

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

In the Matter of the First Amended  
Accusation Against:

Richard Andrew Lannon, M.D.

Physician's and Surgeon's  
Certificate No. A 23592

Respondent.

Case No. 800-2017-034384

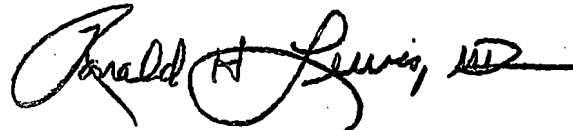
DECISION

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 April 14, 2021.

IT IS SO ORDERED: March 15, 2021.

MEDICAL BOARD OF CALIFORNIA



---

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

1 XAVIER BECERRA  
Attorney General of California  
2 JANE ZACK SIMON  
Supervising Deputy Attorney General  
3 LYNNE K. DOMBROWSKI  
Deputy Attorney General  
4 State Bar No. 128080  
455 Golden Gate Avenue, Suite 11000  
5 San Francisco, CA 94102-7004  
Telephone: (415) 510-3439  
6 Facsimile: (415) 703-5480  
E-mail: Lynne.Dombrowski@doj.ca.gov  
7 *Attorneys for Complainant*

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

11 In the Matter of the First Amended Accusation  
12 Against:

13 **RICHARD ANDREW LANNON, M.D.**  
14 350 Parnassus Ave Ste 909  
San Francisco, CA 94117

15 Physician's and Surgeon's Certificate  
16 No. A 23592

17 Respondent.

Case No. 800-2017-034384

OAH No. 2020 080269

**STIPULATED SETTLEMENT AND  
DISCIPLINARY 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 Lynne K. Dombrowski,  
25 Deputy Attorney General.

26 2. Respondent Richard Andrew Lannon, M.D. (Respondent) is represented in this  
27 proceeding by attorney Dexter B. Louié, Esq., whose address is: Hassard Bonnington LLP, 275  
28 Battery St., Suite 1600, San Francisco, CA 94111-3370; email: [dbl@hassard.com](mailto:dbl@hassard.com).



1 CULPABILITY

2 9. Respondent understands and agrees that the charges and allegations in First Amended  
3 Accusation No. 800-2017-034384, if proven at a hearing, constitute cause for imposing discipline  
4 upon his Physician's and Surgeon's Certificate.

5 10. Respondent agrees that, at a hearing, Complainant could establish a prima facie case  
6 for the charges in the First Amended Accusation, and that Respondent hereby gives up his right to  
7 contest those charges.

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

11 12. ACKNOWLEDGMENT. Respondent acknowledges the Disciplinary Order below,  
12 requiring the disclosure of probation pursuant to Business and Professions Code section 2228.1,  
13 serves to protect the public interest.

14 CONTINGENCY

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

25 14. Respondent agrees that if he ever petitions for early termination or modification of  
26 probation, or if an accusation and/or petition to revoke probation is filed against him before the  
27 Board, all of the charges and allegations contained in First Amended Accusation No. 800-2017-  
28

1 034384 shall be deemed true, correct and fully admitted by Respondent for purposes of any such  
2 proceeding or any other licensing proceeding involving Respondent in the State of California.

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

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

9 **DISCIPLINARY ORDER**

10 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 23592 issued  
11 to Respondent Richard Andrew Lannon, M.D. is revoked. However, the revocation is stayed and  
12 Respondent is placed on probation for five (5) years on the following terms and conditions:

13 1. **PATIENT DISCLOSURE**. Before a patient's first visit following the effective date  
14 of this order and while the Respondent is on probation, the Respondent must provide all patients,  
15 or patient's guardian or health care surrogate, with a separate disclosure that includes the  
16 Respondent's probation status, the length of the probation, the probation end date, all practice  
17 restrictions placed on the respondent by the board, the board's telephone number, and an  
18 explanation of how the patient can find further information on the Respondent's probation on the  
19 Respondent's profile page on the board's website. Respondent shall obtain from the patient, or  
20 the patient's guardian or health care surrogate, a separate, signed copy of that disclosure.  
21 Respondent shall not be required to provide a disclosure if any of the following applies: (1) The  
22 patient is unconscious or otherwise unable to comprehend the disclosure and sign the copy of the  
23 disclosure and a guardian or health care surrogate is unavailable to comprehend the disclosure  
24 and sign the copy; (2) The visit occurs in an emergency room or an urgent care facility or the visit  
25 is unscheduled, including consultations in inpatient facilities; (3) Respondent is not known to the  
26 patient until immediately prior to the start of the visit; (4) Respondent does not have a direct  
27 treatment relationship with the patient.

28 ///

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

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

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

26           Respondent shall submit a certification of successful completion to the Board or its  
27 designee not later than 15 calendar days after successfully completing the course, or not later than  
28 15 calendar days after the effective date of the Decision, whichever is later.

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

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

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

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

26           The monitor shall submit a quarterly written report to the Board or its designee which  
27 includes an evaluation of Respondent's performance, indicating whether Respondent's practices  
28 are within the standards of practice of medicine and whether Respondent is practicing medicine

1 safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the  
2 quarterly written reports to the Board or its designee within 10 calendar days after the end of the  
3 preceding quarter.

4 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of  
5 such resignation or unavailability, submit to the Board or its designee, for prior approval, the  
6 name and qualifications of a replacement monitor who will be assuming that responsibility within  
7 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60  
8 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a  
9 notification from the Board or its designee to cease the practice of medicine within three (3)  
10 calendar days after being so notified. Respondent shall cease the practice of medicine until a  
11 replacement monitor is approved and assumes monitoring responsibility.

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

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

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



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

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

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

9           9. GENERAL PROBATION REQUIREMENTS.

10           Compliance with Probation Unit

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

12           Address Changes

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

18           Place of Practice

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

22           License Renewal

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

25           Travel or Residence Outside California

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

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

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

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

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

26 Respondent's period of non-practice while on probation shall not exceed two (2) years.  
27 Periods of non-practice will not apply to the reduction of the probationary term. Periods of non-  
28 practice for a Respondent residing outside of California will relieve Respondent of the

1 responsibility to comply with the probationary terms and conditions with the exception of this  
2 condition and the following terms and conditions of probation: Obey All Laws; General Probation  
3 Requirements; and Quarterly Declarations.

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

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

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

25 15. PROBATION MONITORING COSTS. Respondent shall pay the costs associated  
26 with probation monitoring each and every year of probation, as designated by the Board, which  
27 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of

28 ///

1 California and delivered to the Board or its designee no later than January 31 of each calendar  
2 year.

3 16. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply  
4 for a new license or certification, or petition for reinstatement of a license, by any other health  
5 care licensing action agency in the State of California, all of the charges and allegations contained  
6 in First Amended Accusation No. 800-2017-034384 shall be deemed to be true, correct, and  
7 admitted by Respondent for the purpose of any Statement of Issues or any other proceeding  
8 seeking to deny or restrict license.

9 ACCEPTANCE


10 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
11 discussed it with my attorney, Dexter Louie, Esq. I understand the stipulation and the effect it  
12 will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and  
13 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the  
14 Decision and Order of the Medical Board of California.

15  
16 DATED: 11-17-2020

  
17 RICHARD ANDREW LANNON, M.D.  
18 Respondent  
19

20 I have read and fully discussed with Respondent Richard Andrew Lannon, M.D. the terms  
21 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary  
22 Order. I approve its form and content.

23 DATED: 11-18-2020

  
24 DEXTER B. LOUIE, ESQ.  
25 Attorney for Respondent  
26  
27  
28

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

**ENDORSEMENT**

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

DATED: 11/19/2020

Respectfully submitted,

XAVIER BECERRA  
Attorney General of California  
JANE ZACK SIMON  
Supervising Deputy Attorney General

*Lynne K. Dombrowski*  
LYNNE K. DOMBROWSKI  
Deputy Attorney General  
*Attorneys for Complainant*

SF2018201985

**Exhibit A**

**First Amended Accusation No. 800-2017-034384**

1 XAVIER BECERRA  
Attorney General of California  
2 JANE ZACK SIMON  
Supervising Deputy Attorney General  
3 LYNNE K. DOMBROWSKI  
Deputy Attorney General  
4 State Bar No. 128080  
455 Golden Gate Avenue, Suite 11000  
5 San Francisco, CA 94102-7004  
Telephone: (415) 510-3439  
6 Facsimile: (415) 703-5480  
E-mail: Lynne.Dombrowski@doj.ca.gov  
7 *Attorneys for Complainant*

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

12 In the Matter of the First Amended Accusation  
Against:

Case No. 800-2017-034384

13 **RICHARD ANDREW LANNON, M.D.**  
14 350 Parnassus Ave, Ste 909  
San Francisco, CA 94117

**FIRST AMENDED ACCUSATION**

15 Physician's and Surgeon's Certificate  
16 No. A 23592,

17 Respondent.

18  
19 **PARTIES**

20 1. Christine J. Lally (Complainant) brings this First Amended Accusation solely in her  
21 official capacity as the Interim Executive Director of the Medical Board of California,  
22 Department of Consumer Affairs (Board).

23 2. On or about November 21, 1969, the Medical Board issued Physician's and Surgeon's  
24 Certificate Number A 23592 to Richard Andrew Lannon, M.D. (Respondent). The Physician's  
25 and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
26 herein and will expire on October 31, 2021, unless renewed.

27 ///

28 ///

JURISDICTION

1  
2           3.     This First Amended Accusation is brought before the Board, under the authority of  
3 the following laws. All section references are to the Business and Professions Code unless  
4 otherwise indicated.

5           4.     Section 2001.1 of the Code provides that the Board’s highest priority shall be public  
6 protection.

7           5.     Section 2227 of the Code provides that a licensee who is found guilty under the  
8 Medical Practice Act may have his or her license revoked, suspended for a period not to exceed  
9 one year, placed on probation and required to pay the costs of probation monitoring, or such other  
10 action taken in relation to discipline as the Board deems proper.

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

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

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

17           “(b) Gross negligence.

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

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

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

28           “(d) Incompetence.



1           “(e) The commission of any act involving dishonesty or corruption which is substantially  
2 related to the qualifications, functions, or duties of a physician and surgeon. . . .”

3           7.     Section 2242 of the Code states:

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

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

10           “(1) The licensee was a designated physician and surgeon or podiatrist serving in the  
11 absence of the patient’s physician and surgeon or podiatrist, as the case may be, and if the drugs  
12 were prescribed, dispensed, or furnished only as necessary to maintain the patient until the return  
13 of his or her practitioner, but in any case no longer than 72 hours.

14           “(2) The licensee transmitted the order for the drugs to a registered nurse or to a licensed  
15 vocational nurse in an inpatient facility, and if both of the following conditions exist:

16           “(A) The practitioner had consulted with the registered nurse or licensed vocational nurse  
17 who had reviewed the patient’s records.

18           “(B) The practitioner was designated as the practitioner to serve in the absence of the  
19 patient’s physician and surgeon or podiatrist, as the case may be.

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

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

26           8.     Section 2266 of the Code states:

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

1 9. All of the incidents alleged herein occurred in California.

2 **PERTINENT DRUGS**

3 10. Alprazolam, also known by the trade name Xanax, is a psychotropic triazolo-  
4 analogue of the 1,4 benzodiazepine class of central nervous system-active compounds. Xanax is  
5 used for the management of anxiety disorders or for the short-term relief of the symptoms of  
6 anxiety. It is a dangerous drug as defined in section 4022 and a Schedule IV controlled substance  
7 and narcotic as defined by section 11057, subdivision (d) of the Health and Safety Code. Xanax  
8 has a central nervous system (CNS) depressant effect and patients should be cautioned about the  
9 simultaneous ingestion of alcohol and other CNS depressant drugs during treatment with Xanax.  
10 Addiction-prone individuals (such as drug addicts or alcoholics) should be under careful  
11 surveillance when receiving alprazolam because of the predisposition of such patients to  
12 habituation and dependence. The usual starting dose of Xanax is 0.25 to 0.5 mg. three times per  
13 day.

14 11. Ambien, a trade name for zolpidem tartrate, is a non-benzodiazepine hypnotic of the  
15 imidasopyridine class. It is a Schedule IV controlled substance under Health and Safety Code  
16 section 11057(d)(32) and is a dangerous drug as defined in Business and Professions Code  
17 section 4022. It is indicated for the short-term treatment of insomnia. It is a central nervous  
18 system (CNS) depressant and should be used cautiously in combination with other CNS  
19 depressants. Any CNS depressant could potentially enhance the CNS depressive effects of  
20 Ambien. It should be administered cautiously to patients exhibiting signs or symptoms of  
21 depression because of the risk of suicide. Because of the risk of habituation and dependence,  
22 individuals with a history of addiction to or abuse of drugs or alcohol should be carefully  
23 monitored while receiving Ambien.

24 12. Ativan, a trade name for lorazepam, is a benzodiazepine and central nervous system  
25 (CNS) depressant used in the management of anxiety disorder for short-term relief from the  
26 symptoms of anxiety or anxiety associated with depressive symptoms. It is a Schedule IV  
27 controlled substance as defined by section 11057 of the Health and Safety Code and by section  
28 1308.14 of Title 21 of the Code of Federal Regulations, and is a dangerous drug as defined in

1 Business and Professions Code section 4022. Long-term or excessive use of Ativan can cause  
2 dependency. Concomitant use of alcohol or other CNS depressants may have an additive effect.

3 13. Benzodiazepines belong to the group of medicines called central nervous system  
4 (CNS) depressants (medicines that slow down the nervous system). Some benzodiazepines are  
5 used to relieve anxiety. However, benzodiazepines should not be used to relieve nervousness or  
6 tension caused by the stress of everyday life. Some benzodiazepines are used to treat insomnia  
7 (trouble in sleeping). However, if used regularly (for example, every day) for insomnia, they  
8 usually are not effective for more than a few weeks.

9 14. Diazepam (Valium) is a psychotropic drug for the management of anxiety disorders  
10 or for the short-term relief of the symptoms of anxiety. It is a dangerous drug as defined in  
11 section 4022 and a Schedule IV controlled substance as defined by section 11057 of the Health  
12 and Safety Code. Diazepam can produce psychological and physical dependence and it should be  
13 prescribed with caution particularly to addiction-prone individuals (such as drug addicts and  
14 alcoholics) because of the predisposition of such patients to habituation and dependence. Valium  
15 is available in 5 mg. and 10 mg. tablets.

16 15. Estazolam is a benzodiazepine used in the treatment of insomnia symptoms. It is a  
17 Schedule IV controlled substance under Health and Safety Code section 11057(d) and is a  
18 dangerous drug as defined in Business and Professions Code section 4022.

19 16. Klonopin, a trade name for clonazepam, is an anti-convulsant of the benzodiazepine  
20 class of drugs. It is a Schedule IV controlled substance under Health and Safety Code section  
21 11057(d)(7) and is a dangerous drug as defined in Business and Professions Code section 4022.  
22 It produces CNS depression and should be used with caution with other CNS depressant drugs.  
23 Like other benzodiazepines, it can produce psychological and physical dependence. Withdrawal  
24 symptoms similar to those noted with barbiturates and alcohol have been noted upon abrupt  
25 discontinuance of Klonopin.

26 17. Methadone hydrochloride is a synthetic narcotic analgesic with multiple actions  
27 quantitatively similar to those of morphine. It also goes by the trade names Methadose and  
28 Dolophine. It is a dangerous drug as defined in section 4022 and a Schedule II controlled

1 substance and narcotic as defined by section 11055, subdivision (c) of the Health and Safety  
2 Code. Methadone can produce drug dependence of the morphine type and, therefore, has the  
3 potential for being abused. Psychic dependence, physical dependence, and tolerance may develop  
4 upon repeated administration of methadone, and it should be prescribed and administered with the  
5 same degree of caution appropriate to the use of morphine. Methadone should be used with  
6 caution and in reduced dosage in patients who are concurrently receiving other narcotic  
7 analgesics.

8 18. Methylphenidate, known by the trade names Ritalin, Concerta, or Adderall, is a  
9 central nervous system (CNS) stimulant. It is a Schedule II controlled substance under Health  
10 and Safety Code Section 11055 and is a dangerous drug as defined in Business and Professions  
11 Code Section 4022. It is used in the treatment of attention deficit disorder (ADD), attention  
12 deficit hyperactivity disorder (ADHD) and narcolepsy. It may cause new or worsening psychosis  
13 (unusual thoughts or behavior), especially in those with a history of depression, mental illness, or  
14 bipolar disorder.

15 19. Neurontin, a trade name for gabapentin, is an anticonvulsant that is used in adults to  
16 treat neuropathic pain and seizures. It is a dangerous drug as defined in Business and Professions  
17 Code Section 4022.

18 20. Norco is a trade name for hydrocodone bitartrate with acetaminophen. Norco tablets  
19 contain 10 mg. of hydrocodone bitartrate and 350 mg. of acetaminophen. Acetaminophen is a  
20 non-opiate, non-salicylate analgesic and antipyretic. Hydrocodone bitartrate is semisynthetic  
21 narcotic analgesic and a dangerous drug as defined in section 4022 of the Business and  
22 Professions Code. Norco is a Schedule II controlled substance and narcotic as defined by section  
23 11055, subdivision (e) of the Health and Safety Code.<sup>1</sup> Repeated administration of hydrocodone  
24 over a course of several weeks may result in psychic and physical dependence. The usual adult  
25 dosage is one tablet every four to six hours as needed for pain. Dosage should be adjusted

26  
27 <sup>1</sup> Effective 10/06/2014, all hydrocodone combination products were re-scheduled as Schedule II  
28 controlled substances by the federal Drug Enforcement Agency ("DEA"), section 1308.12  
(b)(1)(vi) of Title 21 of the Code of Federal Regulations.

1 according to the severity of the pain and the response of the patient. However, it should be kept  
2 in mind that tolerance to hydrocodone can develop with continued use and that the incidence of  
3 untoward effects is dose related. The total 24-hour dose should not exceed 6 tablets.

4 21. Paxil, a trade name for paroxetine, is an antidepressant that belongs to a group of  
5 drugs called selective serotonin reuptake inhibitors (SSRIs). It is used to treat depression,  
6 including major depressive disorder, panic disorder, obsessive-compulsive disorder (OCD), and  
7 anxiety disorder. It is a dangerous drug as defined in Business and Professions Code Section  
8 4022.

9 22. Phentermine, known by the trade name, Adipex-P, is similar to an amphetamine and  
10 stimulates the central nervous system. It is used together with diet and exercise to treat obesity.  
11 It is a Schedule IV controlled substance as defined by section 11057 of the Health and Safety  
12 Code and is a dangerous drug as defined by Business and Professions Code section 4022.

13 23. Temazepam, known by the trade name Restoril, is a benzodiazepine hypnotic agent  
14 indicated for the short-term treatment of insomnia. It is a Schedule IV controlled substance under  
15 Health and Safety Code section 11057(d)(29) and is a dangerous drug as defined in Business and  
16 Professions Code section 4022. Patients using Restoril should be warned about the possible  
17 combined effects if taken concomitantly with alcohol and other CNS depressants.

18 24. Trazodone, known by the trade name Desyrel, is a triazolopyridine derivative anti-  
19 depressant medicine that is indicated for treatment of major depressive disorder. It is a dangerous  
20 drug as defined in Business and Professions Code section 4022. Trazodone can increase the  
21 effects of alcohol or other anti-depressant medications.

22 25. Triazolam, known by the trade name Halcion, is a hypnotic drug indicated for the  
23 short-term treatment of insomnia (generally 7-10 days). It is a dangerous drug as defined in  
24 section 4022 and a Schedule IV controlled substance as defined by section 11057 of the Health  
25 and Safety Code. Halcion has central nervous system depressant effects and patients should be  
26 cautioned about the concomitant ingestion of alcohol and other CNS depressant drugs during  
27 treatment with Halcion tablets. The risk of drug dependence for Halcion is increased in patients  
28 with a history of alcoholism or drug abuse. Such dependence-prone individuals should be under

1 careful surveillance when receiving Halcion. The recommended dosage for most adults is 0.25  
2 mg. before retiring.

3 26. Trintellix, a trade name for vortioxetine, is an antidepressant that is used to treat  
4 major depressive disorder in adults. It is a dangerous drug as defined in Business and Professions  
5 Code Section 4022.

6 27. Viibryd, a trade name for vilazodone, is an antidepressant in a group of drugs called  
7 selective serotonin reuptake inhibitors (SSRIs). It is used to treat major depressive disorder. It is  
8 a dangerous drug as defined in Business and Professions Code Section 4022.

9 28. Zoloft, a trade name for sertraline hydrochloride, is a selective serotonin reuptake  
10 inhibitor (SSRI) chemically unrelated to other SSRIs, tricyclic, tetracyclic, or other available  
11 antidepressant agents. It is a dangerous drug as defined by section 4022. Zoloft is used for the  
12 treatment of depression, obsessive compulsive disorder, and panic disorder. Zoloft causes  
13 decreased clearance of diazepam (Valium). It has side effects including nausea, diarrhea,  
14 dyspepsia, tremor, dizziness, insomnia and somnolence.

15 **FACTUAL ALLEGATIONS RE: PATIENT 1<sup>2</sup>**

16 29. In July 1988, Pt. 1, a female born in 1944, first presented to Respondent complaining  
17 of severe anxiety, depression, and insomnia. Respondent initially prescribed the benzodiazepines,  
18 alprazolam and triazolam.

19 30. Respondent continued to treat and prescribe controlled substances to Pt. 1 for the next  
20 twenty-five years.

21 31. On January 27, 2011, Respondent examined Pt. 1, increased the dosing of Zoloft  
22 received by the patient, and prescribed three to five diazepam daily. The medical records fail to  
23 describe the rationale for increasing the Zoloft dosing, and the notes do not follow any narrative  
24 structure.

25 32. Between January 27, 2011 and August 7, 2013, Pt. 1 received diazepam on 32  
26 occasions and triazolam on 18 occasions, without examination, each prescribed by Respondent.

27 \_\_\_\_\_  
28 <sup>2</sup> The patients are identified herein by numbers, e.g. "Pt. 1", to preserve confidentiality.  
The patients' names will be provided to Respondent in discovery.

1 33. Between January 27, 2011 and August 7, 2013, Pt. 1 also received Norco 10 mg./325  
2 mg. on 29 occasions, and methadone 10 mg. on 22 occasions, prescribed by another physician,  
3 G.M., M.D.

4 34. Respondent was aware that Pt. 1 was being prescribed Norco and methadone at that  
5 time by another provider, but never contacted or spoke with that provider.

6 35. Respondent stated that refills of existing prescriptions were provided after Pt. 1 called  
7 on the telephone and told him that she was stable on the current medication doses. Respondent  
8 would then sign and fax to the pharmacies, prescription renewals. Respondent has lost all the  
9 prescription renewal faxes and has no other notes regarding the prescription refills.

10 36. On August 7, 2013, Respondent examined Pt. 1, who complained of severe pain and  
11 disability. Respondent provided an early refill of diazepam 10 mg., #120, lasting thirty days,  
12 along with four refills.

13 37. On October 24, 2013, Pt. 1 expired at her home. The cause of death was determined  
14 to be from an acute mixed drug intoxication (methadone and benzodiazepines).

15 **FIRST CAUSE FOR DISCIPLINE**

16 **(Patient 1: Unprofessional Conduct: Prescribing/Furnishing Dangerous Drugs Without**  
17 **Appropriate Examination and Medical Indication)**

18 38. The allegations of paragraphs 29 through 37 are incorporated by reference as if set  
19 out in full. Respondent is subject to disciplinary action under section 2234 [unprofessional  
20 conduct], and/or section 2242 [prescribing/furnishing dangerous drugs without appropriate  
21 examination and medical indication], in that, as described above, Respondent repeatedly failed to  
22 conduct an appropriate examination of Pt. 1 while authorizing refills of dangerous drugs.

23 **SECOND CAUSE FOR DISCIPLINE**

24 **(Patient 1: Unprofessional Conduct: Gross Negligence/ Repeated Negligent Acts)**

25 39. The allegations of paragraphs 29 through 38 are incorporated by reference as if set  
26 out in full. Respondent is subject to disciplinary action under section 2234 [unprofessional  
27 conduct, and/or 2234(b) [gross negligence], and/or 2234(c) [repeated negligent acts or  
28 omissions], in that, as described above, Respondent repeatedly failed to contact or speak with

1 another provider who Respondent knew was prescribing dangerous drugs to Pt. 1 at the same time  
2 that Respondent was treating and providing dangerous drugs to Pt. 1.

3 **THIRD CAUSE FOR DISCIPLINE**

4 **(Patient 1: Failure to Maintain Adequate Medical Records)**

5 40. The allegations of paragraphs 29 through 38 are incorporated by reference as if set  
6 out in full. Respondent's license is subject to disciplinary action in that Respondent's failure to  
7 maintain adequate and accurate records relating to his medical care and treatment of Pt. 1  
8 constitutes unprofessional conduct by application of section 2266.

9 **FACTUAL ALLEGATIONS RE: PATIENT 2**

10 41. In or about 1995, Pt. 2, a female born in 1944, first saw Respondent for out-patient  
11 treatment for significant situational stress due to a contentious sexual harassment claim she  
12 alleged against her supervisor. Pt. 2 was a clinical and research psychologist. Respondent  
13 diagnosed Pt. 2 with Post-Traumatic Stress Disorder (PTSD) due to sexual harassment and legal  
14 strain. He also diagnosed her with major depression, anxiety, panic disorder and insomnia. Pt. 2  
15 also was diagnosed with musculo-skeletal issues, including chronic pain syndrome with back and  
16 shoulder pain.

17 42. In or about 2000, Respondent began to prescribe Wellbutrin to Pt. 2 for her depression  
18 and Ativan (lorazepam) for her anxiety, which was later switched in about 1999 to Klonopin  
19 (clonazepam). In or about January 2004, Respondent began to prescribe trazodone for sleep. In  
20 or about 2010, Respondent added a psychostimulant, phentermine HCl for stimulant  
21 augmentation.

22 43. Starting in or about 2010, Pt. 2 was simultaneously treated by Respondent and by an  
23 internal medicine physician. The other physician prescribed Tylenol with Codeine (Tylenol No.  
24 4.) The other physician also later switched the patient's antidepressant from Wellbutrin to  
25 Cymbalta, in addition to prescribing Neurontin or Lyrica for better pain control.

26 44. Over time, Pt. 2 developed fecal and urinary incontinence and continued to manifest  
27 memory impairment. Pt. 2 continued drinking alcohol. Pt. 2 also continued to manifest  
28



1 confusion with dates, to have difficulty finding words, forgetfulness, and had difficulties with  
2 maintaining her balance.

3 45. In or about June 2014 through April 2015, the other physician also prescribed  
4 morphine sulfate in addition to the Tylenol No. 4 to Pt. 2.

5 46. An MRI done in 2017 showed brain atrophy consistent with senile dementia. At that  
6 time, Pt 2 was described as being confused, foggy, and depressed.

7 47. On or about October 18, 2018, Respondent's chart note of a visit noted that Pt. 2 had  
8 more word-finding difficulty since the last visit.

9 48. Pt. 2 cancelled a visit scheduled for October 25, 2018 but Respondent issued  
10 prescriptions for: trazodone (plus one refill); #60 phentermine 30 mg. (plus 4 refills); and #90  
11 Klonopin 1 mg. (plus 4 refills).

12 49. On or about November 17, 2018, Respondent first obtained a CURES report for Pt. 2.

13 50. On or about January 17, 2019, Respondent noted that Pt. 2 needed the Klonopin  
14 "mainly for sleep."

15 51. On or about February 20, 2019, Respondent noted that he discussed with the internal  
16 medicine physician the possibility of lowering the dosage of Klonopin. Respondent's concern  
17 was that the patient would increase her alcohol consumption. Respondent noted that he was  
18 "uncertain how much she is drinking and how reliable she is taking her medications."

19 52. On or about February 21, 2019, Respondent noted reducing the dosage of Klonopin  
20 from 3 mg. daily to 2.5 mg. daily.

21 53. May 16, 2019 was the latest chart note in the records for Pt. 2 that Respondent  
22 produced to the Board during its investigation. At that time, Respondent appears to have been  
23 prescribing a daily dose of 1 mg. Klonopin to Pt. 2.

24 54. Respondent continued to prescribe Klonopin to Pt. 2 through at least July 22, 2019.

25 ///

26 ///

27 ///

28 ///

1 **FOURTH CAUSE FOR DISCIPLINE**

2 **(Patient 2: Unprofessional Conduct: Gross Negligence and/or Incompetence and/or**  
3 **Prescribing Without Appropriate Examination and Medical Indication)**

4 55. The allegations of paragraphs 41 through 54 are incorporated by reference as if set  
5 out in full. Respondent is subject to disciplinary action for unprofessional conduct under section  
6 2234 subd. (b) and/or subd. (d) [gross negligence, incompetence] and/or section 2242 [furnishing  
7 dangerous drugs without appropriate examination and medical indication], in that, as described  
8 herein above:

9 a. Respondent repeatedly failed to conduct an appropriate examination of Pt. 2 while  
10 authorizing refills of dangerous drugs.

11 b. Respondent prescribed Klonopin for over 20 years to Pt. 2 who was also on opiate  
12 medications and regularly drinking alcohol.

13 c. Respondent prescribed a combination of controlled substances long-term, including  
14 benzodiazepines, without a thorough and comprehensive assessment of any current or past issues  
15 with alcohol and drugs. Respondent failed to diagnose and adequately investigate the patient's  
16 history of alcohol abuse and to consider that history in both his prescribing and treatment  
17 planning. Such conduct demonstrates an extreme departure from the standard of care (gross  
18 negligence) and a lack of knowledge (incompetence) about the diagnosis and treatment of  
19 chemical dependency and dual diagnosis patients.

20 d. Respondent failed to consult with or to refer the patient to a chemical dependency  
21 specialist or other professionals for assistance with her alcohol use.

22 e. Respondent failed to consider that many of the patient's symptoms of depression,  
23 anxiety, and mental difficulties with memory and forgetfulness and difficulties with balance may  
24 have been caused, or contributed to, by the combination of the Klonopin and her alcohol  
25 consumption.

26 f. Respondent failed to document informing the patient of the risks and benefits of his  
27 treatment, particularly the ongoing chronic prescription of Klonopin along with other CNS  
28 depressant drugs and opiates, while the patient was also regularly consuming alcohol and also

1 developing cognitive impairment and dementia. Such failure to obtain and to document informed  
2 consent demonstrates an extreme departure from the standard of care (gross negligence).

3 g. Respondent failed to document a clinical justification (medical indication) for his  
4 long-term prescribing of Klonopin to Pt. 2, particularly when the patient was being concurrently  
5 prescribed opiate pain medications by another physician for chronic pain and was regularly  
6 consuming alcohol.

7 **FIFTH CAUSE FOR DISCIPLINE**

8 **(Patient 2: Unprofessional Conduct: Repeated Negligent Acts)**

9 56. In the alternative, Respondent Richard Andrew Lannon, M.D. is subject to  
10 disciplinary action for unprofessional conduct under section 2234, subd.(c) for repeated negligent  
11 acts. The allegations of paragraphs 41 through 55 are incorporated by reference as if set out in  
12 full.

13 **SIXTH CAUSE FOR DISCIPLINE**

14 **(Patient 2: Unprofessional Conduct: Failure to Maintain Adequate Medical Records)**

15 57. The allegations of paragraphs 41 through 55 above are incorporated by reference as if  
16 set out in full. Respondent's license is subject to disciplinary action for unprofessional conduct  
17 under section 2266 in that he failed to maintain adequate and accurate records relating to his  
18 medical care and treatment of Pt. 2, with many of his records being illegible, incomplete, and/or  
19 inadequate.

20 **FACTUAL ALLEGATIONS RE: PATIENT 3**

21 58. In or about 2000, Pt. 3, a female born in 1941, began to see Respondent for treatment.  
22 Respondent diagnosed Pt. 3 with major depression and anxiety with symptoms of loneliness,  
23 despair, and emptiness. Respondent was treating Pt. 3 for her depression, anxiety, and insomnia.

24 59. For many years prior to and continuing many years after April 2013, Respondent  
25 prescribed to Pt. 3: Wellbutrin, Paxil, Neurontin, methylphenidate, Xanax, and Ambien, in  
26 addition to other controlled substances and dangerous drugs.

1       60. According to Respondent during his interview with the Board's investigator, Pt. 3  
2 moved out of the house and separated from her husband in about 2013. In about 2018, Pt. 3  
3 became increasingly distraught, suicidal, and wanted a divorce.

4       61. On or about January 15, 2018, Pt. 3 was seen by an addiction medicine and pain  
5 medicine specialist for "severe intractable pain and possible strategies for pain management."  
6 The pain medicine specialist noted that Pt. 3 was accompanied to the visit by her nephew who  
7 expressed concerns about her state of mind and degree of despair and reported that Pt. 3 had not  
8 been herself for sometime. The specialist also noted that Pt. 3 had a partial resection of her right  
9 lung in 2001 and now suffers from COPD. He also noted that the family history is significant for  
10 alcohol use disorder in her mother and two sisters and that her childhood was "difficult and  
11 abusive." The patient reported being previously addicted to Percocet and stated that she was not  
12 regularly taking any opioid medicine. The specialist, however, reviewed a CURES report that  
13 showed prescriptions filled in the last year for 97 tablets of acetaminophen with either oxycodone  
14 or hydrocodone and 50 tablets of trazodone. The CURES also indicated Pt. 3 received 240 tablets  
15 of sedative-hypnotics (alprazolam, zolpidem, triazolam, temazepam) and 270 tablets of extended  
16 release methylphenidate 18 mg. The specialist also noted that Pt. 3 reported that in the past she  
17 was treated with and became dependent on OxyContin but tapered off the opioid about six years  
18 ago after being on it for months, which she said was challenging. The pain specialist  
19 recommended using buprenorphine as an analgesic for neuropathic pain and opioid-induced  
20 hyperalgesia but Pt. 3 declined the buprenorphine because she did not want to be on "chronic  
21 opiates."

22       62. On or about September 16, 2018, Respondent noted that Pt. 3 reported experimenting  
23 with psychedelic mushrooms. Respondent did not note that he warned the patient about the risks  
24 of using psychedelic mushrooms along with her prescription medications.

25       63. From November 5, 2018 through about November 26, 2018, Pt. 3 was psychiatrically  
26 hospitalized for suicidal ideation. An evaluation confirmed the diagnosis of moderate to severe  
27 major depressive disorder and attention-deficit disorder, along with "severe obstructive sleep  
28 apnea." Her admission summary notes; "She feels that although Dr. Lannon has been attentive

1 and available, he has not been open to very much in the way of alternative treatments in the face  
2 of her feeling significantly lost over the last couple of years.” While an inpatient, Pt. 3 was  
3 started on 5 mg. of Ambien at night. At discharge, the recommendations included avoidance of  
4 alcohol or sedative medications that worsen apnea.

5 64. On or about November 17, 2018, Respondent first obtained a CURES report for Pt. 3.

6 65. In 2018, according to CURES, Respondent issued and Pt. 3 filled the following  
7 prescriptions for controlled substances: #285 methylphenidate HCl. 18 mg.; #150 Ambien 10 mg.  
8 and #30 Ambien 5 mg.; #150 Xanax 0.5 mg.; #30 Estazolam 2 mg.; #30 Klonopin 0.5 mg; and  
9 #30 temazepam 30 mg. Also in 2018, Pt. 3 filled controlled substances prescriptions from other  
10 providers.

### 11 SEVENTH CAUSE FOR DISCIPLINE

#### 12 **(Patient 3: Unprofessional Conduct: Gross Negligence and/or Incompetence and/or** 13 **Prescribing without Appropriate Examination and Medical Indication)**

14 66. The allegations of paragraphs 58 through 65 are incorporated by reference as if set  
15 out in full. Respondent is subject to disciplinary action for unprofessional conduct under section  
16 2234 subd. (b) and/or subd. (d) [gross negligence, incompetence] and/or section 2242 [furnishing  
17 dangerous drugs without appropriate examination and medical indication], in that, as described  
18 herein above:

19 a. Respondent failed to diagnose and adequately investigate a history of addicted  
20 behaviors and to consider this history in both his prescribing and treatment planning for Pt. 3.

21 b. Respondent failed to document a clinical justification (medical indication) for his  
22 long-term prescribing of benzodiazepines to Pt. 3, particularly when the patient was being  
23 concurrently prescribed addictive controlled substances, including opioids. Such conduct  
24 constitutes an extreme departure from the standard of care (gross negligence) and demonstrates a  
25 lack of knowledge (incompetence) in the diagnosis and treatment of major depressive disorder  
26 and of substance abuse and chemical dependency, about treating dual diagnosis patients, and  
27 about psychopharmacology.

28

1 c. Respondent continued to prescribe benzodiazepines to Pt. 3 after she was diagnosed  
2 with moderately severe obstructive sleep apnea in November 2018, which conduct constitutes an  
3 extreme departure from the standard of care (gross negligence) and demonstrated a lack of  
4 knowledge (incompetence).

5 d. Respondent failed to inform and to document that he informed Pt. 3 of the long-term  
6 risks and possible side effects of long-term and continual use of benzodiazepines, in conjunction  
7 with opiates, such as the possibility of dementia and the increased risks of driving an automobile.

8 e. Respondent's medical records for Pt. 3 are often illegible, incomplete, and  
9 inadequate.

10 **EIGHTH CAUSE FOR DISCIPLINE**

11 **(Patient 3: Unprofessional Conduct: Repeated Negligent Acts)**

12 67. In the alternative, Respondent Richard Andrew Lannon, M.D. is subject to  
13 disciplinary action for unprofessional conduct under section 2234, subd.(c) for repeated negligent  
14 acts. The allegations of paragraphs 58 through 66 are incorporated by reference as if set out in  
15 full.

16 **NINTH CAUSE FOR DISCIPLINE**

17 **(Patient 3: Unprofessional Conduct: Failure to Maintain Adequate Medical Records)**

18 68. The allegations of paragraphs 58 through 66 above are incorporated by reference as if  
19 set out in full. Respondent's license is subject to disciplinary action for unprofessional conduct  
20 under section 2266 in that he failed to maintain adequate and accurate records relating to his  
21 medical care and treatment of Pt. 3, with many of his records being illegible, incomplete, and/or  
22 inadequate.

23 **TENTH CAUSE FOR DISCIPLINE**

24 **(Patient 1, Patient 2, Patient 3: Unprofessional Conduct: Repeated Negligent Acts)**

25 69. In the alternative, Respondent Richard Andrew Lannon, M.D. is subject to  
26 disciplinary action for unprofessional conduct under section 2234, subd.(c) for repeated negligent  
27 acts with regards to his treatment of Pt. 1, Pt. 2, and Pt. 3. The allegations of paragraphs 29  
28 through 68 are incorporated by reference as if set out in full.

1 DISCIPLINARY CONSIDERATIONS

2 70. To determine the degree of discipline, if any, to be imposed on Respondent,  
3 Complainant alleges that Respondent has been subject to prior discipline, as follows:

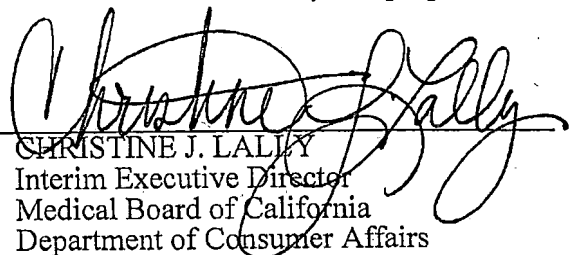
4 A. On December 9, 2002, in a prior disciplinary action entitled "In the Matter of the  
5 Accusation filed Against Richard A. Lannon, M.D.," Case No. 03-1999-102369, the Medical  
6 Board of California revoked Respondent's Physician's and Surgeon's Certificate No. A 23592,  
7 stayed the revocation and placed respondent on probation for two years. That Decision is now  
8 final and is incorporated by reference as if fully set forth. Respondent's license was fully restored  
9 to clear status following successful completion of probation, effective February 18, 2005.

10  
11 PRAYER

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

- 14 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 23592,  
15 issued to Richard Andrew Lannon, M.D.;
- 16 2. Revoking, suspending or denying approval of Richard Andrew Lannon, M.D.'s  
17 authority to supervise physician assistants and advanced practice nurses;
- 18 3. Ordering Richard Andrew Lannon, M.D., if placed on probation, to pay the Board the  
19 costs of probation monitoring; and
- 20 4. Taking such other and further action as deemed necessary and proper.

21  
22 DATED: APR 02 2020

23   
24 CHRISTINE J. LALLY  
25 Interim Executive Director  
26 Medical Board of California  
27 Department of Consumer Affairs  
28 State of California  
Complainant

SF2018201985