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

In the Matter of the First Amended Accusation Against Walter David Bramson, M.D. Physician's and Surgeons License No. G40647 Respondent.	Case No. 800-2015-015628

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 16, 2020.

IT IS SO ORDERED: June 16, 2020.

MEDICAL BOARD OF CALIFORNIA

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

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Attorneys for Complainant

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

In the Matter of the First Amended Accusation Against: **WALTER DAVID BRAMSON, M.D.** **P.O. Box 3816** **580 Forest Shade Road** **Crestline, CA 92325-3816** **Physician's and Surgeon's Certificate No. G 40647** Respondent.	Case No. 8002015015628 OAH No. 2018090301 **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 Tessa L. Heunis, Deputy Attorney General.

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2. Respondent Walter David Bramson, M.D. (Respondent) is represented in this proceeding by attorney Raymond J. McMahon, whose address is: 5440 Trabuco Road, Irvine, CA 92620

3. On or about August 21, 1979, the Board issued Physician's and Surgeon's Certificate No. G 40647 to Walter David Bramson, 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 First Amended Accusation No. 8002015015628, and will expire on May 31, 2021, unless renewed.

JURISDICTION

4. On July 26, 2018, Accusation No. 8002015015628 was filed before the Board. A true and correct copy of Accusation No. 8002015015628 and all statutorily required documents were properly served on Respondent on April 29, 2020. Respondent timely filed his Notice of Defense contesting the Accusation.

5. On August 8, 2019, First Amended Accusation No. 8002015015628 was filed before the Board, and is currently pending against Respondent. A true and correct copy of First Amended Accusation No. 8002015015628 and all statutorily required documents were properly served on Respondent on August 8, 2019, and all charges were deemed controverted. A copy of First Amended Accusation No. 8002015015628 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and fully understands the charges and allegations in First Amended Accusation No. 8002015015628. Respondent has also carefully read, fully discussed with his counsel, and fully understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Having the benefit of counsel, Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in First Amended Accusation No. 8002015015628; 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.

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

CULPABILITY

9. Respondent does not contest that, at an administrative hearing, Complainant could establish a *prima facie* case with respect to the charges and allegations contained in Accusation No. 8002015015628 and that his Physician's and Surgeon's Certificate No. G 40647 is therefore subject to discipline. Respondent further agrees that if he ever petitions for early termination or modification of probation, or if an Accusation is filed against him before the Board, all of the charges and allegations contained in First Amended Accusation No. 8002015015628 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 or elsewhere.

10. Respondent agrees that his Physician's and Surgeon's Certificate No. G 40647 is subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

CONTINGENCY

11. This Stipulated Settlement and Disciplinary Order shall be subject to approval of the Board. The parties agree that this Stipulated Settlement and Disciplinary Order shall be submitted to the Board for its consideration in the above-entitled matter and, further, that the Board shall have a reasonable period of time in which to consider and act on this Stipulated Settlement and Disciplinary Order after receiving it. By signing this stipulation, Respondent fully understands and agrees that he may not withdraw his agreement or seek to rescind this stipulation prior to the time the Board considers and acts upon it.

12. The parties agree that this Stipulated Settlement and Disciplinary Order shall be null and void and not binding upon the parties unless approved and adopted by the Board, except for this paragraph, which shall remain in full force and effect. Respondent fully understands and agrees that in deciding whether or not to approve and adopt this Stipulated Settlement and

Disciplinary Order, the Board may receive oral and written communications from its staff and/or the Attorney General's Office. Communications pursuant to this paragraph shall not disqualify the Board, any member thereof, and/or any other person from future participation in this or any other matter affecting or involving Respondent. In the event that the Board does not, in its discretion, approve and adopt this Stipulated Settlement and Disciplinary Order, with the exception of this paragraph, it shall not become effective, shall be of no evidentiary value whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party hereto. Respondent further agrees that should this Stipulated Settlement and Disciplinary Order be rejected for any reason by the Board, Respondent will assert no claim that the Board, or any member thereof, was prejudiced by its/his/her review, discussion and/or consideration of this Stipulated Settlement and Disciplinary Order or of any matter or matters related hereto.

ADDITIONAL PROVISIONS

13. 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.

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

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 40647 issued to Respondent Walter David Bramson, M.D., is revoked. However, the revocation is stayed and Respondent is placed on probation for thirty-five (35) months from the effective date of the Decision on the following terms and conditions:

1. 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.

2. 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 First Amended 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. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the Respondent shall provide a true copy of this Decision and First Amended 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.

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

5. 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.

6. 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.

7. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

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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, subdivision (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.

8. 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.

9. 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..

10. 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.

11. 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.

12. 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.

13. 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.

14. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in First Amended Accusation No. 8002015015628 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Raymond J. McMahon. I fully understand the stipulation and the

effect it will have on my Physician's and Surgeon's Certificate No. G 40647. 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: 5/5/20

WALTER DAVID BRAMSON, M.D.
Respondent

I have read and fully discussed with Respondent Walter David Bramson, 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: May 6, 2020

RAYMOND J. MCMAHON, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: 5/6/2020

Respectfully submitted,

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

TESSA L. HEUNIS
Deputy Attorney General
Attorneys for Complainant

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Attorneys for Complainant

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

In the Matter of the First Amended Accusation Against: **WALTER DAVID BRAMSON, M.D.** **P.O. Box 3816** **580 Forest Shade Road** **Crestline, CA 92325-3816** **Physician's and Surgeon's Certificate No. G40647,** Respondent.	Case No. 800-2015-015628 **FIRST AMENDED ACCUSATION**

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer (Complainant) brings this First Amended Accusation solely in her official capacity as the Executive Director of the Medical Board of California.

2. On or about August 21, 1979, the Medical Board issued Physician's and Surgeon's Certificate No. G40647 to Walter David Bramson, M.D. (Respondent). Physician's and Surgeon's Certificate No. G40647 was in full force and effect at all times relevant to the charges brought herein and will expire on May 31, 2021, unless renewed.

JURISDICTION

3. This First Amended Accusation, which supersedes the Accusation filed on July 26, 2018, 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 states, in pertinent part:

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

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

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

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

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

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

"..."

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

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

"...

(b) "Gross negligence.

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

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

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

"..."

6. Section 2228.1 of the Code states:

"(a) On and after July 1, 2019, except as otherwise provided in subdivision (c), the board shall require a licensee to provide a separate disclosure that includes the licensee's probation status, the length of the probation, the probation end date, all practice restrictions placed on the licensee by the board, the board's telephone number, and an explanation of how the patient can find further information on the licensee's probation on the licensee's profile page on the board's online license information Internet Web site, to a patient or the patient's guardian or health care surrogate before the patient's first visit following the probationary order while the licensee is on probation pursuant to a probationary order made on and after July 1, 2019, in any of the following circumstances:

"(1) A final adjudication by the board following an administrative hearing or admitted findings or prima facie showing in a stipulated settlement establishing any of the following:

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"...

"(D) Inappropriate prescribing resulting in harm to patients and a probationary period of five years or more.

"(2) An accusation or statement of issues alleged that the licensee committed any of the acts described in subparagraphs (A) to (D), inclusive, of paragraph (1), and a stipulated settlement based upon a *nolo contendre* or other similar compromise that does not include any *prima facie* showing or admission of guilt or fact but does include an express acknowledgment that the disclosure requirements of this section would serve to protect the public interest.

"(b) A licensee required to provide a disclosure pursuant to subdivision (a) shall obtain from the patient, or the patient's guardian or health care surrogate, a separate, signed copy of that disclosure.

"..."

7. Unprofessional conduct under Business and Professions Code section 2234 is conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming of a member of good standing of the medical profession, and which demonstrates an unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.)

FIRST CAUSE FOR DISCIPLINE
(Gross Negligence)

8. Respondent has subjected his Physician's and Surgeon's Certificate No. G 40647 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that he committed gross negligence in his care and treatment of Patient A,[1] as more particularly alleged hereafter:

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[1] The names have been omitted for all patients referenced in this pleading. Respondent is aware of the patients' identities.

Patient A

9. Records received from Respondent indicate that Patient A, then a twenty-five-year-old male, saw Respondent for an office visit on or about October 17, 2013. Patient A had been Respondent's patient since in or around July 2011.[2] Respondent's records included a December 2012 neurology report recommending that Patient A's Crohn's disease be objectively substantiated. As of October 17, 2013, Patient A was looking for a pain management specialist, and had recently had an abdominal CT scan. Respondent noted that Patient A was on Celebrex[3] and Dilaudid.[4] Respondent assessed Patient A with chronic abdominal pain and vomiting, chronic pain syndrome, and Crohn's disease. Respondent's plan included following Patient A's gastroenterologist's instructions, finding a pain management specialist, and re-doing the CT scan. Respondent gave Patient A a prescription for Dilaudid, 4 mg, quantity 84. Records from California's Controlled Substances Utilization and Evaluation System (CURES) show that Patient A filled this prescription on or about the same day.

10. Five days later, on or about October 22, 2013, Patient A requested a Dilaudid refill. On or about October 24, 2013, Patient A filled another prescription for Dilaudid, 4 mg, quantity 84.

11. Less than a week later, on or about October 30, 2013, Patient A requested another Dilaudid refill, which Respondent approved. On or about October 31, 2013, Patient A filled another prescription for Dilaudid, this time for 8 mg, quantity 180. Respondent's records do not document why the Dilaudid dose was increased.

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[2] Descriptions of conduct occurring more than seven years from the filing date of the First Amended Accusation for the treatment and care of Patients A, C, and E are for informational purposes only and are not alleged as bases for disciplinary action. Conduct associated with the treatment and care of Patients B and D was previously alleged in the Accusation filed on July 26, 2018.

[3] References to the names of prescription medications are consistent with Respondent's records, in which both brand and generic names were used. Celebrex, brand name for celecoxib, is a nonsteroidal anti-inflammatory drug.

[4] Dilaudid, brand name for hydromorphone, is an opiate and a Schedule II controlled substance pursuant to Business and Professions Code section 11055, subdivision (b).

12. On or about November 2, 2013, Patient A received refills for the following medications, prescribed by Respondent: (1) clonazepam,[5] 0.5 mg, quantity 60; (2) diazepam,[6] 10 mg, quantity 30; and (3) lorazepam,[7] 2 mg, quantity 60.

13. On or about November 26, 2013, Patient A returned for an office visit to receive medication refills. Patient A was experiencing migraines and dental issues, and reported that he had tried to go to a pain management clinic but it was closed. Respondent assessed Patient A with a history of seizures and chronic anxiety disorder. His documented plan was to refill Patient A's medications.

14. On or about November 28, 2013, Patient A filled a Dilaudid prescription written by Respondent for 8 mg, quantity 180.

15. On or about December 2, 2013, Patient A requested a refill of his benzodiazepine prescriptions. On or about December 2, 2013 and December 4, 2013, Patient A received refills of his clonazepam, diazepam, and lorazepam prescriptions.

16. On or about December 18, 2013, Patient A requested a Dilaudid refill for a tooth extraction, which Respondent approved. On or about the same day, Patient A filled a Dilaudid prescription written by Respondent for 4 mg, quantity 24.

17. On or about December 26, 2013, Patient A returned for an office visit for medication refills. Patient A needed a Dilaudid refill and was recovering from an infection following a tooth extraction. Patient A reported that he had gone to a pain management clinic but was asked to leave after testing positive for marijuana. Respondent wrote Patient A a prescription for Xanax,[8] 2 mg, one tablet to be taken twice daily, quantity 60. Respondent did not document why he was

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[5] Clonazepam, brand name Klonopin, is a benzodiazepine and a Schedule IV controlled substance pursuant to Business and Professions Code section 11057, subdivision (d).

[6] Diazepam, brand name Valium, is a benzodiazepine and a Schedule IV controlled substance pursuant to Business and Professions Code section 11057, subdivision (d).

[7] Lorazepam, brand name Ativan, is a benzodiazepine and a Schedule IV controlled substance pursuant to Business and Professions Code section 11057, subdivision (d).

[8] Xanax, brand name for alprazolam, is a benzodiazepine and a Schedule IV controlled substance pursuant to Business and Professions Code section 11057, subdivision (d).

adding Xanax to Patient A's medication regimen. Patient A filled a prescription for Dilaudid, 8 mg, quantity 180, on or about the same day.

18. On or about December 30, 2013, Patient A requested refills for diazepam and clonazepam. On or about the same day, Patient A filled prescriptions for clonazepam, diazepam, and alprazolam.

19. On or about January 15, 2014, Patient A filled a prescription for Dilaudid, 4 mg, quantity 12, issued by Respondent. Respondent's records do not document this prescription.

20. Two days later, on or about January 17, 2014, Patient A requested a Dilaudid refill, which Respondent approved. On or about the same day, Patient A filled a prescription for Dilaudid, 2 mg, quantity 48.

21. On or about January 22, 2014, Patient A returned to the office for medication refills. Patient A told Respondent that when he would vomit, he would also throw up his medications, including undigested Dilaudid. Respondent noted that Patient A finished his medications early, but still gave him another Dilaudid prescription. Respondent's plan was unchanged, and Patient A was to find a pain management specialist and get a CT scan. On or about the same day, Patient A filled a prescription for Dilaudid, 4 mg, quantity 84.

22. On or about January 27, 2014, Patient A requested refills for his benzodiazepine prescriptions.

23. On or about January 28, 2014, Patient A requested a refill for Dilaudid, which Respondent approved. On or about the same day, Patient A filled prescriptions for alprazolam, clonazepam, and diazepam.

24. On or about January 28, 2014, Patient A submitted to a drug screen. The drug screen was positive for marijuana, morphine, and Dilaudid. It was negative for benzodiazepines, despite the fact that Patient A had prescriptions for clonazepam, diazepam, and alprazolam. The results were reported on or about January 31, 2014.

25. On or about January 29, 2014, Patient A filled a prescription for Dilaudid, 4 mg, quantity 48.

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26. Two days later, on or about January 31, 2014, Patient A filled another prescription for Dilaudid, 4 mg, quantity 36.

27. On or about February 5, 2014, Patient A filled a prescription for Dilaudid, 4 mg, quantity 84.

28. On or about February 10, 2014, Respondent wrote a note that Patient A was only to be given refills up to February 14 or 18, then he needed to come in for an appointment.

29. On or about February 12, 2014, Patient A filled a prescription for Dilaudid, 4 mg, quantity 180. Respondent's records do not document this prescription.

30. On or about February 24, 2014, Patient A requested a Dilaudid refill, which was approved. On or about the same day, Patient A filled prescriptions for alprazolam, clonazepam, and diazepam.

31. On or about February 25, 2014, Patient A returned to the office for medication refills. Patient A was reportedly still looking for a pain management specialist. On or about the same day, Patient A filled a prescription for Dilaudid, 4 mg, quantity 360, which would equate to 48 mg of Dilaudid per day. Respondent's records do not document why Patient A was given a larger quantity of Dilaudid.

32. On or about March 24, 2014, Patient A returned to the office for medication refills. Patient A reported that he was trying to find either an addictive psychiatrist who would wean him off his medications or an inpatient program. Respondent documented that Patient A's "tentative diagnosis remains Crohn's disease." Respondent's plan was to continue Patient A's prescriptions until Patient A found a psychiatrist who would take over his medication management. On or about the same day, Patient A filled a prescription for Dilaudid, 8 mg, quantity 180, and prescriptions for alprazolam, clonazepam, and diazepam.

33. On or about April 22, 2014, Patient A requested refills for his benzodiazepines, which Respondent approved. On or about the same day, Patient A filled a prescription for Dilaudid, 8 mg, quantity 180, and the prescriptions for alprazolam, clonazepam, and diazepam.

34. On or about May 12, 2014, Respondent ordered a CT scan of Patient A's abdomen.

35. In a report dated May 16, 2014, Patient A's CT scan results were unremarkable.

36. On or about May 19, 2014, Patient A retuned to the office for medications refills. Patient A was stressed and was still looking for an inpatient program. He was vomiting frequently and had lost weight. Respondent documented that the CT results were pending, and that he gave Patient A prescriptions for clonazepam, Dilaudid, and Xanax. On or about the same day, Patient A filled a prescription for Dilaudid, 8 mg, quantity 180.

37. On or about May 20, 2014, Patient A filled prescriptions for alprazolam, clonazepam, and diazepam.

38. On or about June 3, 2014, Patient A was admitted to the hospital because he was vomiting blood. A drug screen taken that day was positive for opiates, amphetamines, and benzodiazepines. Patient A left the hospital the same day he was admitted, against medical advice. Respondent received the records documenting this hospital visit, including the aberrant drug screen.

39. On or about June 13, 2014, Patient A requested a Dilaudid refill, which Respondent approved. Patient A received a prescription for Dilaudid, 8 mg, quantity 6, for one day's supply.

40. On or about June 16, 2014, Patient A returned to the office. Respondent documented that Patient A had gone to the hospital for a urinary tract infection. His records do not document any discussion about the aberrant drug screen results. Noting the "issue of determining whether [Patient A] has Crohn's," Respondent's plan was to get further workup of Patient A's Crohn's disease. On or about the same day, Patient A filled a prescription for Dilaudid, 8 mg, quantity 180, and prescriptions for alprazolam, clonazepam, and diazepam.

41. On or about July 8, 2014, Patient A submitted to a drug screen, which was positive for benzodiazepines, opiates, marijuana, morphine, codeine, and Dilaudid. On or about the same day, Patient A requested methadone,[9] which Respondent approved. On or about the same day, Patient A filled a prescription for methadone, 10 mg, quantity 11. Respondent did not document his reasons for prescribing Patient A methadone.

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[9] Methadone is an opiate used to treat moderate to severe pain or narcotic addiction. It is a Schedule II controlled substance pursuant to Business and Professions Code section 11055, subdivision (b).

42. On or about July 9, 2014, Respondent documented a phone call from Patient A's grandmother. She told Respondent that she was trying to get Patient A to go to rehab and that he was "shooting up Dilaudid." She also told him that Patient A was on his way to Respondent's office. Respondent noted that he would give Patient A a urine drug screen and three-day prescriptions for methadone. Patient A was warned of the dangers of shooting up narcotics. Respondent's records do not include any lab results for a drug screen that day.

43. On or about July 11, 2014, a note in Patient A's chart stated that Dilaudid was discontinued because of abuse. On or about the same day, Patient A filled a prescription for methadone, 10 mg, quantity 11.

44. On or about July 14, 2014, a note in Patient A's chart stated that Patient A was to go to a detox center in Iowa on July 25, 2014, and also that refills for methadone, Xanax, clonazepam, and diazepam were given. On or about the same day, Patient A filled prescriptions for methadone, 10 mg, quantity 11, and alprazolam, clonazepam, and diazepam.

45. On or about July 18, 2014, Patient A requested a methadone refill, which Respondent approved. On or about the same date, Patient A filled a prescription for methadone, 10 mg, quantity 14.

46. On or about July 23, 2014, Patient A's grandmother called Respondent again, and told him that Patient A had tried to commit suicide.

47. On or about July 24, 2014, a note in Patient A's chart stated that Patient A was in the hospital, and that his rehab admission was delayed by one week.

48. On or about July 30, 2014, Patient A requested a methadone refill before going to rehab. On or about the same day, Patient A filled a prescription for methadone, 10 mg, quantity 9.

49. Patient A's next recorded office visit occurred on or about April 13, 2015. Respondent documented that Patient A finished rehab on September 27, 2014, came home, and started working and going to school. Patient A had then lost his job(s), become homeless, and started using black tar heroin approximately two months prior. Patient A said that his Crohn's disease symptoms had improved. Respondent gave Patient A a prescription for methadone,

10 mg, quantity 21, one tablet to be taken three times daily, to help with pain and withdrawal symptoms from black tar heroin. On or about the same day, Patient A filled the methadone prescription.

50. On or about April 20, 2015, and April 27, 2015, Patient A filled prescriptions for methadone, 10 mg, quantity 21, which was a one-week supply. On or about May 4, 2015, Patient A filled a prescription for methadone, 10 mg, quantity 33, for an 11-day supply.

51. On or about May 15, 2015, Patient A returned to the office. Patient A had been off black tar heroin for one month and one day. He reported that the methadone was controlling his pain from Crohn's disease. Respondent gave Patient A another prescription for methadone, 10 mg, quantity 90, which Patient A filled on or about the same day.

52. On or about June 12, 2015, Patient A returned to the office for medication refills. Patient A had been off heroin and on methadone for approximately two months. On or about the same day, Patient A filled a prescription for methadone, 10 mg, quantity 96.

53. On or about July 14, 2015, Patient A returned for an office visit and for medication refills. Patient A had been clean for three and a half months. Respondent gave Patient A a prescription for methadone, 10 mg, quantity 90, which was filled on or about the same day.

54. On or about August 4, 2015, Patient A's mother called Respondent and said that Patient A had lost his methadone tablets. Respondent prescribed Ultracet[10] to Patient A. On or about the same day, Patient A filled the prescription for Ultracet.

55. On or about August 13, 2015, Patient A returned for an office visit. Patient A needed a methadone refill, and told Respondent that his medication was stolen. Respondent gave Patient A a methadone prescription.

56. On or about August 13, 2015 and September 11, 2015, Patient A filled prescriptions for methadone, 10 mg, quantity 90.

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[10] Ultracet is the brand name for acetaminophen and tramadol. Tramadol, brand name Ultram, is an opiate analgesic-like drug, and is a Schedule IV controlled substance pursuant to the federal Controlled Substances Act.

57. Respondent committed gross negligence in his care and treatment of Patient A which included, but was not limited to, the following:

a. Continuing to prescribe opiates and benzodiazepines to a patient with addiction issues, as evidence by his abuse of Dilaudid and heroin; and

b. Concurrently prescribing three benzodiazepines to Patient A.

SECOND CAUSE FOR DISCIPLINE
(Repeated Negligent Acts)

58. Respondent has further subjected his Physician's and Surgeon's Certificate No. G 40647 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in his care and treatment of Patients A, B, C, D, and E. The circumstances are as follows:

Patient A

59. Respondent committed repeated negligent acts in his care and treatment of Patient A which included, but were not limited to, the following:

a. Paragraphs 9 through 57, above, are hereby incorporated by reference and re-alleged as if fully set forth herein;

b. Continuing to prescribe high doses of opiates in combination with high doses of multiple benzodiazepines without specialty input or consultation despite concerns regarding Patient A's Crohn's disease diagnosis;

c. Continuing to prescribe large doses of opiates and benzodiazepines to Patient A without implanting a pain contract early on;

d. Prescribing opiates for Crohn's disease for a long period of time without any objective evidence of disease;

e. Failing to check or address urine drug screens for evidence of other controlled agents and/or diversion;

f. Prescribing methadone in a primary care setting for pain management to an admitted heroin user; and/or

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g. Prescribing multiple benzodiazepines and opiates to Patient A at the same time.

Patient B

60. Records received from Respondent indicate that Patient B, then a twenty-two-year-old male, saw Respondent for an office visit on or about February 10, 2012. Patient B was requesting refills for a pre-existing Adderall[11] prescription. The note for this date indicates that Patient B had adult ADD (Attention Deficit Disorder), and Respondent prescribed Adderall, 20 mg, one tablet twice daily, quantity 60.

61. Respondent refilled Patient B's Adderall prescription on or about March 9, 2012 and May 24, 2012.

62. On or about October 3, 2012, Patient B returned for an office visit. His current medications were listed in this visit and included, but were not limited to, the following: (1) Suboxone;[12] (2) amphetamine salts, 10 mg tablets; (3) dextroamphetamine, 10 mg; (4) alprazolam; and (5) amphetamine salts, 20 mg.

63. On or about October 9, 2012, Patient B returned to the office for a medication refill. The note for this visit indicates that Patient B had been trying different medications for ADD, that the alprazolam was effective, and that Patient B had stopped taking Suboxone two months prior. Respondent assessed Patient B with ADD and anxiety-induced insomnia, and refilled Patient B's alprazolam and Adderall prescriptions.

64. On or about February 6, 2013, Respondent's medical records indicate Patient B called requesting a refill on his alprazolam prescription, but that Patient B had also received alprazolam from another treatment provider on or about January 15, 2013.

65. On or about May 13, 2013, Patient B returned for an office visit. Records indicate that Patient B was asked about the refill from the other treatment provider, and that refills for this

[11] Adderall, brand name for dextroamphetamine and amphetamine, is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

[12] Suboxone, brand name for buprenorphine and naloxone, is a Schedule III controlled substance pursuant to Health and Safety Code section 11056, subdivision (e).

patient would be checked to verify that Patient B was receiving medications from no one else. Records also indicate that Patient B's medications were refilled.

66. On or about September 17, 2013, Patient B returned for an office visit. The note for this visit documents Patient B's history of ADD and chronic anxiety disorder. Records also indicate that Patient B's medications were refilled.

67. On or about January 29, 2014, a note documents that Respondent told Patient B that he could not refill his medications without an office visit, and that Patient B either needed to find insurance within 30 days, pay cash to see Respondent, or find a different treatment provider.

68. On or about March 12, 2014, Patient B returned to the office for a medication refill. Respondent refilled Patient B's prescriptions.

69. On or about July 1, 2014, records from CURES indicate that Patient B filled a prescription for alprazolam, 2 mg, quantity 30, prescribed by Respondent.

70. On or about July 11, 2014, Patient B returned for an office visit. The records note that Patient B's chief complaint was "medication check-up & illegal drug conversation." The records note that Patient B had suffered from a fractured rib four months prior, and was given Norco[13] in the emergency room. Patient B had since taken combinations of Oxycontin[14] (20 mg, 5 times daily), Norco (up to 40 mg daily), morphine, and Dilaudid. Patient B told Respondent that he wanted to stop taking the opiates, and Respondent noted that Patient B could not go to a detox unit because of his social and occupational situation. Respondent assessed Patient B with polydrug addiction (opiates), and started Patient B on methadone, 10 mg. The starting dose was 10 mg daily to be increased to 30 mg daily.

71. On or about July 11, 2014, CURES records indicate that Patient B filled a prescription for Adderall, 20 mg, quantity 60, and methadone, 10 mg, quantity 21, prescribed by Respondent.

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[13] Norco is the brand name for hydrocodone and acetaminophen. Hydrocodone is an opiate and a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b).

[14] Oxycontin, brand name for oxycodone, is an opiate and a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b).

72. On or about July 21, 2014, Patient B returned to the office. Patient B reported he was taking methadone, 30 mg daily, and that he was off all of the other opiates. On the same day, Respondent ordered a drug screen. The results of this drug screen, which were reported on or about July 24, 2014, were positive for marijuana, methadone, hydrocodone, and ethyl alcohol. The drug screen was negative for amphetamines and benzodiazepines, despite Patient B's recently filled prescriptions for Adderall and alprazolam.

73. On or about July 22, 2014, Patient B asked Respondent for an anti-depressant. Respondent prescribed Paxil.

74. On or about September 9, 2014, Patient B returned to the office for a medication refill. Respondent's records fail to note any discussion with Patient B about the abnormal positive results for marijuana, hydrocodone, and ethyl alcohol, and the negative results for amphetamines and benzodiazepines from the prior drug screen. The note from this visit documents that Patient B had previously used Oxycontin, morphine, and Dilaudid. Respondent's records indicate that he refilled Patient B's methadone prescription. On or about the same day, CURES records indicate Patient B also filled prescriptions for alprazolam and amphetamine salts, prescribed by Respondent.

75. On or about September 25, 2014, CURES records indicate Patient B filled a prescription for Adderall, 20 mg, quantity 60, from another treatment provider. On or about September 26, 2014, CURES records indicate Patient B filled a prescription for tramadol, 50 mg, quantity 90, from that same treatment provider.

76. On or about October 7, 2014, Patient B returned to the office for a medication refill. Respondent noted that Patient B was completely drug-free other than methadone, and that Patient B was "looking great." On or about the same day, Respondent ordered a drug screen, which was positive for marijuana, methadone, and ethyl alcohol, and was negative for amphetamines and benzodiazepines. The results were reported by the lab on or about October 9, 2014.

77. On or about October 10, 2014, a memo in Patient B's records states, "See 10/7 lab before rx."

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78. On or about November 5, 2014, Patient B returned for alprazolam and methadone refills. Respondent documented that he and Patient B spoke about the positive results for marijuana and alcohol on the last drug screen. No discussion was documented about Patient B's negative results for amphetamines and benzodiazepines, although Respondent noted, "[Patient B] really does look good and seems to be doing very well on this combination of methadone Xanax and amphetamine." Respondent's plan included increasing the frequency of drug testing to every two weeks.

79. On or about November 5, 2014, CURES records indicate Patient B refilled his alprazolam and methadone prescriptions that were prescribed by Respondent.

80. Approximately one month later, on or about December 4, 2014, Patient B returned for Adderall, alprazolam, and methadone refills. Respondent noted that Patient B "looked wonderful," and that Patient B reported that he had not had any alcohol since the last drug test. On or about the same day, Respondent ordered a drug screen, which was positive for marijuana, methadone, and morphine, and was negative for amphetamines and benzodiazepines. The results were reported by the lab on or about December 10, 2014.

81. On or about December 4, 2014, CURES records indicate Patient B refilled his alprazolam, Adderall, and methadone prescriptions from Respondent.

82. On or about December 30, 2014, Patient B submitted to another drug screen, which was positive for marijuana and methadone, and negative for amphetamines and benzodiazepines.

83. On or about January 29, 2015, Patient B returned to the office for a medication check and drug screen. Patient B reported that he had stopped using marijuana, and that he was doing well. Respondent documented that he refilled Patient B's prescriptions for Adderall, methadone, and alprazolam. On or about the same day, Respondent ordered a drug screen, which came back positive for marijuana and ethyl alcohol, and was negative for amphetamines, benzodiazepines, and methadone.

84. On or about February 21, 2015, CURES records indicate that Patient B filled prescriptions for alprazolam and Adderall from another treatment provider.

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85. On or about February 26, 2015, Patient B returned to the office with his partner, who was an emergency medical technician (EMT) and had experience with drug abuse. Respondent noted that Patient B's girlfriend saw Patient B every day and knew what to look for in terms of marijuana and alcohol use. Respondent also noted that Patient B promised not to take any drugs without Respondent's knowledge other than methadone, which Respondent refilled.

86. On or about March 9, 2015, Respondent noted a phone call he received from another treatment provider, who reported that Patient B had been receiving Suboxone from him/her and had also been receiving prescriptions for methadone, Xanax, and Adderall from two other treatment providers.

87. Respondent committed repeated negligent acts in his care and treatment of Patient B, which included, but were not limited to, the following:

a. Prescribing methadone for the purpose of managing Patient B's opioid dependence;

b. Failing to appropriately follow up with Patient B's drug tests that showed no use of Adderall, despite Respondent's regular prescriptions; and

c. Prescribing Adderall and alprazolam to Patient B without drug screening or ongoing assessment of addiction risk or misuse.

Patient C

88. Records received from Respondent indicate that Patient C had started seeing Respondent sometime in 2009. By May 17, 2012, Respondent was prescribing Patient C, then a forty-six year old male, the following on a monthly basis: (1) Norco, 325-10 mg, quantity 240; and (2) lorazepam, 1 mg, quantity 180.

89. On or about June 7, 2012 and June 27, 2012, Patient C filled prescriptions for Norco, 325-10 mg, quantity 240, written by Respondent. On or about June 14, 2012, Patient C filled a prescription for lorazepam, 1 mg, quantity 180, written by Respondent.

90. On or about July 17, 2012, Patient C requested refills for Norco and lorazepam. Respondent approved his requests, but noted that Patient C had to come in for an appointment. On or about the same day, Patient C filled prescriptions for Norco and lorazepam.

91. On or about August 7, 2012, Patient C requested a Norco refill. Respondent's records note that Patient C always asked for his refills ten days early. Nevertheless, Respondent approved the refill request. On or about August 8, 2012, Patient C filled a prescription for Norco, 325-10 mg, quantity 240.

92. On or about August 15, 2012, Patient C requested a lorazepam refill, which Respondent approved. On or about the same day, Patient C filled a prescription for lorazepam, 1 mg, quantity 180.

93. On or about August 28, 2012, Patient C filled a prescription for Norco, 325-10 mg, quantity 56, for a two-week supply.

94. Approximately one week later, on or about September 5, 2012, Patient C filled another prescription for Norco, 325-10 mg, quantity 240.

95. On or about September 17, 2012, Patient C requested another lorazepam refill, which Respondent approved. Patient C was told he needed to make an appointment. On or about the same day, Patient C filled a prescription for lorazepam, 1 mg, quantity 180.

96. On or about September 25, 2012, Patient C requested another Norco refill, which Respondent approved. Patient C was again told he needed to make an appointment. On or about the same day, Patient C filled a prescription for Norco, 325-10 mg, quantity 240.

97. On or about October 15, 2012, Patient C requested another Norco refill, which Respondent approved. On or about the same day, Patient C filled a prescription for Norco, 325-10 mg, quantity 240. From June to October 2012, Patient C was not seen in Respondent's office.

98. On or about November 5, 2012, Patient C came in for his annual physical exam. Respondent noted that Patient C had cervical degenerative disc disease, and that he was in constant pain when he was not taking Norco. Respondent's records do not address that Patient C was requesting and receiving early refills for Norco. On or about the same day, Patient C filled a prescription for Norco, 325-10 mg, quantity 240.

99. On or about November 20, 2012, Patient C requested a lorazepam refill, which Respondent approved. On or about the same day, Patient C filled a prescription for lorazepam, 1 mg, quantity 180.

100. On or about November 26, 2012, Patient C requested a Norco refill, which Respondent approved. On or about November 27, 2012, Patient C filled a prescription for Norco, 325-10 mg, quantity 240.

101. On or about December 19, 2012, Patient C requested a lorazepam refill, which Respondent approved. On or about the same day, Patient C filled a prescription for lorazepam, 1 mg, quantity 180.

102. On or about December 20, 2012, Patient C requested a Norco refill. On or about the same day, Patient C filled a prescription for Norco, 325-10 mg, quantity 240.

103. On or about December 21, 2012, Respondent's office received a notification that the pharmacy refused to fill Patient C's Norco prescription until December 27, 2012, and that Patient C was taking 10 tablets of Norco per day, even though he had been instructed not to exceed eight tablets.

104. On or about December 21, 2012, Patient C received 60 tablets of Norco from the pharmacy.

105. On or about December 26, 2012, Patient C received 240 tablets of Norco from the pharmacy.

106. On or about January 16, 2013, Patient C requested a Norco refill, which Respondent approved. On or about January 17, 2013, Patient C filled a prescription for Norco, 325-10 mg, quantity 300. Respondent's records do not document why the number of tablets were increased.

107. On or about January 25, 2013, Patient C filled a prescription for lorazepam, 1 mg, quantity 180.

108. On or about February 15, 2013, Patient C requested a Norco refill, which Respondent approved. On or about the same day, Patient C filled a prescription for Norco, 325-10 mg, quantity 300, for an average of ten tablets per day.

109. On or about February 25, 2013, Patient C filled a prescription for lorazepam, 1 mg, quantity 180.

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110. On or about March 13, 2013, Patient C requested a Norco refill, which Respondent approved. On or about March 15, 2013, Patient C filled a prescription for Norco, 325-10 mg, quantity 300.

111. On or about March 24, 2013, Patient C filled a prescription for lorazepam, 1 mg, quantity 180.

112. On or about April 8, 2013, Patient C filled a prescription for Norco, 325-10 mg, quantity 240. Respondent's records do not document this prescription.

113. On or about April 19, 2013, Patient C filled a prescription for lorazepam, 1 mg, quantity 180.

114. On or about April 22, 2013, Patient C filled a prescription for Norco, 325-10 mg, quantity 300. Respondent's records do not document this prescription or the reason why the number of tablets were increased.

115. On or about May 7, 2013, Patient C requested a Norco refill. On or about the same day, Patient C filled a prescription for Norco, 325-10 mg, quantity 240. Respondent's records fail to indicate why the number of tablets decreased.

116. On or about May 14, 2013, Patient C requested a lorazepam refill, which Respondent approved. On or about May 15, 2013, Patient C filled a prescription for lorazepam, 1 mg, quantity 180.

117. On or about May 24, 2013, Patient C requested a Norco refill, which Respondent approved. Respondent's records note that Patient C needed to make an appointment. On or about the same day, Patient C filled a prescription for Norco, 325-10 mg, quantity 300. Respondent's records fail to indicate why the number of tablets increased.

118. On or about May 28, 2013, CURES records indicate that Patient C filled another prescription for Norco, 325-10 mg, quantity 300, written by Respondent. Respondent's records do not document this prescription.

119. On or about June 12, 2013, Patient C requested a lorazepam refill, which Respondent approved. Respondent's records again note that Patient C needed to make an appointment. On or about the same day, Patient C filled a prescription for lorazepam, 1 mg, quantity 180.

120. On or about June 26, 2013, Patient C returned to the office. Patient C told Respondent that he was currently taking six Norco tablets per day. Respondent noted Patient C's cervical degenerative disc disease and findings of tender nodules over the upper borders of Patient C's trapezius. His assessment included ruling out cervical radiculopathy and lumbosacral strain. Respondent did not document any discussion with Patient C about receiving early Norco refills.

121. On or about July 16, 2013, Patient C requested refills for Norco and lorazepam, which Respondent approved. On or about July 17, 2013, Patient C filled a prescription for lorazepam, 1 mg, quantity 180. On or about July 19, 2013, Patient C filled a prescription for Norco, 325-10 mg, quantity 180.

122. On or about August 12, 2013, Patient C requested a Norco refill, which was approved. On or about August 13, 2013, Patient C filled a prescription for Norco, 325-10 mg, quantity 180.

123. On or about August 13, 2013, Patient C requested a lorazepam refill, which was approved. On or about August 14, 2013, Patient C filled a prescription for lorazepam, 1 mg, quantity 180.

124. On or about August 30, 2013, Patient C came in for an injury to his umbilical hernia. On or about the same day, Patient C filled a prescription for Norco, 325-10 mg, quantity 84, written by Respondent. Respondent's records do not document this prescription.

125. On or about September 6, 2013, Patient C told Respondent that he had been trying to reduce his use of Norco, but that he was unsuccessful and had been taking eight tablets per day. Patient C admitted he only had two more days of medication left and that he needed a refill. Respondent gave him a refill, and told Patient C that he needed monthly appointments. On or about the same day, Patient C filled a prescription for Norco, 325-10 mg, quantity 136.

126. On or about September 12, 2013, Patient C requested a refill for lorazepam, which Respondent approved. On or about September 13, 2013, Patient C filled a prescription for lorazepam, 1 mg, quantity 180.

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127. On or about September 17, 2013, Patient C told Respondent that he was out of Norco and that he did not realize he had taken so many. On or about the same day, Patient C filled a prescription for a seven-day supply of Norco, 325-10 mg, quantity 64, written by Respondent.

128. On or about September 25, 2013, Patient C returned to the office and saw Respondent. He was complaining about his umbilical hernia. On or about the same day, Patient C filled a prescription for Norco, 325-10 mg, quantity 64, written by Respondent.

129. On or about September 30, 2013, Patient C returned to the office at Respondent's request. Respondent noted that in the past, Patient C had been taking ten tablets of Norco daily, had gotten it down to six, then went up again to eight. At that point, Patient C was taking 11 tablets of Norco daily. Respondent documented that he had a long talk with Patient C, and that he told him he would only give him prescriptions for one week at a time. Respondent was to prescribe Patient C enough Norco to take a maximum of eight tablets daily, and that if Patient C finished the medication early, he would not be given an early refill. Respondent gave Patient C prescriptions for meloxicam[15] and Norco, 325-10 mg, quantity 56. On or about the same day, Patient C filled this Norco prescription.

130. On or about October 7, 2013, Patient C filled another prescription for Norco, 325-10 mg, quantity 56.

131. On or about October 8, 2013, Patient C filled a prescription for lorazepam, 1 mg, quantity 180. Respondent's records do not document this prescription.

132. On or about October 14, 2013, Patient C requested a refill of meloxicam, which Respondent approved.

133. Patient C filled prescriptions for Norco, 325-10 mg, quantity 56, on or about October 14, 2013, October 19, 2013, and October 25, 2013.

134. On or about October 28, 2013, a note in Patient C's file stated that Patient C had been getting Norco refills that were not documented in the medical records.

135. On or about November 1, 2013, Patient C returned to the office and saw Respondent. Respondent documented that he had a 45-minute discussion with Patient C about his Norco use,

[15] Meloxicam is a non-steroidal anti-inflammatory drug used to treat pain.

and said that Patient C needed to be kept on closer observation until he could decrease his use. On or about the same day, Patient C filled prescriptions for Norco, 325-10 mg, quantity 112, and lorazepam, 1 mg, quantity 180.

136. On or about November 13, 2013, Patient C requested refills for meloxicam and Norco. Respondent's records note that Patient C's Norco refill was not due until November 15, 2013. On or about November 15, 2013, Patient C filled a prescription for Norco, 325-10 mg, quantity 112.

137. On or about November 27, 2013, Patient C retuned to the office and saw Respondent. Respondent documented another conversation he had with Patient C about his Norco use. Patient C was currently taking "about 8 daily" tablets of Norco. Respondent recommended that Patient C decrease his use slowly. Respondent noted that Patient C should not exceed taking more than six tablets of lorazepam daily. Respondent gave Patient C a two-week prescription for Norco for 112 tablets and a monthly prescription for lorazepam, which Patient C filled on or about the same day.

138. From on or about December 12, 2013 to October 1, 2014, Respondent gave Patient C prescriptions approximately every two weeks for Norco, 325-10 mg, quantity 112, which Patient C filled.

139. From on or about December 12, 2013 through April 15, 2014, Respondent also gave Patient C prescriptions approximately every 30 days for lorazepam, 1 mg, quantity 180, which Patient C filled.

140. On or about December 23, 2013, Patient C returned to the office with his wife. Respondent noted that Patient C had difficulty functioning without taking Norco, and that he was working hard to decrease his dose. Patient C was to follow up in one month, and was told that if he could decrease his use to six tablets daily, his appointments could be scheduled every three months.

141. On or about January 24, 2014, Patient C returned to the office and saw Respondent. Respondent documented that he had a conversation with Patient C about limiting his use of

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narcotics, and that the goal was to lower Patient C's Norco dose to a maximum of six tablets daily.

142. On or about February 21, 2014, Patient C returned to the office and saw Respondent. Patient C was having symptoms and said he needed the medication to function. Respondent noted that when Patient C went to pick up an Ativan prescription, the pharmacist challenged him and called Respondent's office, asking when Patient C was last drug tested. Respondent wrote that it was not common in his practice to do drug screenings, and that he did not suspect that Patient C was a heroin addict.

143. On or about February 24, 2014, Patient C requested a refill for lorazepam, which Respondent did not approve. Patient C filled a prescription for lorazepam three days prior on or about February 21, 2014.

144. On or about March 19, 2014, Patient C requested a new prescription for alprazolam, which Respondent approved.

145. On or about March 28, 2014, Patient C returned to the office and saw Respondent. He was continuing to experience the same symptoms and pain. Respondent recommended that Patient C go to a pain management specialist.

146. On or about April 14, 2014, Respondent documented that Patient C needed an early refill for lorazepam because he had taken more medication than prescribed.

147. On or about April 30, 2014, Patient C requested refills for Norco and lorazepam. Patient C recognized that his request for lorazepam was early, but that he had a bad week and had taken more than prescribed.

148. On or about May 1, 2014, Patient C returned to the office and saw Respondent. Patient C had questions about Ativan dosing. Respondent told him that he was not to take more than 8 mg daily.

149. On or about May 6, 2014, Patient C requested a lorazepam refill. On or about May 8, 2014, Patient C filled a prescription for lorazepam, 2 mg, quantity 120. Respondent failed to document why he increased Patient C's lorazepam daily dose from 6 mg to 8 mg.

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150. On or about May 30, 2014, Patient C returned to the office and saw Respondent. Respondent noted that they talked about reducing Patient C's medications.

151. From on or about June 6, 2014 through November 5, 2014, Respondent gave Patient C prescriptions approximately every 30 days for lorazepam, 2 mg, quantity 120, which Patient C filled.

152. On or about June 30, 2014, Patient C returned to the office and saw Respondent. Respondent noted that Patient C had a history of insomnia and that he would continue to refill his medications.

153. On or about July 30, 2014, Patient C returned to the office and saw Respondent. Respondent noted that Patient C still had chronic pain syndrome and that he would continue to refill his medications.

154. On or about September 22, 2014, Patient C returned to the office and saw Respondent. Respondent noted that Patient C's chronic pain syndrome was triggered by his work, and that he refilled his medications.

155. On or about October 8, 2014, Patient C filled prescriptions for Norco, 325-10 mg, quantity 112. Patient C's last refill was one week prior on October 1, 2014 for 112 tablets. Respondent's records do not document why Patient C was given an early refill.

156. On or about October 15, 2014, Respondent's records indicate that Patient C had been given a partial refill for Norco. On or about the same day, Patient C filled a prescription for Norco, 325-10 mg, quantity 64, for an eight-day supply.

157. On or about October 22, 2014, Patient C returned to the office and saw Respondent. Respondent documented that Patient C was doing well, and gave him a Norco refill with the instructions not to exceed eight tablets per day.

158. From on or about October 22, 2014 through February 1, 2016, Respondent gave Patient C prescriptions approximately every 14 or 15 days for Norco, 325-10 mg, quantity 120, or Norco, 325-7.5 mg, quantity 160, which Patient C filled.

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159. On or about November 5, 2014, Respondent noted that Patient C wanted to try tramadol for sleep issues. Respondent advised Patient C that tramadol would only be prescribed if he decreased his Norco use.

160. From on or about November 5, 2014 through March 31, 2015, Respondent gave Patient C prescriptions approximately every month for lorazepam, 2 mg, quantity 120, which Patient C filled.

161. On or about November 6, 2014, Respondent documented that Patient C had almost run out of Norco, despite getting 120 tablets on October 29.

162. On or about November 10, 2014 and November 14, 2014, Patient C filled prescriptions for Ultracet, quantity 42, written by Respondent. Respondent's records do not document these prescriptions.

163. On or about December 2, 2014, Patient C returned to the office and saw Respondent. Respondent noted that Patient C was having difficulty finding 325-10 mg tablets of Norco, and he switched his prescription to 325-7.5 mg tablets.

164. On or about December 30, 2014, Patient C returned to the office and saw Respondent. Respondent noted that he wanted Patient C to decrease his Norco use to six tablets per day.

165. On or about February 10, 2015 and February 24, 2015, Patient C returned to the office and saw Respondent for medication refills.

166. On or about March 24, 2015, Patient C returned to the office and saw Respondent. Respondent switched Patient C back to 325-10 mg Norco and prescribed 120 tablets, with the instructions that he was not to exceed eight tablets per day.

167. On or about April 20, 2015, Patient C returned to the office and saw Respondent. Patient C reported that he woke up with severe pain in his lower abdomen that went away after a few hours. Patient C refused an echocardiogram or cardiology consult. Respondent refilled his medications. Patient C filled prescriptions for Norco and lorazepam, 2 mg, quantity 150, on or about the same day. Respondent failed to document why he increased Patient C's lorazepam prescription from 8 mg to 10 mg per day.

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168. On or about May 4, 2015, Patient C returned to the office. A note written by a medical assistant documented Patient C's prescriptions and that he was "not receiving restricted drugs from other doctors."

169. On or about May 18, 2015, Patient C returned to the office and saw Respondent. Patient C reported having the usual pains. Respondent refilled his medications, and Patient C filled a prescription for Norco, 325-10 mg, quantity 150. Respondent failed to document why he increased the amount of Norco tablets Patient C was receiving.

170. From on or about May 18, 2015 through June 30, 2016, Respondent gave Patient C prescriptions approximately every month for lorazepam, 2 mg, quantity 150, which Patient C filled.

171. From on or about June 1, 2015 through August 1, 2017, Respondent regularly gave Patient C prescriptions for Norco, 325-10 mg, for approximately eight tablets per day, which Patient C filled.

172. On or about June 15, 2015, Patient C retuned to the office and saw Respondent. Patient C reported no changes. Respondent encouraged Patient C to cut down on his medication, and gave him refills for lorazepam and Norco.

173. On or about August 3, 2015, Patient C returned to the office and saw Respondent. Patient C complained of insomnia. Respondent prescribed Restoril,[16] 30 mg, quantity 17, and refilled Patient C's other medications. Patient C filled prescriptions for Restoril, Norco, and lorazepam on or about the same day.

174. From on or about August 31, 2015 through June 30, 2016, Respondent gave Patient C prescriptions approximately every month for Restoril, 30 mg, quantity 30, which Patient C filled.

175. On or about August 31, 2015 and September 29, 2015, Patient C returned to the office and saw Respondent for medication refills.

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[16] Restoril, brand name for temazepam, is a benzodiazepine and a Schedule IV controlled substance pursuant to Business and Professions Code section 11057, subdivision (d).

176. On or about October 26, 2015, Patient C returned to the office for his annual physical exam. There were no abnormal findings, and prescriptions were given for temazepam and lorazepam with the instructions that Patient C was not to exceed five tablets of lorazepam per day.

177. On or about November 23, 2015 and December 22, 2015, Patient C returned to the office for medication refills. On or about December 22, 2015, Patient C reported having a new area of pain. Respondent's plan was for Patient C to continue taking his medications.

178. On or about January 19, 2016, Respondent documented that Patient C could only get three-week supplies of written prescriptions on January 4, 2016.

179. On or about February 5, 2016 and March 7, 2016, Patient C returned to the office and saw Respondent. Respondent's plan was for Patient C to continue taking his medications.

180. On or about April 4, 2016, Patient C returned to the office and saw Respondent for a Norco refill. Respondent documented that "cautions on dosing [had been] discussed."

181. On or about May 2, 2016, Patient C returned to the office and saw Respondent. Patient C complained of back pain after exertion. Respondent documented that he refilled Patient C's lorazepam and Restoril prescriptions.

182. On or about June 2, 2016 and July 15, 2016, Patient C returned to the office for a Norco refill.

183. On or about July 22, 2016, Patient C requested to switch from taking Ativan to Xanax. Respondent gave him a prescription for Xanax, 2 mg, to be taken five times daily. On or about the same day, Patient C filled a prescription for Xanax, 2 mg, quantity 150.

184. On or about August 17, 2016, Patient C returned to the office and saw Respondent. Respondent's plan was for Patient C to continue taking his medications.

185. On or about August 22, 2016, Patient C filled a prescription for Xanax, 2 mg, quantity 25. On or about August 23, 2016, Patient C filled a prescription for Xanax, 2 mg, quantity 120.

186. From on or about September 21, 2016 through June 16, 2017, Respondent gave Patient C approximately monthly prescriptions of Xanax, 2 mg, quantity 150, which Patient C filled.

187. On or about October 3, 2016, Patient C returned to the office and saw Respondent for medication refills. Respondent's plan was for Patient C to continue taking his medications, although he also documented that Patient C would tell him when he was ready to decrease his medications.

188. On or about November 22, 2016, Patient C returned to the office for his annual physical exam. Respondent ordered a spine x-ray.

189. On or about January 9, 2017, Patient C returned to the office and saw Respondent for a Norco refill. Respondent's plan was to continue with Patient C's medications and possible further work up.

190. On or about March 13, 2017, Patient C returned to the office and saw Respondent for medication refills. Respondent's plan was for Patient C to continue taking his medications.

191. On or about June 22, 2017, Patient C saw a pain management specialist. The pain management specialist assessed Patient C with cervicalgia and low back pain. He also noted that Patient C had a history of severe anxiety, and that he was currently taking four to five tablets of 2 mg Xanax and four tablets of Norco, 325-10 mg daily. In his report, the pain management specialist expressed concern over Patient C's concomitant use of opiates and benzodiazepines. The specialist told Patient C that he would have to discontinue Xanax completely, if he was to continue being prescribed opiates at the clinic. The specialist prescribed Norco, 325-10 mg, quantity 120, which Patient C filled on or about the same day. Respondent received a copy of the pain management specialist's report.

192. On or about July 14, 2017, Respondent documented that Patient C had been hospitalized after having a seizure and hitting his head.

193. On or about July 18, 2017, Patient C filled a prescription for Xanax, 1 mg, quantity 60, issued by Respondent. Respondent's records do not document this prescription.

194. On or about July 25, 2017, Respondent's record indicates that Patient C requested to have staples removed in the office. The staples were from Patient C's fall and hospital stay.

195. On or about July 27, 2017, Patient C called Respondent's office requesting an appointment to discuss weaning off Xanax.

196. On or about August 11, 2017, Patient C requested a Xanax refill, which Respondent approved. On or about the same day, Patient C filled a prescription for Xanax, 2 mg, quantity 150.

197. On or about September 11, 2017, Patient C requested another Xanax refill. Patient C told Respondent that he had stopped taking Norco one month prior, and that he did not want to go back to the pain management specialist. Patient C wanted to try tramadol. Respondent gave Patient C a prescription for Ultracet. On or about September 12, 2013, Patient C filled prescriptions for Xanax, 2 mg, quantity 150, and Ultracet, quantity 20.

198. On or about September 13, 2017, Patient C filled another prescription for Ultracet, quantity 100.

199. On or about October 10, 2017, Patient C told Respondent he wanted to switch from Ultracet to Ultram, and that he had finished his medication early. Patient C said he had tried his mother's Ultram, and wanted a prescription for five pills per day. Respondent told Patient C not to take other people's medications, and gave him a prescription for Ultram. On or about October 11, 2017, Patient C filled a prescription for Ultram, 50 mg, quantity 150.

200. On or about October 23, 2017, Patient C retuned to the office and saw Respondent for medication refills. Respondent documented that the pain management specialist had taken Patient C off his narcotics and Xanax simultaneously, and Patient C had a withdrawal seizure. Respondent's plan was to avoid Norco in the future. Respondent prescribed Xanax, 2 mg, quantity 150, which Patient C filled on or about the same day. Patient C received refills of 150 tablets of Xanax on or about November 28, 2017 and January 3, 2018.

201. On or about November 8, 2017, Patient C requested an Ultram refill, which Respondent approved. On or about November 9, 2017, Patient C filled a prescription for Ultram, 50 mg, quantity 150.

202. On or about December 4, 2017, Patient C asked Respondent if he could increase his Ultram dose from five to six pills per day. On or about December 8, 2017, Patient C filled a prescription for Ultram, 50 mg, quantity 180.

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203. On or about January 3, 2018, Patient C requested refills for Xanax and Ultram, which Respondent approved. On or about January 6, 2018, Patient C filled a prescription for Ultram, 50 mg, quantity 180.

204. On or about January 23, 2018, Patient C returned to the office and saw Respondent. Respondent's plan was for Patient C to reduce his Xanax use from five to four and a half tablets per day.

205. From on or about February 5, 2018 through June 29, 2018, Respondent gave Patient C approximately monthly prescriptions for Ultram, 50 mg, quantity 180, which Patient C filled.

206. On or about February 15, 2018 and March 16, 2018, Respondent gave Patient C prescriptions for Xanax, 2 mg, quantity 135, which Patient C filled.

207. On or about April 20, 2018 and May 29, 2018, Respondent gave Patient C prescriptions for Xanax, 2 mg, quantity 120, which Patient C filled.

208. On or about June 20, 2018, Patient C returned to the office and saw Respondent for a medication refill.

209. Respondent committed repeated negligent acts in his care and treatment of Patient C which included, but was not limited to, the following:

a. Prescribing moderately high doses of opiates and high doses of benzodiazepines to Patient C without specialty input or consultation;

b. Failing to implement a pain contract early in his treatment of Patient C;

c. Failing to check urine drug screens for evidence of other controlled agents and/or diversion;

d. Re-prescribing benzodiazepines and tramadol to Patient C after he had a benzodiazepine withdrawal seizure;

e. Continuing to prescribe high daily doses of benzodiazepines to Patient C for years; and/or

f. Prescribing multiple benzodiazepines contemporaneously to Patient C.

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Patient D

210. On or about November 4, 2014, Patient D, a then sixty-year-old male, presented to Respondent for his drug use. Patient D had peripheral vascular disease in his right lower extremity, which initially led to the amputation of a toe. Due to sepsis, Patient D eventually underwent an above-the-knee amputation. Patient D reported illicit drug use, specifically black tar heroin, and was also taking oxycodone, 30 mg, four times daily, for the pain in his right lower extremity. Respondent assessed Patient D with addiction to opiates/black tar heroin, above-the-knee amputation, peripheral vascular disease, hypertension and discoid lupus. Patient D told Respondent that he had previously taken methadone at 10 mg, 6 tablets daily. When he could no longer obtain methadone, Patient D turned to black tar heroin. Respondent's plan was to continue Patient D's medications for hypertension and lupus, obtain a rheumatology consultation, start methadone, and discontinue black tar heroin. Respondent's plan also included discontinuing oxycodone with the introduction of methadone.

211. On or about November 4, 2014, Respondent ordered a drug screen for Patient D. The drug screen was positive for morphine.

212. On or about November 25, 2014, Patient D returned to Respondent's office. Patient D reported that he had a difficult time trying to find a pain management doctor, and eventually turned to heroin. Respondent diagnosed Patient D with chronic pain syndrome, above-the-knee amputation status, and opioid abuse. He recommended that Patient D see a vascular surgeon to check his right lower extremity.

213. On or about January 5, 2015, Patient D returned to the office for a medication refill. Respondent documented that "[Patient D] is now off heroin and very appropriately taking medically prescribed methadone." Respondent refilled Patient D's prescription for methadone.

214. On or about February 3, 2015, Patient D returned to the office for a medication refill. Respondent once again noted that Patient D was on methadone and off heroin, and refilled Patient D's methadone prescription.

215. On or about March 3, 2015, Patient D returned to the office for a medication refill. Respondent noted that Patient D "[had] no signs or evidence of choosing illegal drugs over

prescribed drugs." Respondent refilled Patient D's prescription for methadone and ordered drug testing.

216. On or about March 30, 2015, Patient D submitted to a drug screen, which was positive for methadone. The lab reported the results on or about April 1, 2015.

217. On or about April 7, 2015, Patient D returned to the office for a medication refill. Respondent noted that Patient D was doing extremely well, and that he was seeing the vascular surgeon that Respondent recommended. Respondent refilled Patient D's methadone prescription, and ordered another drug screen. Respondent's records do not include the results of any drug screen ordered at this visit.

218. On or about May 6, 2015 and June 5, 2015, Patient D returned for a medication refill. Respondent noted that Patient D was following his methadone treatment program, and refilled Patient D's prescription.

219. On or about July 1, 2015, and July 31, 2015, Patient D returned for a medication refill. Respondent refilled Patient D's methadone prescription. Respondent noted Patient D's use of methadone was working "phenomenally well."

220. On or about August 28, 2015, Patient D returned for a medication refill. Patient D reported worsening pain in his left foot. Respondent refilled Patient D's methadone prescription.

221. Respondent's records include a CURES report printed on or about August 28, 2015, for Patient D from February 27, 2015 through August 25, 2015. The CURES report showed that Patient D had been regularly filling oxycodone prescriptions from another treatment provider while he was seeing Respondent, which had continued to on or about July 25, 2015. The CURES report also showed that Patient D had been filling alprazolam prescriptions from the other treatment provider since in or around March 2015. Respondent's records for Patient D make no reference to these other prescriptions, nor do they document that Patient D was seeing this other treatment provider. A handwritten note on this CURES report states, in part, that the other treatment provider should be notified, a pain management specialist referral was needed, and that Patient D was to receive a four-day supply of his medication.

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222. Respondent committed repeated negligent acts in his care and treatment of Patient D for prescribing methadone to Patient D without a full assessment of possible psychiatric or addiction comorbidities.

Patient E

223. Respondent started treating Patient E in or around July 2012. On or about February 29, 2016, Patient E, then a twenty-eight-year old male, returned to the office and saw Respondent. Respondent noted that Patient E had a history of lacerations on his right leg and secondary neuropraxia[17] with chronic pain syndrome. In his interview with Board investigators, Respondent explained that Patient E had an accident in 2012 which caused the lacerations, and that he thought Patient E severed or injured some nerves. At the time, Respondent was prescribing Patient E with oxycodone for headaches and neuropraxia. According to his records, Respondent was also prescribing Tegretol[18] for neuropraxia, nortriptyline,[19] and ibuprofen. At this visit, Respondent gave Patient E a monthly prescription for oxycodone, 30 mg, quantity 180, with the instruction that Patient E should not exceed six tablets, or 180 mg, per day.

224. On or about February 29, 2016, Patient E filled a prescription for oxycodone, 30 mg, quantity 90, and Ambien,[20] 10 mg, quantity 30.

225. On or about March 7, 2016, Patient E filled a prescription for oxycodone, 30 mg, quantity 90.

226. On or about March 9, 2016, Respondent received a letter from the Department of Health Services noting concerns regarding Patient E's high opiate dosing and concomitant use of tramadol, nortriptyline, and Ambien.

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[17] Neuropraxia is a condition in which there is a temporary loss of motor and sensory function. It is possible Respondent used the term synonymously with neuropathy, which is disease or dysfunction in one or more of the peripheral nerves.

[18] Tegretol, brand name for carbamazepine, is an anticonvulsant sometimes used to treat peripheral neuropathy.

[19] Nortriptyline is a nerve pain medication and antidepressant.

[20] Ambien, brand name for zolpidem tartrate, is a sedative hypnotic and a Schedule IV controlled substance pursuant to Business and Professions Code section 11057, subdivision (d).

227. On or about March 28, 2016, Patient E returned to the office and saw Respondent. Respondent noted that Patient E had the same symptoms but was functioning well on the medications. Respondent gave Patient E prescriptions for Ambien and oxycodone. On or about the same day, Patient E filled a prescription for oxycodone, 30 mg, quantity 90, and Ambien, 10 mg, quantity 30.

228. On or about April 5, 2016, Patient E filled a prescription for oxycodone, 30 mg, quantity 90.

229. On or about April 28, 2016, May 3, 2016, May 25, 2016, and June 8, 2016, Patient E filled prescriptions for oxycodone, 30 mg, quantity 90.

230. On or about June 23, 2016, Patient E filled a prescription for Ambien, 10 mg, quantity 30.

231. On or about June 24, 2016, Patient E returned to the office and saw Respondent. Respondent's plan was for Patient E to continue taking his medications. On or about the same day, Patient E filled a prescription for oxycodone, 30 mg, quantity 90.

232. On or about July 8, 2016, Patient E filled a prescription for oxycodone, 30 mg, quantity 90.

233. On or about July 22, 2016, Patient E filled prescriptions for oxycodone, 30 mg, quantity 90, and Ambien, 10 mg, quantity 30.

234. On or about August 3, 2016, Patient E filled a prescription for oxycodone, 30 mg, quantity 90.

235. On or about August 9, 2016, Patient E returned to the office and saw Respondent. Respondent's assessment and plan did not change, and he continued to prescribe Patient E's medications.

236. On or about August 19, 2016, Patient E signed a pain contract with Respondent. On or about the same day, Patient E filled a prescription for oxycodone, 30 mg, quantity 90.

237. One week later, on or about August 26, 2016, Patient E filled prescriptions for oxycodone, 30 mg, quantity 90, and Ambien, 10 mg, quantity 30.

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238. On or about September 16, 2016, Patient E filled a prescription for oxycodone, 30 mg, quantity 90.

239. Six days later, on or about September 22, 2016, Patient E filled prescriptions for oxycodone, 30 mg, quantity 90, and Ambien, 10 mg, quantity 30.

240. On or about October 13, 2016, Patient E filled a prescription for oxycodone, 30 mg, quantity 90.

241. Nine days later, on or about October 22, 2016, Patient E filled prescriptions for oxycodone, 30 mg, quantity 90, and Ambien, 10 mg, quantity 30.

242. On or about November 15, 2016, Patient E returned to the office and saw Respondent. Respondent noted that Patient E had the same pain. Respondent gave Patient E prescriptions for oxycodone and ibuprofen. On or about the same day, Patient E filled a prescription for oxycodone, 30 mg, quantity 90.

243. On or about November 19, 2016, Patient E filled a prescription for Ambien, 10 mg, quantity 30.

244. On or about November 22, 2016 and December 12, 2016, Patient E filled prescriptions for oxycodone, 30 mg, quantity 90.

245. On or about December 16, 2016, Patient E filled a prescription for Ambien, 10 mg, quantity 30.

246. On or about December 22, 2016, Patient E filled a prescription for oxycodone, 30 mg, quantity 90.

247. On or about January 16, 2017, Patient E returned to the office and saw Respondent. Respondent's plan was to continue prescribing his medications. On or about the same day, Patient E filled a prescription for oxycodone, 30 mg, quantity 90, and Ambien, 10 mg, quantity 30.

248. On or about January 25, 2017, Patient E filled a prescription for oxycodone, 30 mg, quantity 90.

249. On or about February 13, 2017, Patient E filled prescriptions for oxycodone, 30 mg, quantity 90, and Ambien, 10 mg, quantity 30.

250. On or about February 22, 2017, Patient E returned to the office for medication refills. Patient E reported that he had diarrhea as a side effect of taking Tegretol. Respondent prescribed Lomotil[21] to treat Patient E's diarrhea. Respondent did not document any consideration or discussion with Patient E about the drug interactions between oxycodone, Lomotil, and nortriptyline.

251. On or about February 22, 2017, March 13, 2017, March 20, 2017, April 11, 2017, and April 17, 2017, Patient E filled prescriptions for oxycodone, 30 mg, quantity 90.

252. On or about April 24, 2017, Patient E filled a prescription for Ambien, 10 mg, quantity 30.

253. CURES records indicate that on or about May 10, 2017, Patient E filled two prescriptions, each for oxycodone, 30 mg, quantity 90, at two separate pharmacies. Both prescriptions were written by Respondent.

254. On or about May 24, 2017, Patient E filled a prescription for Ambien, 10 mg, quantity 30.

255. On or about June 9, 2017 and June 19, 2017, Patient E filled prescriptions for oxycodone, 30 mg, quantity 90.

256. On or about June 21, 2017, Patient E filled a prescription for Ambien, 10 mg, quantity 30.

257. On or about September 20, 2017, Patient E requested a refill for Tegretol. Respondent's records show that Patient E's current medications included a reduced dose of oxycodone to a maximum of 60 mg per day. On or about the same day, Patient E filled a prescription for oxycodone, 20 mg, quantity 45, and Ambien, 10 mg, quantity 30.

258. From on or about October 3, 2017 through January 12, 2018, Respondent continued to prescribe oxycodone to Patient E in smaller doses. Respondent's records do not document that Patient E had any office visits or saw Respondent during this time, although there is a note in which Respondent appears to document a tapering schedule for Patient E's opiate use.

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[21] Lomotil, brand name for atropine/diphenoxylate, is a medication to treat diarrhea.

259. Respondent committed repeated negligent acts in his care and treatment of Patient E, which includes, but is not limited to, the following:

a. Continuing to prescribe high doses of opiates to Patient E without any input from a pain management specialist;

b. Failing to utilize drug screens for other controlled agents and/or evidence of diversion; and/or

c. Failing to document consideration and/or discussion of potential drug interactions with Patient E regarding concomitant use of oxycodone, Lomotil, and nortriptyline.

THIRD CAUSE FOR DISCIPLINE
(General Unprofessional Conduct)

260. Respondent has further subjected his Physician's and Surgeon's Certificate No. G 40647 to disciplinary action under sections 2227 and 2234 of the Code, in that he has engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming to a member in good standing of the medical profession as more particularly alleged in paragraphs 9 through 259, above, which are hereby incorporated by reference and re-alleged as if fully set forth herein.

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 40647, issued to Respondent Walter David Bramson, M.D.;

2. Revoking, suspending or denying approval of Respondent Walter David Bramson, M.D.'s authority to supervise physician assistants, pursuant to section 3527 of the Code, and advanced practice nurses;

3. Ordering Respondent Walter David Bramson, M.D., if placed on probation, to pay the Board the costs of probation monitoring;

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4. Ordering Respondent Walter David Bramson, M.D., if placed on probation, to disclose the disciplinary order to patients pursuant to section 2228.1 of the Code, and

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

DATED: August 8, 2019

KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
State of California
Complainant