

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

In the Matter of the Petition to Revoke
Probation Against:

Brooks Carlton Michaels, M.D.

Physician's and Surgeon's
Certificate No. G 60910

Respondent.

Case No. 800-2020-063537

DECISION

The attached Stipulated Surrender of License and 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 October 1, 2020.

IT IS SO ORDERED September 24, 2020.

MEDICAL BOARD OF CALIFORNIA

By: 

William Prasifka
Executive Director

1 XAVIER BECERRA
Attorney General of California
2 JUDITH T. ALVARADO
Supervising Deputy Attorney General
3 LATRICE R. HEMPHILL
Deputy Attorney General
4 State Bar No. 285973
California Department of Justice
5 300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
6 Telephone: (213) 269-6198
Facsimile: (916) 731-2117
7 *Attorneys for Complainant*

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

12 In the Matter of the Petition to Revoke
Probation Against:

13 **BROOKS CARLTON MICHAELS, M.D.**
14 **2045 Royal Avenue, #234**
Simi Valley, CA 93065

15 **Physician's and Surgeon's Certificate No. G**
16 **60910,**

17 Respondent.

Case No. 800-2020-063537

OAH No. 2020040800

**STIPULATED SURRENDER OF
LICENSE AND ORDER**

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

21 **PARTIES**

22 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of
23 California (Board). He brought this action solely in his official capacity and is represented in this
24 matter by Xavier Becerra, Attorney General of the State of California, by Latrice R. Hemphill,
25 Deputy Attorney General.

26 2. Brooks Carlton Michaels, M.D. (Respondent) is represented in this proceeding by
27 attorney Thomas R. Bradford, Esq., whose address is: 100 North First Street, Suite 300
28 Burbank, CA 91502-1845.

1 Respondent's physical disability, which caused Respondent to cease practice. As a result of
2 Respondent's disability, Respondent surrenders his Physician's and Surgeon's Certificate No. G
3 60910 for the Board's formal acceptance.

4 9. Respondent understands that by signing this stipulation he enables the Board to issue
5 an order accepting the surrender of his Physician's and Surgeon's Certificate without further
6 process.

7 **RESERVATION**

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

12 **CONTINGENCY**

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

22 12. The parties understand and agree that Portable Document Format (PDF) and facsimile
23 copies of this Stipulated Surrender of License and Order, including PDF and facsimile signatures
24 thereto, shall have the same force and effect as the originals.

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

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1 ORDER

2 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 60910, issued
3 to Respondent BROOKS CARLTON MICHAELS, M.D., is surrendered and accepted by the
4 Board.

5 1. Respondent shall lose all rights and privileges as a Physician and Surgeon in
6 California as of the effective date of the Board's Decision and Order.

7 2. Respondent shall cause to be delivered to the Board his pocket license and, if one was
8 issued, his wall certificate on or before the effective date of the Decision and Order.

9 3. If Respondent ever files an application for licensure or a petition for reinstatement in
10 the State of California, the Board shall treat it as a petition for reinstatement. Respondent must
11 comply with all the laws, regulations and procedures for reinstatement of a revoked or
12 surrendered license in effect at the time the petition is filed, and all of the charges and allegations
13 contained in Petition to Revoke Probation No. 800-2020-063537 shall be deemed to be true,
14 correct and admitted by Respondent when the Board determines whether to grant or deny the
15 petition.

16 ACCEPTANCE

17 I have carefully read the above Stipulated Surrender of License and Order and have fully
18 discussed it with my attorney Thomas R. Bradford, Esq. I understand the stipulation and the
19 effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated
20 Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to be bound
21 by the Decision and Order of the Medical Board of California.

22
23 DATED: 6-22-2020

Brooks Carlton Michaels MD
24 BROOKS CARLTON MICHAELS, M.D.
25 Respondent

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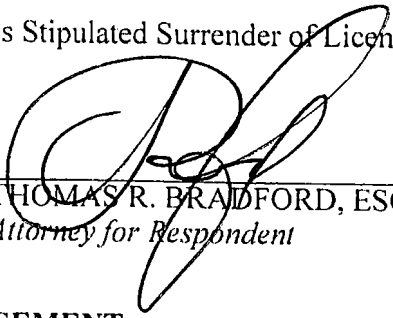
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1 I have read and fully discussed with Respondent Brooks Carlton Michaels, M.D. the terms
2 and conditions and other matters contained in this Stipulated Surrender of License and Order. I
3 approve its form and content.

4 DATED: June 21, 2020



THOMAS R. BRADFORD, ESQ.
Attorney for Respondent

7 **ENDORSEMENT**

8 The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted
9 for consideration by the Medical Board of California of the Department of Consumer Affairs.

10 DATED: _____

Respectfully submitted,
XAVIER BECERRA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General

LATRICE R. HEMPHILL
Deputy Attorney General
Attorneys for Complainant

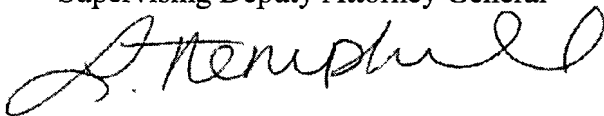
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1 I have read and fully discussed with Respondent Brooks Carlton Michaels, M.D. the terms
2 and conditions and other matters contained in this Stipulated Surrender of License and Order. I
3 approve its form and content.

4 DATED: _____
5 THOMAS R. BRADFORD, ESQ.
6 *Attorney for Respondent*

7 **ENDORSEMENT**

8 The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted
9 for consideration by the Medical Board of California of the Department of Consumer Affairs.

10 DATED: June 23, 2020 _____ Respectfully submitted,
11 XAVIER BECERRA
12 Attorney General of California
13 JUDITH T. ALVARADO
14 Supervising Deputy Attorney General
15 
16 LATRICE R. HEMPHILL
17 Deputy Attorney General
18 *Attorneys for Complainant*

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Exhibit A

Petition to Revoke Probation No. 800-2020-063537

1 XAVIER BECERRA
Attorney General of California
2 JUDITH T. ALVARADO
Supervising Deputy Attorney General
3 LATRICE R. HEMPHILL
Deputy Attorney General
4 State Bar No. 285973
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5 300 So. Spring Street, Suite 1702
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6 Telephone: (213) 269-6198
Facsimile: (916) 731-2117
7 *Attorneys for Complainant*

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

12 In the Matter of the Petition to Revoke
13 Probation Against:

Case No. 800-2020-063537

14 **BROOKS CARLTON MICHAELS, M.D.**
15 **P.O. Box 2677**
Pflugerville, TX 78691-2677

PETITION TO REVOKE PROBATION

16
17 **Physician's and Surgeon's Certificate**
No. G 60910,

18 Respondent.
19

20 Complainant alleges:

21 **PARTIES**

22 1. Christine J. Lally (Complainant) brings this Petition to Revoke Probation solely in her
23 official capacity as the Interim Executive Director of the Medical Board of California, Department
24 of Consumer Affairs (Board).

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

7 **FIRST CAUSE TO REVOKE PROBATION**

8 (Non-Practice While on Probation)

9 6. At all times after the effective date of Respondent's probation, Condition 12, Non-
10 Practice While on Probation, states in pertinent part:

11 Respondent shall notify the Board or its designee in writing within 15 calendar
12 days of any periods of non-practice lasting more than 30 calendar days and within 15
13 calendar days of Respondent's return to practice. Non-practice is defined as any
14 period of time Respondent is not practicing medicine as defined in Business and
15 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in
16 direct patient care, clinical activity or teaching, or other activity as approved by the
17 Board...

18 In the event Respondent's period of non-practice while on probation exceeds 18
19 calendar months, Respondent shall successfully complete the Federation of State
20 Medical Boards's Special Purpose Examination, or, at the Board's discretion, a
21 clinical competence assessment program...

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

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

25 7. Respondent's probation is subject to revocation because he failed to comply with
26 Probation Condition 12, referenced above. The facts and circumstances regarding this violation
27 are as follows:

28 A. On or about December 8, 2017, Respondent submitted a Statutory Declaration and a
Request for Surrender of License While on Probation, which advised the Board that as of January
1, 2018, Respondent would no longer be practicing medicine in the State of California due to a
medical disability.

B. Respondent failed to complete the license surrender process.

C. According to the Quarterly Declarations Respondent submitted to the Board as
required by his probation, Respondent failed to practice from on or about September 19, 2017
through January 6, 2020, a period of non-practice in excess of two years.

1 D. As a result of Respondent's period of non-practice exceeding two years, he is in
2 violation of Condition 12 of Respondent's Probation which was effective August 25, 2017.

3 **SECOND CAUSE TO REVOKE PROBATION**

4 (Violation of Probation)

5 8. At all times after the effective date of Respondent's probation, Condition 14,
6 Violation of Probation, stated:

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

14 9. Respondent's probation is subject to revocation because he failed to comply with
15 Probation Condition 14, referenced above. The facts and circumstances regarding this violation
16 are as follows:

17 A. Paragraphs 6 through 7, inclusive, above are incorporated herein by reference.

18 **PRAYER**

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

21 1. Revoking the probation that was granted by the Medical Board of California in Case
22 No. 800-2014-007252 and imposing the disciplinary order that was stayed thereby revoking
23 Physician's and Surgeon's Certificate No. G 60910 issued to Brooks Carlton Michaels, M.D.;

24 2. Revoking or suspending Physician's and Surgeon's Certificate No. G 60910, issued to
25 Brooks Carlton Michaels, M.D.;

26 3. Revoking, suspending or denying approval of Brooks Carlton Michaels, M.D.'s
27 authority to supervise physician's assistants, pursuant to section 3527 of the Code;

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4. Ordering Brooks Carlton Michaels, M.D. to pay the Medical Board of California if placed on probation, the costs of probation monitoring; and

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

DATED: APR 09 2020


CHRISTINE J. LALLY
Interim Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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Exhibit A

Decision and Order

Medical Board of California Case No. 800-2014-007252

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

In the Matter of the Accusation)
Against:)

BROOKS CARLTON MICHAELS, M.D.)

Case No. 800-2014-007252

Physician's and Surgeon's)
Certificate No. G60910)

Respondent)
_____)

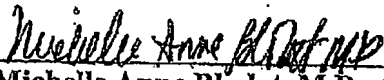
DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on August 25, 2017.

IT IS SO ORDERED: July 27, 2017.

MEDICAL BOARD OF CALIFORNIA


Michelle Anne Bholat, M.D., Chair
Panel B

MEDICAL BOARD OF CALIFORNIA
I do hereby certify that this document is a true
and correct copy of the original on file in this
office.

S. Woods
Signature
For Custodian of Records

1/9/2020
Date

1 XAVIER BECERRA
Attorney General of California
2 JUDITH T. ALVARADO
Supervising Deputy Attorney General
3 RICHARD D. MARINO
Deputy Attorney General
4 State Bar No. 90471
California Department of Justice
5 300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
6 Telephone: (213) 897-8644
Facsimile: (213) 897-9395
7 *Attorneys for Complainant*

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

11 In the Matter of the Accusation Against:

12 **BROOKS C. MICHAELS, M.D.**
13 **2045 Royal Avenue, #234**
Simi Valley, CA 93065

14 **Physician's and Surgeon's Certificate No.**
15 **G60910,**

16 Respondent.

Case No. 800-2014-007252

OAH No. 2016090831

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

17 In the interest of a prompt and speedy settlement of this matter, consistent with the public
18 interest and the responsibility of the Medical Board of California of the Department of Consumer
19 Affairs, the parties hereby agree to the following Stipulated Settlement and Disciplinary Order
20 which will be submitted to the Board for approval and adoption as the final disposition of the
21 Accusation.

22 **PARTIES**

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

1 CULPABILITY

2 9. Respondent understands and agrees that the charges and allegations in Accusation
3 No. 800-2014-007252, if proven at a hearing, constitute cause for imposing discipline upon his
4 Physician's and Surgeon's Certificate.

5 10. For the purpose of resolving the Accusation without the expense and uncertainty of
6 further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual
7 basis for the charges in the Accusation, and that Respondent hereby gives up his right to contest
8 those charges.

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

12 CONTINGENCY

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

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

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

1 DISCIPLINARY ORDER

2 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G60910 issued
3 to Respondent BROOKS C. MICHAELS, M.D. is revoked. However, the revocation is stayed
4 and Respondent is placed on probation for four (4) years on the following terms and conditions.

5 1. CONTROLLED SUBSTANCES - PARTIAL RESTRICTION. Respondent shall not
6 order, prescribe, dispense, administer, furnish, or possess any Schedule II controlled substances as
7 defined in the California Uniform Controlled Substances Act.

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

11 If Respondent forms the medical opinion, after an appropriate prior examination and a
12 medical indication, that a patient's medical condition may benefit from the use of marijuana,
13 Respondent shall so inform the patient and shall refer the patient to another physician who,
14 following an appropriate prior examination and a medical indication, may independently issue a
15 medically appropriate recommendation or approval for the possession or cultivation of marijuana
16 for the personal medical purposes of the patient within the meaning of Health and Safety Code
17 section 11362.5. In addition, Respondent shall inform the patient or the patient's primary
18 caregiver that Respondent is prohibited from issuing a recommendation or approval for the
19 possession or cultivation of marijuana for the personal medical purposes of the patient and that
20 the patient or the patient's primary caregiver may not rely on Respondent's statements to legally
21 possess or cultivate marijuana for the personal medical purposes of the patient. Respondent shall
22 fully document in the patient's chart that the patient or the patient's primary caregiver was so
23 informed. Nothing in this condition prohibits Respondent from providing the patient or the
24 patient's primary caregiver information about the possible medical benefits resulting from the use
25 of marijuana.

26 2. CONTROLLED SUBSTANCES- MAINTAIN RECORDS AND ACCESS TO
27 RECORDS AND INVENTORIES. Respondent shall maintain a record of all controlled
28 substances ordered, prescribed, dispensed, administered, or possessed by Respondent, and any

1 recommendation or approval which enables a patient or patient's primary caregiver to possess or
2 cultivate marijuana for the personal medical purposes of the patient within the meaning of Health
3 and Safety Code section 11362.5, during probation, showing all the following: 1) the name and
4 address of patient; 2) the date; 3) the character and quantity of controlled substances involved;
5 and 4) the indications and diagnosis for which the controlled substances were furnished.

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

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

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

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

6 Respondent shall submit a certification of successful completion to the Board or its
7 designee not later than 15 calendar days after successfully completing the course, or not later than
8 15 calendar days after the effective date of the Decision, whichever is later.

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

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

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

26 6. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar
27 days of the effective date of this Decision, Respondent shall enroll in a clinical competence
28 assessment program approved in advance by the Board or its designee. Respondent shall

1 successfully complete the program not later than six (6) months after Respondent's initial
2 enrollment unless the Board or its designee agrees in writing to an extension of that time.

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

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

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

22 If Respondent fails to enroll, participate in, or successfully complete the clinical
23 competence assessment program within the designated time period, Respondent shall receive a
24 notification from the Board or its designee to cease the practice of medicine within three (3)
25 calendar days after being so notified. The Respondent shall not resume the practice of medicine
26 until enrollment or participation in the outstanding portions of the clinical competence assessment
27 program have been completed. If the Respondent did not successfully complete the clinical
28 competence assessment program, the Respondent shall not resume the practice of medicine until a

1 final decision has been rendered on the accusation and/or a petition to revoke probation. The
2 cessation of practice shall not apply to the reduction of the probationary time period.

3 Within 60 days after Respondent has successfully completed the clinical competence
4 assessment program, Respondent shall participate in a professional enhancement program
5 approved in advance by the Board or its designee, which shall include quarterly chart review,
6 semi-annual practice assessment, and semi-annual review of professional growth and education.
7 Respondent shall participate in the professional enhancement program at Respondent's expense
8 during the term of probation, or until the Board or its designee determines that further
9 participation is no longer necessary. If Respondent fails to enroll in a professional enhancement
10 program within 60 calendar days of the completion of the clinical competence assessment
11 program, Respondent shall receive a notification from the Board or its designee to cease the
12 practice of medicine within three (3) calendar days after being so notified. Respondent shall
13 cease the practice of medicine until he enrolled in the professional enhancement program.

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

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

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

28 9. QUARTERLY DECLARATIONS. Respondent shall submit quarterly

1 declarations under penalty of perjury on forms provided by the Board, stating whether there has
2 been compliance with all the conditions of probation.

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

5 10. GENERAL PROBATION REQUIREMENTS.

6 Compliance with Probation Unit

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

8 Address Changes

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

14 Place of Practice

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

18 License Renewal

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

21 Travel or Residence Outside California

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

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

28 11. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be

1 available in person upon request for interviews either at Respondent's place of business or at the
2 probation unit office, with or without prior notice throughout the term of probation.

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

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

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

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

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

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

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

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

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

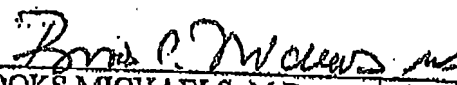
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ACCEPTANCE

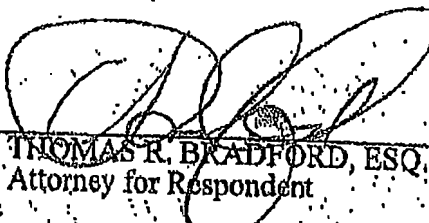
I have read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Thomas R. Bradford, Esq. I understand the Stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board.

DATED: June 13, 2017


BROOKS MICHAELS, M.D.
Respondent

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

DATED: June 13, 2017


THOMAS R. BRADFORD, ESQ.
Attorney for Respondent

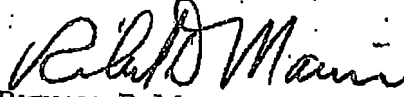
ENDORSEMENT

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

Dated:

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General


RICHARD D. MARINO
Deputy Attorney General

Attorneys for Complainant

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MichaelsStipFinalCut2.docx

Exhibit A

Accusation No. 800-2014-007252

MEDICAL BOARD OF CALIFORNIA
I do hereby certify that this document is a true and correct copy of the original on file in this office.

S. Woods
Signature
for Custodian of Records
Title

FILED 1/9/2020
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO August 17, 2016
BY [Signature] ANALYST

1 KAMALA D. HARRIS
2 Attorney General of California
3 JUDITH T. ALVARADO
4 Supervising Deputy Attorney General
5 RICHARD D. MARINO
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13 Attorneys for Complainant

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

In the Matter of the Accusation Against:

Case No. 800-2014-007252.

Brooks C. Michaels, M.D.
2045 Royal Avenue, #234
Simi Valley, CA 93065

ACCUSATION

Physician's and Surgeon's Certificate
No. G60910,

Respondent.

Complainant alleges:

PARTIES

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

2. On or about August 3, 1987, the Medical Board issued Physician's and Surgeon's Certificate Number G60910 to Brooks C. Michaels, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on November 30, 2016, unless renewed.

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“ . . . ”

6. Section 2238 of the Code provides:

“(a) A violation of any federal regulation or any of the statutes regulations of this state regulating dangerous drugs or controlled substances constitutes unprofessional conduct.

7. Section 2242 of the Code, in pertinent part, provides:

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

“(b) No licensee shall be found to have committed unprofessional conduct within the meaning of this section if, at the time the drugs were prescribed, dispensed, or furnished, any of the following applies:

“ . . . ”

“(3) The licensee was a designated practitioner serving in the absence of the patient's physician and surgeon or podiatrist, as the case may be, and was in possession of or had utilized the patient's records and ordered the renewal of a medically indicated prescription for an amount not exceeding the original prescription in strength or amount or for more than one refill.

“(4) The licensee was acting in accordance with Section 120582 of the Health and Safety Code.”

8. Section 2266 of the Code provides:

“The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct.”

9. Section 725 of the Code provides:

“(a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering of drugs or treatment, repeated acts of clearly excessive use of diagnostic procedures, or repeated acts of clearly excessive use of diagnostic or treatment facilities as determined by the standard of the community of licensees is unprofessional conduct for a

1 physician and surgeon, dentist, podiatrist, psychologist, physical therapist, chiropractor,
2 optometrist, speech-language pathologist, or audiologist.

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

8 "(c) A practitioner who has a medical basis for prescribing, furnishing, dispensing, or
9 administering dangerous drugs or prescription controlled substances shall not be subject to
10 disciplinary action or prosecution under this section.

11 "(d) No physician and surgeon shall be subject to disciplinary action pursuant to
12 this section for treating intractable pain in compliance with Section 2241.5."

13 10. Health and Safety Code section 11152 provides:

14 "No person shall write, issue, fill, compound, or dispense a prescription that does not
15 conform to this division."

16 11. Health and Safety Code section 11153, in pertinent part, provides

17 "(a) A prescription for a controlled substance shall only be issued for a legitimate
18 medical purpose by an individual practitioner acting in the usual course of his or her
19 professional practice. The responsibility for the proper prescribing and dispensing of
20 controlled substances is upon the prescribing practitioner, but a corresponding
21 responsibility rests with the pharmacist who fills the prescription. Except as authorized by
22 this division, the following are not legal prescriptions: (1) an order purporting to be a
23 prescription which is issued not in the usual course of professional treatment or in
24 legitimate and authorized research; or (2) an order for an addict or habitual user of
25 controlled substances, which is issued not in the course of professional treatment or as part
26 of an authorized narcotic treatment program, for the purpose of providing the user with
27 controlled substances, sufficient to keep him or her comfortable by maintaining customary
28 use.

1
2 12. Health and Safety Code section 11190, in pertinent part, provides:

3 "(a) Every practitioner, other than a pharmacist, who prescribes or administers a
4 controlled substance classified in Schedule II shall make a record that, as to the
5 transaction, shows all of the following:

6 "(1) The name and address of the patient.

7 "(2) The date.

8
9 "(3) The character, including the name and strength, and quantity of controlled
10 substances involved.

11 "(b) The prescriber's record shall show the pathology and purpose for which the
12 controlled substance was administered or prescribed.

13 "(c) (1) For each prescription for a Schedule II, Schedule III, or Schedule IV
14 controlled substance that is dispensed by a prescriber pursuant to Section 4170 of the
15 Business and Professions Code, the prescriber shall record and maintain the following
16 information:

17
18 "(A) Full name, address, and the telephone number of the ultimate user or research
19 subject, or contact information as determined by the Secretary of the United States
20 Department of Health and Human Services, and the gender, and date of birth of the
21 patient.

22
23 "(B) The prescriber's category of licensure and license number; federal controlled
24 substance registration number; and the state medical license number of any prescriber
25 using the federal controlled substance registration number of a government-exempt
26 facility.

27 "(C) NDC (National Drug Code) number of the controlled substance dispensed.
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“(D) Quantity of the controlled substance dispensed.

“(E) ICD-9 (diagnosis code), if available.

“(F) Number of refills ordered.

“(G) Whether the drug was dispensed as a refill of a prescription or as a first-time request.

“(H) Date of origin of the prescription.

“(2) (A) Each prescriber that dispenses controlled substances shall provide the Department of Justice the information required by this subdivision on a weekly basis in a format set by the Department of Justice pursuant to regulation.

“(B) The reporting requirement in this section shall not apply to the direct administration of a controlled substance to the body of an ultimate user.

“(d) This section shall become operative on January 1, 2005.

“(e) The reporting requirement in this section for Schedule IV controlled substances shall not apply to any of the following:

“(1) The dispensing of a controlled substance in a quantity limited to an amount adequate to treat the ultimate user involved for 48 hours or less.

“(2) The administration or dispensing of a controlled substance in accordance with any other exclusion identified by the United States Health and Human Service Secretary for the National All Schedules Prescription Electronic Reporting Act of 2005.

“(f) Notwithstanding paragraph (2) of subdivision (c), the reporting requirement of the information required by this section for a Schedule II or Schedule III controlled substance, in a format set by the Department of Justice pursuant to regulation, shall be on a monthly basis for all of the following:

//

1 B. The aforementioned CURES report showed that J.B. received 102
2 prescriptions; that S.B. received 132 prescriptions; that J.M. received 112 prescriptions; that
3 G.R. received 24 prescriptions; that J.R. received 69 prescriptions; and, that R.Y. received
4 44 prescriptions.

5 C. An investigation was opened by the Health Quality Investigation Unit during
6 which medical and related records were obtained for Patients J.B., S.B., J.M., G.R., J.R.,
7 and R.Y. On February 25, 2016, Respondent discussed his care, treatment and management
8 of these patients with representatives of the Medical Board of California.

9 **PATIENT J.B.**

10 D. Patient J.B. was described by Respondent as a 49-year-old male with a history
11 of surgery, chronic staph infection, complex medical history including lumbar spinal
12 surgeries and MRSA super infection of the skin. Patient J.B. saw Respondent on 18
13 occasions between August 15, 2011, and July 22, 2015.

14 E. Patient J.B. was on multiple narcotic analgesics prior to seeing Respondent
15 because of pain. At the time his care was transferred to Respondent he was on Suboxone.
16 Suboxone has low ability to manage pain and it primarily is used to remove dependence of
17 other narcotics and replace them due to the partial agonist antagonist properties of this
18 medicine.

19 F. Patient J.B. presented on September 26, 2011, with a chief complaint of sinus
20 pressure. Patient J.B., who had taken Xanax in the past, was switched to Ativan by
21 Respondent. He also placed the patient on Levaquin, an antibiotic for sinus infection.
22 Laboratory testing was ordered for testosterone. The patient's medical records were
23 requested.

24 G. Patient J.B. presented on January 18, 2012, for a follow-up on anxiety and
25 recurrent sinusitis. He was given another course of Levaquin. Respondent switched the
26 patient from Ativan to Klonopin, a longer acting benzodiazepine.² Respondent's records do
27

28 ² At the time, Patient J.B. was also taking Suboxone and Soma.

1 not show if Respondent examined the patient's sinuses.

2 H. Patient J.B. presented on May 22, 2013, with a chief complaint of anxiety and
3 chronic low back pain, and opioid dependency. Respondent did not perform a complete
4 physical examination given the patient's complaints or, in the alternative, did not document
5 that he had done so. Medications being taken by Patient J.B., at the time, included
6 Klonopin, Lexapro, Soma, and Suboxone.

7 I. Patient J.B. next presented on July 22, 2015, at which time, Respondent
8 reported that he brought up the idea of decreasing the Soma use dependency as the patient
9 was stable on Suboxone and had no aberrant behaviors. Patient J.B. was receptive to this
10 idea. The patient, supposedly, was given one last refill of soma to be used twice daily, with
11 the intention not to refill it further. Respondent stated that the patient could achieve other
12 muscle relaxation from heat, ice, physical therapy, etc. Respondent, however, did not
13 document this information in the patient's medical records.

14 **PATIENT S.B.**

15 J. Patient S.B. had fibromyalgia, multiple somatic and depressive complaints,
16 hypothyroidism, hypercholesterolemia, and adjustment disorder generally related to her
17 mood. This patient had been on disability for one or two years when Respondent first saw
18 her. Patient S.B. presented to Respondent on approximately 18 occasions between January
19 11, 2011, and October 16, 2014.

20 K. In addition, Patient S.B. had pain in the cervical spine and lumbar area. He
21 added that a lumbar spine MRI showed discogenic disease and that the fibromyalgia was
22 generalized and had exacerbations periodically.

23 L. Patient S.B. presented on March 10, 2011, at which time, Respondent
24 formulated the following treatment plan: treatment for constipation including Miralax;
25 ordering laboratory panels; refilling the patient's MS Contin, Ativan, and Restoril
26 prescriptions. At that visit, Respondent advised the patient to return in two months and
27 sooner if she wanted to have mole on her left shoulder checked or if she wanted to discuss
28 her chronic fibromyalgia pain.

1 M. Respondent stated that Miralax was ordered for constipation which, most likely,
2 was due to her opioid use.

3 N. According to Respondent, Patient S.B. was taking MS Contin 100 mg three
4 times a day. The morphine equivalent dosing per day was 300 mg per day. By the time
5 Patient S.B. left his practice she was down to 200 mg per day. She, also, was taking Ativan
6 2 mg, one half pill twice daily as well as Restoril 30 mg one or two tablets before bedtime.

7 O. Although Respondent knew that the potential side effects of the combined
8 medication Patient S.B. was taking, including MS Contin, Ativan, and Restoril, could cause
9 respiratory arrest, Respondent could not recall having discussed the side effects with the
10 patient and did not document that he did so. However, a review of the medical records for
11 S.B., prepared and maintained by Respondent, reads "full discussion of lab panels
12 inappropriate consistent use of pain medication stressed."

13 P. Patient S.B. again presented on February 6, 2012. She was taking MS Contin
14 100 mg three times a day and Norco for breakthrough pain, one tablet three times a day.
15 Patient S.B. had been on Adderall previously.

16 Q. Respondent had an oral discussion with Patient S.B. about a compliance
17 contract and use of opioids, pain management for fibromyalgia, rheumatologic evaluation
18 for chronic pain, and discuss her psychiatrist. Respondent obtained a CURES report
19 regarding the patient's prescriptions.

20 R. Over time, Respondent decreased Patient S.B.'s use of MS Contin from three
21 times per day to twice a day.

22 S. On June 13, 2012, Respondent referred Patient S.B. to pain management as he
23 wanted to get an opinion as whether her pain was just a neurosurgical problem.

24 T. Patient S.B. next presented on August 13, 2012, at which time, she was
25 prescribed MS Contin three times a day. Respondent advised her to decrease it and
26 reported that the patient was open to this idea. Respondent advised her that she needed
27 chronic pain management and a psychiatric evaluation and follow-up as well. There is no
28

1 progress note in the patient's records showing that he documented that he recommended her
2 reducing her MS Contin to twice daily.

3 U. Patient S.B. next presented to Respondent on March 13, 2014, again for pain
4 management. The patient had been seeing a Dr. G but stopped. The patient, at that time,
5 was taking Naprosyn, an anti-inflammatory medication, which she was using in
6 combination with MS Contin twice daily.

7 V. Respondent last saw Patient S.B. on October 2014. Respondent, was watching
8 for signs and symptoms of opioid withdrawal and again advised her to seek pain
9 management and psychiatric evaluation for additional follow-up.

10 W. At the last visit, Respondent discussed the likelihood of going forward with
11 opioid detoxification with Patient S.B. He felt her opioid use was in excess and together
12 they came to an agreement of decreasing her opioid use as the amount was out of line with
13 her pain levels and pain management. Respondent was working with her and suggested
14 Suboxone and even inpatient management.

15 X. During the final visit, Patient S.B. admitted that she was not regularly seeking
16 pain management. The patient's compliance with morphine was poor and Respondent
17 requested that she come back to see him in the emergency room if there were any
18 withdrawal symptoms.

19 Y. Subsequently, Respondent wrote the patient a letter stating "because you're
20 noncompliant with psychiatry, with pain management, and physical therapy, that we had to
21 release you from the...." Thereafter, the patient's sister telephoned Respondent's office to
22 complain. For that reason, Respondent authorized an allowance of non-scheduled
23 medications for 30 days and advised the patient to go to pain management or the emergency
24 room for any C-II or C-III medications.

25 **PATIENT J.M.**

26 Z. Patient J.B. presented to Respondent on approximately 24 occasions between
27 January 17, 2001, and July 20, 2015. Patient J.M. is a 60-year-old man who is on Social
28 Security disability. His primary problems are cervical spine and lumbar spine degenerative

1 disc disease, proven by multiple MRIs. The patient has cervical neuropathy and spasticity.
2 He has had multiple prior epidural injections and is a non-surgical candidate. Respondent
3 reported that he inherited this patient from another physician who retired.

4 AA. Patient J.M. presented to Respondent on October 20, 2009. The patient was
5 stable and was there for analgesia.

6 BB. Patient J.M. again presented on March 14, 2011, complaining of chronic pain—
7 namely, persistent cervical neuropathy and lumbar neuropathy. The patient also
8 complained of pain in the upper extremity. The patient had right olecranon pain and lesions
9 on his wrist. Patient J.M. requested a medication refill.

10 CC. Respondent's records showed a past medical history of lumbar sacral severe
11 degenerative joint disease (DJD). The patient had radiculopathy. Respondent's records did
12 not reflect this condition.

13 DD. Respondent did not document the patient's pain level at this visit.

14 EE. Respondent also did not document the red flags of cervical radiculitis, including
15 muscle strength loss, loss of function, and loss of dexterity. He also did not document
16 asking the patient about bowel or bladder function.

17 FF. Patient J.M. next presented on June 26, 2012, complaining of hypothyroidism
18 and radiculopathy in addition to chronic depression. At that time, the patient was not
19 seeing a psychiatrist but, instead, was receiving counseling sessions from his pastor.

20 GG. At that time, Respondent was prescribing Klonopin and Cytomel for thyroid,
21 and MS Contin and morphine sulfate immediate release (MSIR) for pain.

22 HH. Respondent stated that the patient was responding well to his pain management.
23 Respondent was running CURES, and was being co-managed by pain management. The
24 patient was not ready for more epidural injections and so was not being weaned off or down
25 on the medication.

26 II. Respondent did not have a pain management contract with Patient J.B.; rather,
27 he had oral agreements. Respondent saw the patient frequently, every one to three months.
28 Respondent reviewed CURES reports periodically.

1 JJ. Respondent watched compliance, refill dates, and whether there was anything
2 suspicious on CURES.

3 KK. Patient J.M. next presented to Respondent on February 24, 2015. The patient
4 wanted a medication refill and a cervical spine referral to his HMO network for pain
5 management. His pain levels were stabilized at a 2 to 3 out of 10 pain level. No
6 prescriptions were written on that date except for Klonopin to be taken three times per day.

7 **PATIENT G.R.**

8 LL. Patient G.R. presented to Respondent on approximately 12 occasions. At the
9 time of the subject interview, Respondent had an independent recollection of this patient.
10 According to Respondent, Patient G.R. was in his early 60s. Respondent had not seen the
11 patient for about one year. Patient G.R. initially presented with hypertension and chronic
12 low back pain. After one or two year, it was discovered that the patient had active chronic
13 Hepatitis C and ended up in liver failure.

14 MM. Patient G.R. first presented on September 6, 2011, with complaints of chronic
15 pain. At the time, the patient was still receiving care at the Ventura County Medical
16 Center for hepatitis C. The hepatitis was causing ascites and severe lymphedema. The
17 patient had chronic low back pain but also pain in the legs from the massive amounts of
18 edema.

19 NN. Respondent was aware that the patient was taking methadone for chronic low
20 back pain, approximately eight doses daily. Respondent prescribed methadone because it is
21 one of the safest longer acting medications, especially in kidney disease. Respondent
22 reported that Patient G.R. was very close to having hepato-renal syndrome.

23 OO. Patient G.R. was treated by Respondent for his hypertension and chronic pain.
24 Respondent prescribed methadone, between 60 mg and 80 mg per day.

25 PP. Patient G.R. next presented on May 9, 2013. Respondent's diagnoses for the
26 patient included benign essential hypertension, metabolic encephalopathy, liver, acute
27 hepatitis C, and testicular hypofunction. The prescribing of benzodiazepine could cause
28 worsening of the patient's encephalopathy. Respondent considered using Suboxone but

1 wanted to wait until the patient was improved regarding his back pain before instituting
2 this.

3 QQ. Respondent wanted to give the patient testosterone to get him an energy level
4 boost. He felt if the patient could be more active, he would be able to mobilize more of the
5 fluid in the legs.

6 RR. Patient G.R. next presented on September 11, 2014. His medications, at that
7 time, included furosemide, methadone, potassium, Spironolactone, and Xifaxan.

8 SS. Patient G.R., apparently has not been seen since May 2015.

9 **PATIENT J.R.**

10 TT. Patient J.R., was a 60-year-old female and the spouse of Patient G.R.
11 Respondent initially saw this patient in 2005. Between March 15, 2011, and June 12,
12 2014, she presented to Respondent on approximately 13 occasions.

13 UU. Patient J.R. had extremely severe degenerative joint disease with bone on bone
14 severe arthritis and was interested in having a knee replacement. She was a moderate risk
15 due to coronary artery disease, hypertension that was well-controlled, mild hyperlipidemia
16 and thyroid that was well-controlled. She went on to have a small inch for your wall
17 myocardial infarction and a single vessel stent placed in 2014.

18 VV. Patient J.R., primarily, saw Respondent for pain management of persevere
19 arthritis which was primarily in her knees.

20 WW. On November 10, 2012, Patient J.R. presented to Respondent as she wanted the
21 following medications: aspirin, Coreg, Lipitor, hydrocodone, Lisinopril, Plavix, Synthroid,
22 Vesicare, and methadone.

23 XX. On March 15, 2014, Patient J.R. presented with the following chief complaint:
24 chronic pain due to arthritis. She had been given a prescription for an anti-inflammatory
25 medication. Respondent had prescribed Voltaren gel, methadone and Norco for
26 breakthrough pain, and Flector and Lidoderm patches. Respondent prescribed 60 to 80 mg
27 per day for pain management, not for treatment for addiction.
28

1 YY. Respondent did not have a written pain management contract with Patient J.R.
2 Instead, he had an oral agreement. Respondent added that he followed this patient and
3 others by using CURES report and discussed chronic pain management with her.

4 ZZ. On June 12, 2014, Patient J.R. again presented to Respondent. At that time, the
5 patient was still taking Norco and methadone.

6 **PATIENT R.Y.**

7 AAA. Patient R.Y. presented to Respondent on approximately 14 occasions between
8 July 13, 2011, and August 8, 2015. Patient R.Y. had chronic restless leg syndrome, lower
9 extremity neuropathy related to restless leg syndrome, and impaired fasting glucose and
10 controlled hypertension.

11 BBB. Patient R.Y. was taking Norco 10/325 mg one per day in addition to Lyrica.

12 CCC. Patient R.Y. presented on August 6, 2013, with complaints of
13 plantar fibromatosis, foot pain, and chronic left knee pain. At that time, the patient was
14 taking only one hydrocodone tablet daily.

15 DDD. Patient R.Y. again presented to Respondent on January 27, 2014. She was still
16 taking Norco once a day. Respondent prescribed the patient 90 tablets.

17 EEE. Patient R.Y. presented again on August 6, 2015. The chief complaint was
18 restless leg syndrome.

19 **SECOND CAUSE FOR DISCIPLINE**

20 **(Prescribing Without Appropriate Examination and Indication)**

21 14. Respondent Brooks C. Michaels, M.D., is subject to disciplinary action under
22 Business and Professions Code section 2242 in that Respondent prescribed controlled substances
23 and other dangerous drugs for Patients J.B., S.B., J.M., G.R., J.R., and R.Y. without an
24 appropriate prior examination and a medical indication, as follows:

25 A. Complainant refers to and, by this reference, incorporates paragraph 13, above,
26 as though fully set forth.

27
28 //

1 **THIRD CAUSE FOR DISCIPLINE**

2 **(Violation of Drug Statutes)**

3 15. Respondent Brooks C. Michaels, M.D., is subject to disciplinary action under
4 Business and Professions Code section 2238, in conjunction with Business and Professions Code
5 sections 725 and 2242 and Health and Safety Code sections 11152, 11153 and 11190, for
6 violating drug statutes , as follows:

7 A. Complainant refers to and, by this reference, incorporates paragraph 13, above,
8 as though fully set forth.

9 **FOURTH CAUSE FOR DISCIPLINE**

10 **(Gross Negligence)**

11 16. Respondent Brooks C. Michaels, M.D., is subject to disciplinary action under
12 Business and Professions Code section 2234 for committing gross negligence during his care,
13 treatment and maintenance of Patients J.B., S.B., J.M., G.R., J.R., and R.Y., as follows:

14 A. Complainant refers to and, by this reference, incorporates paragraph 13, above,
15 as though fully set forth.

16 B. As to all patients, the prescribing of controlled substances without an adequate
17 treatment plan, discussion of treatment goals, and a functional assessment and ongoing
18 monitoring constitutes an extreme departure from the standard of care.

19 C. As to all patients, the following acts and omissions, considered collectively
20 constitute an extreme departure from the standard of care:

21 1) At no time was an adequate and sufficient history obtained.
22 2) Respondent did not ask or, in the alternative, did not document specific
23 clarifying information about the medical problems being treated by the controlled substance
24 medications.

25 3) Respondent's medical records contain no specific information about the
26 patient's neck and low back problems on a regular (or even a rare occasion) in spite of
27 treating the patient with opioids for nearly four (4) years.
28

1 4) Respondent did not obtain or, the alternative, did not document specific
2 information the patient's opioid dependency history.

3 5) Respondent's manner of history taking and physical examination for all
4 patients constituted an extreme departure from the standard of care in that:

5 a) There was no information regarding past medications, evaluations,
6 treatments, non-medication treatments, or consultations

7 b) There was no current or prior pain history recorded.

8 c) There was no listing of current medications, chronic diseases, if any
9 or mental health concerns or issues.

10 d) There was no detailed mental health history or exploration of
11 current and past drug and alcohol issues.

12 e) There was no current pain and functional levels or descriptions

13 f) There was no documentation of concerning the patient's pain,
14 anxiety, and depression

15 g) Respondent's progress notes, which were generated by the
16 Electronic Medical Record, are often copied information from prior visits, with
17 very brief additional information and, accordingly, of little value in understanding
18 the reason for the visit, why medications were given or changed, the current and
19 past diagnoses, including pain diagnoses, none include justifiable reasoning for the
20 controlled substances and other dangerous drugs prescribed by Respondent.

21 h) Respondent failed to perform or, in the alternative, failed to
22 document a physical examination appropriate to the prescribing of controlled
23 substances. As one example, Respondent did not document an examination of the
24 patient's back and very rarely of the neck even those were chronic areas of pain
25 reportedly necessitating opioids.

26 i) Respondent failed to perform an mental health history and
27 evaluation despite prescribing benzodiazepines over nearly a four year period in
28

1 spite of chronic anxiety and depression in which he prescribed benzodiazepines
2 over nearly a four, an extreme departure from the standard of care.

3 j) Respondent's evaluation of Patient J.B. was insufficient to justify
4 prescribing controlled substances.

5 k) Respondent did not discuss or, in alternative, did not document
6 having discussed the benefits of the his prescribing regime.

7 l) Respondent did not discuss or, in alternative, did not document an
8 never discussed treatment goals or functional assessment as required, an extreme
9 departure from the standard of care.

10 m) Respondent failed to document the monitoring necessary for the
11 prescribing of controlled substances and other dangerous drugs including, but not
12 limited to, using urine drug screens to ensure that the patient was not using
13 additional illegal drugs (THC, cocaine, etc.); or, using a CURES report to ensure
14 the patient was not getting additional controlled substances from other providers
15 and, too, to ensure that the patient was actually taking the medications prescribed.

16 n) Respondent did not consider or, in the alternative, failed to
17 document a physical therapy referral or any other related referral.

18 o) Respondent failed to discuss the major potential risks of the
19 controlled substances in spite of prescribing many high dose dangerous
20 medications, including a potential combination of opioid and benzodiazepine
21 medications constitutes an extreme departure from the standard of care.

22 D. As to Patient G.R., Respondent' failed to integrate the advance liver disease in
23 his management goals, recognizing that the pain management could potentially adversely
24 affect the patient's liver and vice versa.

25 E. As to Patient G.R., Respondent failed to document working with the
26 gastroenterology / liver specialists in overall management of the patient.

27 F. As to Patient G.R., Respondent's prescription for high dose opioids placed the
28 patient at a very high risk for overdose and death in that the Morphine Equivalent Dosing in

1 this patient was approximately 960 mg/day for long periods of time. This high dose puts
2 the patient at much higher risk for overdose and overdose death. These mandate every more
3 attention to treatment plans, goals, monitoring, etc. All of this was missing or inadequate.

4 G. As to Patients G.R. and J.R., Respondent's failure to perform and document an
5 adequate and appropriate history and physical exam prior to prescribing or refilling
6 controlled substances constitutes an extreme departure from the standard of care.

7 H. As to Patient J.R., Respondent's failure to discuss the major potential risks of
8 the controlled substances in spite of prescribing many high dose dangerous medications
9 constitutes an extreme departure from the standard of care.

10 **FIFTH CAUSE FOR DISCIPLINE**

11 **(Repeated Negligent Acts)**

12 17. Respondent Brooks C. Michaels, M.D., is subject to disciplinary action under
13 Business and Professions Code section 2234, subdivision (c) in that Respondent committed
14 repeated negligent acts during his care, treatment and maintenance of Patients J.B., S.B., J.M.,
15 G.R., J.R., and R.Y., as follows:

16 A. Complainant refers to and, by this reference, incorporates paragraphs 13 and 16,
17 above, as though fully set forth.

18 **SIXTH CAUSE FOR DISCIPLINE**

19 **(Incompetence)**

20 18. Respondent Brooks C. Michaels, M.D., is subject to disciplinary action under
21 Business and Professions Code section 2234, subdivision (d), in that Respondent failed to
22 demonstrate the necessary knowledge, training and ability to treat Patients J.B., S.B., J.M., G.R.,
23 J.R., and R.Y., as follows:

24 A. Complainant refers to and, by this reference, incorporates paragraphs 13, 16 and
25 17, above, as though fully set forth.

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SEVENTH CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate Records)

19. Respondent Brooks C. Michaels, M.D., is subject to disciplinary action under Business and Professions Code section 2266, in that Respondent failed to maintain adequate and accurate records relating to the provision of his medical services to Patients J.B., S.B., J.M., G.R., J.R., and R.Y., as follows:

A. Complainant refers to and, by this reference, incorporates paragraph 13, above, as though fully set forth.

EIGHTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

20. Respondent Brooks C. Michaels, M.D., is subject to disciplinary action under Business and Professions Code section 2234 in that Respondent committed unprofessional conduct, generally, during his care, treatment and management of Patients J.B., S.B., J.M., G.R., J.R., and R.Y., as follows:

A. Complainant refers to and, by this reference, incorporates paragraphs 13, 16 and 17, above, as though fully set forth.

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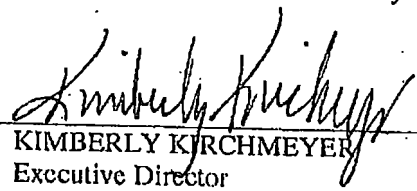
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PRAYER

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 Number G60910, issued to Brooks C. Michaels, M.D.;
2. Revoking, suspending or denying approval of Brooks C. Michaels, M.D.'s authority to supervise physician assistants, pursuant to section 3527 of the Code;
3. Ordering Brooks C. Michaels, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and
4. Taking such other and further action as deemed necessary and proper.

DATED: August 17, 2016



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

Complainant

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