained Patient A's prescriptions for
4 Propranolol, Lexapro, Clonidine, Ambien, Lithium, Trazodone, and Neurontin.

5 22. On or about April 22, 2014, Patient A saw Respondent. Respondent noted, among
6 other things, "admitted to hospital for anemia for 4 days. Ativan¹⁸ started in hospital for anxiety."
7 Respondent discontinued Clonidine .1 mg hs, Lithium 300 mg hs, and Propranolol, and decreased
8 Seroquel to 400 mg hs. Respondent continued Patient A's prescriptions for Lexapro, Ambien,
9 Trazodone, and Abilify.

10 23. On or about April 25, 2014, Patient A saw Respondent. Respondent noted, among
11 other things, "So far, taper of Seroquel is balanced by Abilify. Will continue taper to lower dose.
12 No adverse rxn [reaction] to meds. Anxiety continues but some improvements. Plan: [Decrease]
13 Seroquel 200 mg hs. if continues to be stable." Respondent maintained Patient A's prescriptions
14 for Lexapro, Ambien, Trazodone, Neurontin, and Abilify.

15 24. On or about May 3, 2014, Patient A visited Respondent. Respondent noted, among
16 other things, "Panic yesterday but some improvement today. Restart of Clonidine was helpful for
17 anxiety. Will continue to taper Seroquel. Plan: Decrease Seroquel 200 mg hs. Continue other
18 meds." Respondent maintained Patient A's prescriptions for Lexapro, Abilify, Neurontin,
19 Clonidine, and Trazodone.

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24 ¹⁸ Ativan® (lorazepam), a benzodiazepine, is a centrally acting hypnotic-sedative that is a
25 Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision
26 (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When
27 properly prescribed and indicated, it is used for the management of anxiety disorders or for the
28 short term relief of anxiety or anxiety associated with depressive symptoms. Concomitant use of
Ativan® with opioids "may result in profound sedation, respiratory depression, coma, and death."
The Drug Enforcement Administration (DEA) has identified benzodiazepines, such as Ativan®,
as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2011 Edition), at p. 53.)

1 25. On or about August 20, 2014, Patient A visited Respondent. Respondent noted,
2 among other things, "Trial off Seroquel not helpful. Anxiety & Insomnia returned. Labile. Will
3 restart Seroquel." Respondent maintained Patient A's prescriptions for Lexapro, Abilify,
4 Neurontin, Ambien, Trazodone, and Clonidine.

5 26. On or about September 10, 2014, Patient A returned to Respondent. Respondent
6 noted, among other things, "C/O Anxiety & Depression. More agitated at times. Anxiety attacks.
7 Abilify appears to be more helpful at increased dose. Pt. requires antipsychotic [due] to
8 overwhelming fear, paranoia, and hallucinations." Respondent increased Abilify to 15 mg bid,
9 and discontinued Seroquel. Respondent maintained Patient A's prescriptions for Lexapro,
10 Neurontin, Trazodone, Clonidine, Ambien, and Xanax.¹⁹

11 27. On or about September 22, 2014, Patient A visited Respondent. Respondent noted,
12 among other things, "Depression severe. Tearful. Anxious. Unable to sleep more than several
13 hours. Change Lexapro to Celexa."²⁰ Respondent increased Trazodone to 400 mg hs.
14 Respondent maintained Patient A's prescriptions for Abilify, Neurontin, Clonidine, Ambien, and
15 Xanax.

16 28. On or about October 22, 2014, Patient A returned to Respondent. Respondent noted,
17 among other things, "[Patient A]: I can't sleep. Need for Seroquel again to get better sleep.
18 Depression significant in spite of Celexa." Respondent started prescribing Brintellix²¹ 5 mg to
19 Patient A and restarted Seroquel. Respondent maintained Patient A's prescriptions for Latuda,²²

20 ¹⁹ Xanax® (alprazolam), a benzodiazepine, is a centrally acting hypnotic-sedative that is a
21 Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision
22 (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When
23 properly prescribed and indicated, it is used for the management of anxiety disorders.
24 Concomitant use of Xanax® with opioids "may result in profound sedation, respiratory
depression, coma, and death." The Drug Enforcement Administration (DEA) has identified
benzodiazepines, such as Xanax®, as a drug of abuse. (Drugs of Abuse, DEA Resource Guide
(2011 Edition), at p. 53.) Respondent started prescribing Xanax to Patient A on or about
September 1, 2014.

25 ²⁰ Celexa (Citalopram) can be used to treat depression.

26 ²¹ Brintellix (Vortioxetine) is a medication used to treat major depressive disorder.

27 ²² Latuda (Lurasidone) is an antipsychotic that can be used to treat schizophrenia.
28 Respondent started prescribing Latuda to Patient A on or about October 6, 2014.

1 Neurontin, Trazodone, Clonidine, Ambien, Xanax, and Celexa.

2 29. On or about November 10, 2014, Patient A saw Respondent. Respondent noted,
3 among other things, “[Patient A]: ‘I can’t sleep at all without Seroquel.’ Trial to hold Seroquel
4 not helpful. Sleeps 6-8 hours with Seroquel, but cannot fall asleep without it. Plan: Continue
5 Brintellix & Seroquel.” Respondent maintained Patient A’s prescriptions for Latuda, Neurontin,
6 Trazodone, Clonidine, Ambien, Xanax, Celexa, Brintellix, and Seroquel.

7 30. On or about January 5, 2015, Patient A visited Respondent. Respondent noted,
8 among other things, “My sleep is a little better. Depression better with Brintellix, Celexa not as
9 helpful.” Respondent decreased Celexa to 20 mg am, increased Prazosin²³ to 1 mg tid²⁴ and
10 started a trial of Saphris²⁵ 10 mg for “sleep and psychosis.” Respondent maintained Patient A’s
11 prescriptions for Latuda, Neurontin, Trazodone, Ambien, Celexa, Brintellix, and Seroquel.

12 31. On or about January 7, 2015, Patient A returned to Respondent. Respondent noted,
13 among other things, “Pt. does have drooling with Saphris. No withdrawal on less Celexa. Plan:
14 [Decrease] & Discontinue Celexa.” Respondent discontinued Saphris. Respondent changed
15 Latuda to 80 mg hs from 20 mg in a.m. and 60 mg qhs.²⁶ Respondent maintained Patient A’s
16 prescriptions for Latuda, Neurontin, Trazodone, Ambien, Xanax, Celexa, Brintellix, Seroquel,
17 and Prazosin.

18 32. On or about January 26, 2015, Patient A saw Respondent. Respondent noted, among
19 other things, “Dr. Chance (Neurology) dx [diagnosed] Parkinson’s Disease. [Patient] Upset about
20 diagnosis. Reassured that treatment helps.” Respondent added a prescription for Amitriptyline²⁷
21 10 mg hs “to decrease need for Seroquel.” Respondent lowered Latuda to 60 mg hs. Respondent

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23 ²³ Prazosin is a drug used to treat hypertension. Respondent started prescribing Prazosin
to Patient A on or about December 29, 2014.

24 ²⁴ Tid (“ter in die” in Latin)” means three times a day.

25 ²⁵ Saphris (Asenapine) is an antipsychotic medication used to treat schizophrenia and
26 acute mania associated with bipolar disorder.

27 ²⁶ Qhs (Quaque hora somni) refers to every night at bed time.

28 ²⁷ Amitriptyline is used to treat symptoms of depression.

1 maintained Patient A's prescriptions for Neurontin, Trazodone, Ambien, Xanax, Brintellix,
2 Seroquel, and Prazosin.

3 33. On or about February 2, 2015, Patient A visited Respondent. Respondent noted,
4 among other things, "Need to reduce Seroquel & Latuda. Has decreased sleep. Anxiety all day.
5 Tearful at times. Plan: Decrease Seroquel to 300 mg hs. Increase Ambien to 20 mg hs."
6 Respondent maintained Patient A's prescriptions for Latuda, Neurontin, Trazodone, Ambien,
7 Xanax, Brintellix, Prazosin, and Amitriptyline.

8 34. On or about February 9, 2015, Patient A returned to Respondent. Respondent noted,
9 among other things, "Can't sleep. Need to reduce Seroquel & Latuda. Has decreased sleep.
10 Anxiety all day. Tearful at times." Respondent decreased Seroquel to 200 mg hs and increased
11 Ambien to 20 mg hs. Respondent maintained Patient A's prescriptions for Latuda, Neurontin,
12 Trazodone, Xanax, Brintellix, Prazosin, and Amitriptyline.

13 35. On or about March 16, 2015, Patient visited Respondent. Respondent noted, among
14 other things, "Anxiety is bad today. Some days more tearful & anxious. More unstable since
15 reduction of antipsychotics. Pt very uncomfortable. Tearful." Respondent decreased Latuda to
16 20 mg hs, decreased Seroquel to 100 mg hs, and started Klonopin²⁸ at 1.5 mg hs. Respondent
17 maintained Patient A's prescriptions for Neurontin, Trazodone, Ambien, Xanax, Brintellix,
18 Prazosin, and Amitriptyline.

19 36. On or about March 23, 2015, Patient A saw Respondent. Respondent noted, among
20 other things, "[Patient A]: 'I get overwhelmed.' Anxiety seems better with Klonopin. C/O
21 depression. '3 days I am up at dawn.' Reassurance needed. Plan: D/C [Discontinue] Latuda.
22 D/C [Discontinue] Seroquel. Increase Klonopin. Increase Prazosin." Respondent maintained
23 Patient A's prescriptions for Neurontin, Trazodone, Ambien, Xanax,²⁹ Brintellix, and
24 Amitriptyline.

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27 ²⁸ Klonopin (Clonazepam) can be used to treat seizures, panic disorder, and anxiety.

28 ²⁹ Respondent discontinued prescribing Xanax to Patient A on or about March 30, 2015.

1 37. On or about June 15, 2015, Patient A returned to Respondent. Respondent noted,
2 among other things, "Pt complains of worsening depression and anxiety. Patient A was
3 purportedly hospitalized. Hospital M.D. started Celexa 20 mg AM and Mirtazapine³⁰ 15 mg hs."
4 Respondent failed to obtain and/or failed to document having obtained Patient A's hospital
5 records showing where Patient A was hospitalized, when, and why. Respondent restarted Celexa
6 20 mg AM and started Mirtazapine 15 mg hs. Respondent decreased Ambien CR 12.5 mg hs and
7 decreased Brintellix to 10 mg hs three times a day, then discontinued it. Respondent maintained
8 Patient A's prescriptions for Neurontin, Trazodone, Ambien, Prazosin, and Lithium. Respondent
9 restarted prescription of Ativan. Respondent failed to monitor lithium and creatinine levels while
10 Patient A was on Lithium.

11 38. On or about June 22, 2015, Patient A saw Respondent. Respondent noted, among
12 other things, "I am depressed.' Sleep disruptive. Cut Ambien. Causes inconsistent sleep."
13 Respondent increased Celexa 20 mg bid and changed Ativan from 1 mg tid to .5 mg qid.
14 Respondent maintained Patient A's prescriptions for Neurontin, Trazodone, Ambien, Prazosin,
15 Mirtazapine, and Lithium.

16 39. On or about June 29, 2015, Patient A returned to Respondent. Respondent noted,
17 among other things, "I can't sleep.' Hours to get to sleep. Can't stay asleep. More anxious.
18 C/O depression." Respondent increased Mirtazapine to 30 mg hs, added Benadryl³¹ 25 mg hs,
19 and added Risperidone³² .5 mg bid. Respondent maintained Patient A's prescription for
20 Neurontin, Trazodone, Ambien, Prazosin, Ativan, Lithium, and Celexa.

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23 ³⁰ Mirtazapine is an antidepressant drug prescribed to treat Major Depressive Disorder,
24 Obsessive Compulsive Disorder, and a range of anxiety disorders.

25 ³¹ Benadryl (Diphenhydramine) is an antihistamine that can be used to treat pain and
26 itching, minor cuts, burns, etc. In its oral form, it can treat hay fever, allergies, cold symptoms,
and insomnia.

27 ³² Risperidone is an antipsychotic that can be used to treat schizophrenia, bipolar disorder,
and irritability caused by autism.

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1 40. On or about July 7, 2015, Patient A presented to Respondent. Respondent noted,
2 among other things, “Anxiety comes and goes. Pt has anxiety and depression but meds helping.
3 Metoprolol³³ changed to this MD.” Respondent prescribed Metoprolol 25 mg hs. Respondent
4 failed to measure Patient A’s blood pressure before initiating Metoprolol, a beta blocker.
5 Respondent maintained Neurontin, Trazodone, Ambien, Prazosin, Ativan, Lithium, Celexa,
6 Mirtazapine, and Risperidone.

7 41. On or about August 26, 2015, Patient A returned to Respondent. Respondent noted,
8 among other things, “My sleep is messed up again. Will try off Neuroleptic Risperdal.”
9 Respondent decreased Risperidone to .5 mg 1 hs three times per day, then discontinued it.
10 Respondent started Patient A on a trial of Methylphenidate³⁴ 5 mg then discontinued it.
11 Respondent maintained Patient A’s prescriptions for Trazodone, Ambien, Prazosin, Ativan,
12 Lithium, Celexa, and Mirtazapine.

13 42. On or about September 8, 2015, Patient A saw Respondent. Respondent noted,
14 among other things, “I feel better. Still anxious. Admitted to psychiatric hospital for suicidal
15 ideation. Becomes overwhelmed suddenly.” Respondent failed to obtain and/or failed to
16 document having obtained hospital records. Respondent maintained Patient A’s prescriptions for
17 Trazodone, Ambien, Prazosin, Ativan, Lithium, Celexa, and Mirtazapine.

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21 ³³ Metoprolol is a beta blocker which can be used to treat high blood pressure, chest pain
22 (angina), and heart failure.

23 ³⁴ Methylphenidate (Ritalin®), a central nervous system stimulant, is a Schedule II
24 controlled substance pursuant to Health and Safety Code section 11055, subdivision (d), and a
25 dangerous drug pursuant to Business and Professions Code section 4022. When properly
26 prescribed and indicated, it is used to treat attention deficit hyperactivity disorder (ADHD) and
27 narcolepsy. According to the DEA, amphetamines, such as Adderall®, are considered a drug of
28 abuse. “The effects of amphetamines and methamphetamine are similar to cocaine, but their
onset is slower and their duration is longer.” (Drugs of Abuse – A DEA Resource Guide (2011),
at p. 44.) Adderall and other stimulants are contraindicated for patients with a history of drug
abuse.

1 43. On or about September 21, 2015, Patient A visited Respondent. Respondent noted,
2 among other things, “[Patient A]: ‘Sleep is better.’ Improved sleep with increased Seroquel. 8
3 hours. Wakes with anxiety until morning meds. Some fearful thoughts and anxiety. Plan:
4 Cont[inue] meds.” Respondent maintained Patient A’s prescriptions for Trazodone, Ambien,
5 Prazosin, Ativan, Lithium, Celexa, Mirtazapine, and Seroquel.³⁵

6 44. On or about September 28, 2015, Patient A returned to Respondent. Respondent
7 noted, among other things, “I have anxiety and panic. Some episodes of panic. However, seems
8 more calm on increased Seroquel. Not agitated. Sleep improved – 8 hours. I have old thoughts
9 of suicidal acts. Sapharis 10 g used prn.” Respondent failed to document why he lowered
10 Lithium from 450 mg bid to 300 mg bid. Respondent failed to document why he added Saphris
11 prescription. Respondent maintained Patient A’s prescriptions for Trazodone, Ambien, Prazosin,
12 Ativan, Celexa, Mirtazapine, and Seroquel.

13 45. On or about October 19, 2015, Patient A saw Respondent. Respondent noted, among
14 other things, “[Patient A]: ‘My anxiety is bad.’ Pt tearful at times. Reassurance helps. Overall
15 better with Seroquel. Some confusion noted. Word finding difficulty. Plan: Cont[inue] Meds.”
16 Respondent maintained Patient A’s prescriptions for Trazodone, Ambien, Prazosin, Ativan,
17 Lithium, Celexa, Mirtazapine, and Seroquel.

18 46. On or about November 30, 2015, Patient A visited Respondent. Respondent noted,
19 among other things, “I was back in the hospital. Pt returned to hospital secondary to SI [suicidal
20 ideation] and husband being out of town. Tearful, labile, anxious. Celexa does not seem to be
21 working.” Respondent decreased Celexa then discontinued it. Respondent restarted Lexapro 10
22 mg up to 20 mg and restarted Ativan 1 mg tid.” Respondent maintained Patient A’s prescriptions
23 for Trazodone, Ambien, Prazosin, Ativan, Lithium, Mirtazapine, and Seroquel.

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28 ³⁵ Respondent restarted prescription of Seroquel on or about September 19, 2015.

1 47. On or about December 14, 2015, Patient A returned to Respondent. Respondent
2 noted, among other things, "Sleeping better. Pt describes anxiety in am. Sometimes by
3 afternoon it is better. Some suicidal thoughts. Some confusion noted. Plan: Consider reduction
4 Seroquel. Change to Rexulti.³⁶" Respondent maintained Patient A's prescriptions for Lexapro,
5 Trazodone, Ambien, Prazosin, Ativan, Lithium, and Seroquel.

6 48. On or about December 21, 2015, Patient A returned to Respondent. Respondent
7 noted, among other things, "[Patient A]: 'I am tired in the morning.' Sedation in AM. No
8 adverse reaction to d/c Mirtazapine.³⁷ Less anxiety in afternoon. Plan: [Decrease] Seroquel 400
9 mg hs. Respondent maintained Patient A's prescriptions for Lexapro, Trazodone, Ambien,
10 Prazosin, Ativan, and Lithium.

11 49. On or about January 25, 2016, Patient A visited Respondent. Respondent noted,
12 among other things, "I am tired in the afternoon. Balance of energy is difficult. Lethargy may
13 be contributed to because of Lithium." Respondent tapered Lithium to 300 mg hs, for three days,
14 then discontinued it. Respondent maintained Patient A's prescriptions for Lexapro, Trazodone,
15 Ambien, Ativan, and Seroquel.

16 50. On or about February 4, 2016, Respondent saw Patient A. Respondent noted, among
17 other things, "[Patient A]: 'I am anxious and depressed.' Pt struggles with mood & anxiety.
18 Sleep 8-9 hours. Tearful at times. Plan: Cont[inue] meds. Will decrease Seroquel over time."
19 Respondent maintained Patient A's prescriptions for Lexapro, Trazodone, Ambien, and Ativan."

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26 ³⁶ Rexulti (Brexiprazole) is an antipsychotic.

27 ³⁷ Respondent discontinued Mirtazapine on or about December 7, 2015, after Patient A
28 complained of anxiety and feeling overwhelmed.

1 51. On or about February 8, 2016, Respondent saw Patient A. Respondent noted, among
2 other things, "Admission & D/C [discharge] Newport Bay Hospital. Insomnia continues. Pt very
3 sedated while in hospital. Now agitated. Not sleeping." Respondent started Patient A on
4 Nuedexta³⁸ and Depakote.³⁹ Respondent restarted Patient A on Xanax. Respondent maintained
5 Patient A's prescriptions for Lexapro, Rexulti, Trazodone, and Ambien.

6 52. On or about February 9, 2016, Respondent saw Patient A. Respondent noted, among
7 other things, "[Patient A]: 'Anxiety & depression.' Anxious more in the morning. Needing
8 Seroquel to sleep through the night. Tearful. Plan: Seroquel 100 mg hs." Respondent
9 maintained Patient A's prescriptions for Lexapro, Rexulti, Nuedexta, Depakote, Trazodone,
10 Xanax, and Ambien.

11 53. On or about March 8, 2016, Respondent saw Patient A. Respondent noted, among
12 other things, "Some distress everyday. No adverse side effects to medications except
13 constipation. Sleep improved with Seroquel prn.⁴⁰" Respondent maintained Patient A's
14 prescriptions for Lexapro, Rexulti, Nuedexta, Depakote, Trazodone, Xanax,⁴¹ Ambien, and
15 Seroquel.

16 54. On or about May 9, 2016, Respondent saw Patient A. Respondent noted, among
17 other things, "Pt doing better on increased Xanax. Trazodone 200-300 mg better for sleep. Some
18 suicidal ideation. Sleeping better with increased Seroquel and Trazodone." Respondent
19 maintained Patient A's prescriptions for Lexapro, Rexulti, Nuedexta, Depakote, Trazodone,
20 Xanax, Ambien, and Seroquel.

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25 ³⁸ Nuedexta (Dextromethorphan / Quinidine) is a medication that can be used to treat
uncontrollable crying or laughing.

26 ³⁹ Depakote (Valproic acid) is a medication that can treat seizures and bipolar disorder.

27 ⁴⁰ Prn (pro re nata) means as needed.

28 ⁴¹ Respondent increased Xanax on or about April 27, 2016 to 1 mg bid, 2 mg hs.

1 55. On or about May 25, 2016, Respondent saw Patient A. Respondent noted, among
2 other things, "Very significant downturn in cognitive function last week. Pt becomes severely
3 cognitively impaired with any infection. Obtunded and listless. Cannot speak. Profound muscle
4 weakness." Respondent increased Rexulti to 2 mg am, 1 mg hs. Respondent increased Lexapro
5 to 15 mg am, 10 mg hs. Respondent maintained Patient A's prescriptions for Lexapro, Nuedexta,
6 Depakote, Trazodone, Xanax, Ambien, and Seroquel.

7 56. On or about June 23, 2016, Respondent saw Patient A. Respondent noted, among
8 other things, "Started Wellbutrin XL 150 mg for worsening depression on 6/14/16. 'Some
9 improvement noted. Continues with anxiety. Needs to be reassured about her condition getting
10 better." Respondent maintained Patient A's prescriptions for Lexapro, Rexulti, Nuedexta,
11 Depakote, Trazodone, Xanax, Ambien, and Seroquel.

12 57. On or about July 6, 2016, Respondent saw Patient A. Respondent noted, among other
13 things, "Often wakes at 3 am and cannot return to sleep. Tries to get out of bed by herself. Risk
14 of falling [increased] with insomnia untreated. Anxiety continues. Xanax much more helpful
15 with PRN. Plan: Cont[inue] prn Xanax ½ - 1 bid 2 hs. [Increase] Rexulti to 2 mg bid."
16 Respondent maintained Patient A's prescriptions for Lexapro, Rexulti, Nuedexta, Depakote,
17 Trazodone, Xanax, Ambien, Seroquel, and Wellbutrin.⁴² Respondent failed to monitor valproic
18 acid levels, liver functions tests, and ammonia levels while Patient A was on Depakote.

19 58. On or about July 22, 2016, Respondent saw Patient A. Respondent noted, among
20 other things, "Pt continues to look depressed. Reports depression. Worsening reports depression.
21 Sleep somewhat improved. Increased Seroquel and Rexulti. Pt very resistant to medications.
22 Probably due to Parkinson's and Lewey Body D/O." Respondent increased Wellbutrin XL to 300
23 mg am. Respondent maintained Patient A's prescriptions for Lexapro, Rexulti, Nuedexta,
24 Depakote, Trazodone, Xanax, and Ambien.

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27 ⁴² Wellbutrin (Bupropion) is an antidepressant that can be used to treat depression and
28 help people quit smoking. Respondent started Patient A on Wellbutrin on or about June 24, 2016.

1 59. On or about October 6, 2016, Respondent saw Patient A. Respondent noted, among
2 other things, "Less AM sedation with decreased Trazodone. Less anxiety noted. Depression
3 continues despite [increased] Lexapro and Wellbutrin. Will maintain meds." Respondent
4 maintained Patient A's prescriptions for Lexapro, Rexulti, Nuedexta, Depakote, Trazodone,
5 Xanax, Ambien, Seroquel, and Wellbutrin."

6 60. On or about December 8, 2016, Respondent saw Patient A. Respondent noted,
7 among other things, "[Patient A] has persistent new anxiety. Medications not suppressing
8 anxiety. Buspar⁴³ is non-addictive anti-anxiety medicine." Respondent started Buspar 15 mg bid.
9 Respondent maintained Patient A's prescriptions for Lexapro, Rexulti, Nuedexta, Depakote,
10 Trazodone, Xanax, Ambien, Seroquel, and Wellbutrin.

11 61. On or about February 6, 2017, Respondent saw Patient A. Respondent noted, among
12 other things, "[Patient A]: 'Depressed.' Improvement in depression has been lost. Low energy,
13 depressed. Anxiety increasing. Worse in AM." Respondent started Luvox⁴⁴ 100 mg AM.
14 Respondent maintained Patient A's prescriptions for Lexapro, Rexulti, Nuedexta, Depakote,
15 Trazodone, Xanax, Ambien, Seroquel, Wellbutrin, and Buspar.

16 62. On or about March 2, 2017, Respondent saw Patient A. Respondent noted, among
17 other things, "Sudden change in mental status. Lethargic. Weak. Poor balance. Unable to
18 ambulate. Confused & disoriented. Suspect UTI [Urinary Tract Infection]." Respondent
19 maintained Patient A's prescriptions for Lexapro, Rexulti, Nuedexta, Depakote, Trazodone,
20 Ambien, Xanax, Seroquel, Wellbutrin, Buspar, and Luvox.

21 63. On or about May 22, 2017, Respondent saw Patient A. Respondent noted, among
22 other things, "[Patient A]: 'Not so bad.' Pt appears more rested and calmer. Caregiver reports
23 some awakening but much better sleep pattern. Plan: Cont[inue] meds." Respondent maintained
24 Patient A's prescriptions for Lexapro, Rexulti, Nuedexta, Depakote, Trazodone, Ambien, Xanax,
25 Seroquel, Buspar, and Luvox.

26 _____
27 ⁴³ Buspar (Buspirone) is a medication that can be used to treat anxiety.

28 ⁴⁴ Luvox (Fluvoxamine) is a Selective Serotonin Reuptake Inhibitor (SSRI) that can be
used to treat obsessive-compulsive disorder (OCD).

1 64. On or about July 28, 2017, Respondent saw Patient A. Respondent noted, among
2 other things, “[Patient A]: ‘Depressed.’ Pt very upset. Anxious. More depressed. Obsessive
3 quality to depression. Luvox may be helpful at increased dose. Agitated. Tearful. Anxious all
4 day. Tearful all day.” Respondent increased Luvox to 50 mg bid and titrated it to 100 mg bid.
5 Respondent maintained Patient A’s prescriptions for Lexapro, Rexulti, Nuedexta, Depakote,
6 Trazodone, Ambien, Xanax, Seroquel, Wellbutrin, Buspar, and Luvox.

7 65. On or about October 3, 2017, Respondent saw Patient A. Respondent noted, among
8 other things, “[Patient A]: ‘Today I am anxious.’ ‘Anxiety comes and goes.’ Continue to
9 decrease and d/c [discontinue] Lexapro and Luvox. No significant change in depression. But less
10 sedated with decrease of Luvox.” Respondent discontinued Luvox. Respondent maintained
11 Patient A’s prescriptions for Rexulti, Nuedexta, Depakote, Trazodone, Ambien, Xanax, Seroquel,
12 Wellbutrin, and Buspar.

13 66. On or about December 31, 2017, Respondent saw Patient A. Respondent noted,
14 among other things, “[Patient A]: ‘Depression is about the same.’ Pt is alert, talkative, and
15 responsive, but anxious. She has some intrusive thoughts about fear of what she did, jumping off
16 parking structure ‘onto the rocks.’ Discussed her safety and reassured her. Plan: Cont[inue]
17 medications.” Respondent maintained Patient A’s prescriptions for Rexulti, Nuedexta, Depakote,
18 Trazodone, Ambien, Seroquel, Wellbutrin, and Buspar.

19 67. On or about January 25, 2018, Respondent saw Patient A. Respondent noted, among
20 other things, “[Patient A]: ‘Mornings are bad.’ (Anxiety). Delusional about mom being at
21 facility. Plan: Consider [increasing] Seroquel for morning agitation.” Respondent maintained
22 Patient A’ prescriptions for Rexulti, Nuedexta, Depakote, Trazodone, Ambien, Xanax, Seroquel,
23 Wellbutrin, and Buspar.

24 68. On or about February 27, 2018, Respondent saw Patient A. Respondent noted,
25 among other things, “[Patient A]: ‘I feel better in the morning.’ Staff also report improvement in
26 AM following addition of Seroquel 50 mg AM dose of Seroquel. Not overstated. Depression
27 improved. Not anxious during day. Plan: Continue additional 50 mg of Seroquel in AM –
28 Monitor psychotic symptoms.” Respondent maintained Patient A’s prescriptions for Rexulti,

1 Nuedexta, Depakote, Trazodone, Ambien, Xanax, Seroquel, Wellbutrin, and Buspar.

2 69. On or about March 26, 2018, Respondent saw Patient A. Respondent noted, among
3 other things, “[Patient A]: ‘Better, but anxiety comes and goes.’ Neurontin will be titrated to help
4 with mood stabilization and anxiety and agitated symptom clusters. Will attempt then to reduce
5 Rexulti. Depakote level – 24.5 mg/ L.” Respondent maintained Patient A’s prescriptions for
6 Rexulti, Nuedexta, Depakote, Trazodone, Ambien, Xanax, Seroquel, Wellbutrin, and Buspar.

7 70. On or about May 21, 2018, Patient A saw Respondent. Respondent noted, among
8 other things, “[Patient A]: ‘I am doing well.’ No complaints. Pt seems to be doing well with
9 Neurontin. No sedation. Alert, conversational.” Respondent maintained Patient A’s
10 prescriptions for Rexulti, Nuedexta, Depakote, Trazodone, Ambien, Xanax, Seroquel, Wellbutrin,
11 Neurontin, and Buspar.

12 71. On or about September 11, 2018, Respondent saw Patient A. Respondent noted,
13 among other things, “[Patient A]: ‘Anxiety keeps coming back.’ No adverse effects with
14 medications. Dr. Reed added Zoloft⁴⁵ 100 mg AM [on] 6/14. Since Zoloft started will d/c
15 Wellbutrin. Neurontin tolerated well. Plan: Increase Neurontin to 300 mg tid. D/C Wellbutrin
16 since Zoloft introduced.” Respondent maintained Patient A’s prescriptions for Rexulti, Nuedexta,
17 Depakote, Trazodone, Ambien, Xanax, Seroquel, Neurontin, and Buspar.

18 72. On or about September 23, 2018, Respondent saw Patient A. Respondent noted,
19 among other things, “[Patient A]: ‘I can’t take it (anxiety).’ Requested by patient and staff to visit
20 [Patient A] due to agitation and panic (unable to reach Dr. Reed). Pt is tearful, restless, up at
21 night, ‘can’t sit still.’ Climbing out of bed up and down all night. Shortness of breath. Panic.
22 Tearful. Will [increase] Neurontin for stabilization and continue to decrease Rexulti and d/c.”
23 Respondent increased Neurontin to 300 mg bid, 600 mg hs. Respondent decreased Rexulti to .5
24 mg bid times 4 days, then discontinued it. Respondent maintained Patient A’s prescriptions for
25 Rexulti, Nuedexta, Depakote, Trazodone, Ambien, Xanax, Seroquel, Buspar, and Zoloft.

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27 ⁴⁵ Zoloft (Sertraline) is a Selective Serotonin Reuptake Inhibitor (SSRI) which can be used
28 to treat depression, obsessive-compulsive disorder (OCD), PTSD, social anxiety disorder, and
panic disorder.

1 73. On or about September 30, 2018, Respondent saw Patient A. Respondent noted,
2 among other things, “[Patient A]: ‘Anxiety is better.’ Some anxiety some days over last week but
3 much more stable. Sleep: better 8 hours – no agitation, appetite: ok. Not trying to get out of bed
4 and chair. More peaceful. Able to discuss situation of meds and transition of Neurontin to
5 decrease other meds. Rexulti d/c’d for 1 week. [Increased] Neurontin to compensate for
6 Rexulti.” Respondent maintained Patient A’s prescriptions for Nuedexta, Depakote, Trazodone,
7 Ambien, Xanax, and Seroquel.

8 74. On or about October 21, 2018, Respondent saw Patient A. Respondent noted, among
9 other things, “[Patient A]: ‘I am not well, please help.’ Anxiety, panic, delusional. [Patient A]
10 has been increasingly agitated and restless since d/c of Rexulti. Tearful, moving constantly,
11 trying to get out of chair without assistance but unsafe to be unattended. All day requires 1:1
12 attention from staff. Unable to be left alone, falls if not assisted. Pt cannot stand or maintain
13 balance. Plan: Husband reports to Dr. Reed to restart Rexulti. Staff closely attending to Pt.”
14 Respondent maintained Patient A’s prescriptions for Nuedexta, Depakote, Trazodone, Ambien,
15 Xanax, Seroquel, and Buspar.

16 75. During the course of his care and treatment of Patient A from approximately October
17 2013 through October 2018, Respondent’s treatment sessions often lasted for approximately two
18 hours each time; Respondent failed to monitor and/or failed to document having monitored
19 hemoglobin A1Cs while Patient A was on atypical antipsychotics such as Seroquel, Risperdal,
20 Latuda, Saphris, and Abilify; Respondent failed to measure and/or failed to document having
21 measured Patient A’s blood pressure or pulse, prior to starting medications which can affect blood
22 pressure or pulse such as Propranolol, Prazosin, Clonidine, and Metoprolol; Respondent failed to
23 monitor lithium and creatinine levels while Patient A was on Lithium; and Respondent failed to
24 monitor Tegretol levels and/or Complete Blood Count (CBC) while patient A was on Tegretol.

25 76. On or about September 27, 2018, during an interview with Division of Investigation,
26 Healthy Quality Investigation Unit, Respondent stated that the maximum dosage for Rexulti is 6
27 mg, when in fact, it is 3 mg. Respondent failed to accurately portray Patient A’s status.

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- 1 (g) Respondent failed to document Patient A's history of past medication trials;
- 2 (h) Respondent provided excessive treatment by often having visitation sessions
3 which lasted approximately two hours;
- 4 (i) Respondent failed to monitor Patient A's drug levels and/or failed to order
5 appropriate laboratory studies to screen for side effects;
- 6 (j) Respondent failed to measure and/or failed to document having measured
7 Patient A's blood pressure or pulse, prior to starting medications which can affect blood
8 pressure or pulse;
- 9 (k) Respondent discontinued Effexor too rapidly without a stated urgent need for
10 doing so;
- 11 (l) Respondent discontinued medications that were helpful to Patient A, including,
12 but not limited to, Seroquel;
- 13 (m) Respondent used a stimulant, Methylphenidate, on Patient A, who was severely
14 depressed, anxious, and had no history of ADHD;
- 15 (n) Respondent tapered Patient A off of lithium in just over three (3) days, instead
16 of a longer time period, without any documented urgent reason(s) for doing so;
- 17 (o) Respondent failed to adequately monitor for drug interactions even though he
18 used a multi-drug regimen on Patient A;
- 19 (p) Respondent used Wellbutrin on an agitated patient and/or failed to recognize
20 that Wellbutrin made Patient A worse;
- 21 (q) Respondent prescribed Rexulti at a dose more than the maximum dose; and
- 22 (r) Respondent failed to accurately portray Patient A's clinical status.

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1 **THIRD CAUSE FOR DISCIPLINE**

2 **(Incompetence)**

3 80. Respondent has further subjected his Physician's and Surgeon's Certificate No.
4 A 49699 to disciplinary action under sections 2227 and 2234, as defined by section 2234,
5 subdivision (d), of the Code, in that he was incompetent in his care and treatment of Patient A, as
6 more particularly alleged hereinafter:

7 81. Paragraphs 9 through 79, above, are hereby incorporated by reference
8 and realleged as if fully set forth herein.

9 82. Respondent was incompetent, in his care and treatment of Patient A, including, but
10 not limited to, the following:

11 (a) Respondent failed to adequately conduct ongoing diagnostic assessment and/or
12 to adjust diagnosis and treatment on the basis of new information; and

13 (b) On or about September 27, 2018, during an interview with Division of
14 Investigation, Healthy Quality Investigation Unit, Respondent stated that the maximum
15 dosage for Rexulti is 6 mg, when in fact, it is 3 mg.

16 **FOURTH CAUSE FOR DISCIPLINE**

17 **(Excessive Treatment)**

18 83. Respondent has further subjected his Physician's and Surgeon's Certificate No. A
19 49699 to disciplinary action under sections 2227 and 2234, as defined by section 725, of the
20 Code, in that he provided excessive treatment to Patient A, as more particularly alleged
21 hereinafter:

22 84. Paragraphs 9 through 78, above, are hereby incorporated by reference
23 and realleged as if fully set forth herein.

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1 **FIFTH CAUSE FOR DISCIPLINE**

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

3 85. Respondent has further subjected his Physician's and Surgeon's Certificate No. A
4 49699 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the
5 Code, in that Respondent failed to maintain adequate and accurate records regarding his care and
6 treatment of Patient A, as more particularly alleged in paragraphs 9 through 79, above, which are
7 hereby incorporated by reference and realleged as if fully set forth herein.

8 **SIXTH CAUSE FOR DISCIPLINE**

9 **(General Unprofessional Conduct)**

10 86. Respondent has further subjected his Physician's and Surgeon's Certificate
11 No. A 49699 to disciplinary action under sections 2227 and 2234 of the Code, in that he has
12 engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct
13 which is unbecoming to a member in good standing of the medical profession, and which
14 demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 9
15 through 85, above, which are hereby incorporated by reference as if fully set forth herein.

16 **DISCIPLINARY CONSIDERATIONS**

17 87. To determine the degree of discipline, if any, to be imposed on Respondent,
18 Complainant alleges that in a prior disciplinary action entitled In the Matter of the Accusation
19 against Paul F. Reardon, M.D. before the Medical Board of California, in Case Number 04-2003-
20 143882, effective on or about June 21, 2006, Respondent was publicly reprimanded with
21 conditions. That decision is now final and is incorporated by reference as if fully set forth.

22 **PRAYER**

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


- 25 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 49699,
26 issued to Paul F. Reardon, M.D.;
- 27 2. Revoking, suspending or denying approval of Paul F. Reardon, M.D.'s authority to
28 supervise physician assistants and advanced practice nurses;

1 3. Ordering Paul F. Reardon, M.D., if placed on probation, to pay the Board the costs of
2 probation monitoring; and

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

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DATED: June 21, 2019


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