

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

In the Matter of the Accusation
Against:

Jeffrey Lawrence Phillips, M.D.

Physician's and Surgeon's
License No. G64950

Respondent

Case No. 800-2018-050890

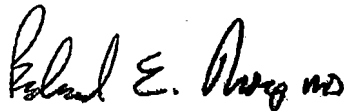
DECISION

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 22, 2021.

IT IS SO ORDERED: March 23, 2021.

MEDICAL BOARD OF CALIFORNIA



Richard E. Thorp, M.D., Chair
Panel B

1 XAVIER BECERRA
Attorney General of California
2 STEVEN D. MUNI
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9
10 **BEFORE THE**
11 **MEDICAL BOARD OF CALIFORNIA**
12 **DEPARTMENT OF CONSUMER AFFAIRS**
13 **STATE OF CALIFORNIA**

14 In the Matter of the Accusation Against:

15 **JEFFREY LAWRENCE PHILLIPS, M.D.**
16 367 Del Norte #4
Yuba City, CA 95991

17 Physician's and Surgeon's Certificate No. G 64950

18 Respondent.

Case No. 800-2018-050890

OAH No. 2020050585

19 **STIPULATED SETTLEMENT AND**
20 **DISCIPLINARY ORDER**

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

23 **PARTIES**

24 1. William Prasifka ("Complainant") is the Executive Director of the Medical Board of
25 California ("Board"). He brought this action solely in his official capacity and is represented in
26 this matter by Xavier Becerra, Attorney General of the State of California, by John S. Gatschet,
27 Deputy Attorney General.

28 ///

1 CULPABILITY

2 8. Respondent understands and agrees that the charges and allegations in Accusation
3 No. 800-2018-050890, if proven at a hearing, constitute cause for imposing discipline upon his
4 Physician's and Surgeon's Certificate.

5 9. Respondent agrees that, at a hearing, Complainant could establish a factual basis for
6 the charges in the Accusation, and that Respondent hereby gives up his right to contest those
7 charges.

8 10. 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 imposition of discipline as set forth in the
10 Disciplinary Order below.

11 CONTINGENCY

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

22 12. Respondent agrees that if he ever petitions for early termination or modification of
23 probation, or if an accusation and/or petition to revoke probation is filed against him before the
24 Board, all of the charges and allegations contained in Accusation No. 800-2018-050890 shall be
25 deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any
26 other licensing proceeding involving Respondent in the State of California.

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1 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the
2 completion of each course, the Board or its designee may administer an examination to test
3 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65
4 hours of CME of which 40 hours were in satisfaction of this condition.

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

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

19 Respondent shall submit a certification of successful completion to the Board or its
20 designee not later than 15 calendar days after successfully completing the course, or not later than
21 15 calendar days after the effective date of the Decision, whichever is later.

22 4. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective
23 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in
24 advance by the Board or its designee. Respondent shall provide the approved course provider
25 with any information and documents that the approved course provider may deem pertinent.
26 Respondent shall participate in and successfully complete the classroom component of the course
27 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
28 complete any other component of the course within one (1) year of enrollment. The medical

1 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing
2 Medical Education (CME) requirements for renewal of licensure.

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

8 Respondent shall submit a certification of successful completion to the Board or its
9 designee not later than 15 calendar days after successfully completing the course, or not later than
10 15 calendar days after the effective date of the Decision, whichever is later.

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

20 The Board or its designee shall provide the approved monitor with copies of the Decision(s)
21 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the
22 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed
23 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role
24 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees
25 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the
26 signed statement for approval by the Board or its designee.

27 Within 60 calendar days of the effective date of this Decision, and continuing throughout
28 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall

1 make all records available for immediate inspection and copying on the premises by the monitor
2 at all times during business hours and shall retain the records for the entire term of probation.

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

8 The monitor(s) shall submit a quarterly written report to the Board or its designee which
9 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
10 are within the standards of practice of medicine, and whether Respondent is practicing medicine
11 safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the
12 quarterly written reports to the Board or its designee within 10 calendar days after the end of the
13 preceding quarter.

14 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
15 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
16 name and qualifications of a replacement monitor who will be assuming that responsibility within
17 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
18 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
19 notification from the Board or its designee to cease the practice of medicine within three (3)
20 calendar days after being so notified. Respondent shall cease the practice of medicine until a
21 replacement monitor is approved and assumes monitoring responsibility.

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

27 The parties agree that this term and condition, requiring the monitoring of the Respondent's
28 practice, shall expire eighteen (18) months after the effective date of the Decision and Order.

1 Upon the expiration of this term and condition, Respondent shall be relieved from the
2 requirement to have a practice monitor. The remaining conditions of the Decision and Order
3 shall remain in full force and effect following expiration of the practice monitor requirement.

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

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

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

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

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

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

24 10. GENERAL PROBATION REQUIREMENTS.

25 Compliance with Probation Unit

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

27 Address Changes

28 Respondent shall, at all times, keep the Board informed of Respondent's business and

1 residence addresses, email address (if available), and telephone number. Changes of such
2 addresses shall be immediately communicated in writing to the Board or its designee. Under no
3 circumstances shall a post office box serve as an address of record, except as allowed by Business
4 and Professions Code section 2021, subdivision (b).

5 Place of Practice

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

9 License Renewal

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

12 Travel or Residence Outside California

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

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

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

22 12. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
23 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
24 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
25 defined as any period of time Respondent is not practicing medicine as defined in Business and
26 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
27 patient care, clinical activity or teaching, or other activity as approved by the Board. If
28 Respondent resides in California and is considered to be in non-practice, Respondent shall

1 comply with all terms and conditions of probation. All time spent in an intensive training
2 program which has been approved by the Board or its designee shall not be considered non-
3 practice and does not relieve Respondent from complying with all the terms and conditions of
4 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
5 on probation with the medical licensing authority of that state or jurisdiction shall not be
6 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
7 period of non-practice.

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

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

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

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

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

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

1 the matter is final.

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

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

17 17. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a
18 new license or certification, or petition for reinstatement of a license, by any other health care
19 licensing action agency in the State of California, all of the charges and allegations contained in
20 Accusation No. 800-2018-050890 shall be deemed to be true, correct, and admitted by
21 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
22 restrict a license.

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ACCEPTANCE


I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Jeffrey S. Kravitz, 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 of California.

DATED: 01-18-2021


JEFFREY LAWRENCE PHILLIPS, M.D.
Respondent

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

DATED: 1-18-2021


JEFFREY S. KRAVITZ, ESQ.
Attorney for Respondent

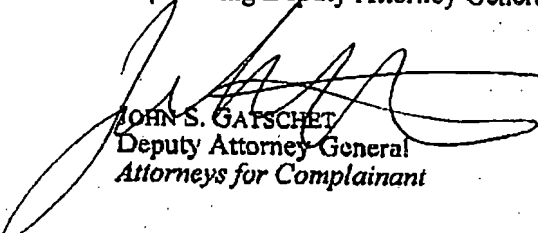
ENDORSEMENT

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

DATED: 1-19-2021

Respectfully submitted,

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


JOHN S. GAPSCHET
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2018-050890

1 XAVIER BECERRA
Attorney General of California
2 STEVE DIEHL
Supervising Deputy Attorney General
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8 *Attorneys for Complainant*

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

In the Matter of the Accusation Against:	Case No. 800-2018-050890
Jeffrey Lawrence Phillips, M.D. 367 Del Norte #4 Yuba City, CA 95991	ACCUSATION
Physician's and Surgeon's Certificate No. G 64950, Respondent.	

PARTIES

- Christine J. Lally ("Complainant") brings this Accusation solely in her official capacity as the Interim Executive Director of the Medical Board of California, Department of Consumer Affairs ("Board").
- On or about January 17, 1989, the Medical Board issued Physician's and Surgeon's Certificate Number G 64950 to Jeffrey Lawrence Phillips, M.D. ("Respondent"). That Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on March 31, 2022, unless renewed.

///

1 (2) The visit occurs in an emergency room or an urgent care facility or the visit
2 is unscheduled, including consultations in inpatient facilities.

3 (3) The licensee who will be treating the patient during the visit is not known to
4 the patient until immediately prior to the start of the visit.

5 (4) The licensee does not have a direct treatment relationship with the patient.

6 (d) On and after July 1, 2019, the board shall provide the following
7 information, with respect to licensees on probation and licensees practicing under
8 probationary licenses, in plain view on the licensee's profile page on the board's
9 online license information Internet Web site.

10 (1) For probation imposed pursuant to a stipulated settlement, the causes
11 alleged in the operative accusation along with a designation identifying those causes
12 by which the licensee has expressly admitted guilt and a statement that acceptance of
13 the settlement is not an admission of guilt.

14 (2) For probation imposed by an adjudicated decision of the board, the causes
15 for probation stated in the final probationary order.

16 (3) For a licensee granted a probationary license, the causes by which the
17 probationary license was imposed.

18 (4) The length of the probation and end date.

19 (5) All practice restrictions placed on the license by the board.

20 (e) Section 2314 shall not apply to this section.

21 5. Section 2234 of the Code, states:

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

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

27 ...

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

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

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

1 ...
2 6. Section 2266 of the Code states: The failure of a physician and surgeon to maintain
3 adequate and accurate records relating to the provision of services to their patients constitutes
4 unprofessional conduct.

5 **DEFINITIONS**

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

14 8. Hydrocodone with acetaminophen – Generic name for the drugs Vicodin, Norco, and
15 Lortab. Hydrocodone with acetaminophen is classified as an opioid analgesic combination
16 product used to treat moderate to moderately severe pain. Prior to October 6, 2014, hydrocodone
17 with acetaminophen was a Schedule III controlled substance pursuant to Code of Federal
18 Regulations Title 21 section 1308.13(e).² Hydrocodone with acetaminophen is a dangerous drug
19 pursuant to California Business and Professions Code section 4022 and is a Schedule II controlled
20 substance pursuant to California Health and Safety Code section 11055, subdivision (b).

21 **FIRST CAUSE FOR DISCIPLINE**

22 **(Repeated Negligent Acts)**

23 9. Respondent's license is subject to disciplinary action under section 2234, subdivision
24 (c) of the Code, in that he committed repeated negligent acts. The circumstances are as follows:

25
26
27 ¹ http://www.cdc.gov/niosh/ershdb/EmergencyResponseCard_29750022.html

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

1 10. Respondent began providing treatment and care to Patient 1³ on or about January 27,
2 2010.⁴ According to Respondent, Patient 1 was referred to his office for pain issues related to
3 neck pain and back pain that resulted from injuries received during her employment. Patient 1
4 documented that she was permanently disabled on the patient registration form. According to
5 Respondent, Patient 1 was already being prescribed a 100 mcg fentanyl patch⁵ when she became
6 a new patient in his office. According to Respondent, in 2010, he asked Patient 1 about prior
7 drug use and she reported that she had previously used methamphetamine but that she had been
8 clean and sober since 1997 or 1998. Between 2010 and 2012, Respondent continued to treat
9 Patient 1's pain problems and continued to prescribe fentanyl.

10 11. On December 26, 2012, Respondent documented that he saw Patient 1 in clinic.
11 Respondent documented Patient 1's care at that time in handwritten notes that were placed on a
12 pre-printed form. Many of the entries on Respondent's handwritten notes are illegible.
13 According to Respondent, he attempted to taper Patient 1's fentanyl to a 75 mcg patch at that
14 time. According to Respondent, the tapering attempt was unsuccessful and he continued her on a
15 100 mcg fentanyl patch. Respondent did not attempt to taper Patient 1's medication at any other
16 points during her care and treatment following the December 2012 attempt to taper her
17 medication. Respondent next documented a progress note on January 24, 2013. According to
18 Respondent's note, Patient 1 had a pain level of three out of ten and her pain was "stable."

19 12. On or about January 21, 2013, another physician provided a comprehensive 42-page
20 typed single spaced evaluation report regarding Patient 1's care and treatment to the State of
21 California Department of Industrial Relations, Office of Benefit Determination. The report was
22 included in the medical records Respondent kept for Patient 1. At page five of the report, it stated

23 ³ Witness and patient names have been removed to protect confidentiality. All witnesses
24 and patients will be fully identified in discovery.

25 ⁴ Events occurring before March 20, 2013, are for informational purposes and do not serve
26 as an independent basis for discipline. These events are used to explain later care provided by
27 Respondent which may be a basis for discipline.

28 ⁵ A 100 mcg. fentanyl patch has a Morphine Equivalent Dose of 240. A Morphine
Equivalent Dose ("MED"), is a numerical standard against which most opioids can be compared,
yielding an apples-to-apples comparison of each medication's potency. The California Medical
Board Guidelines issued in November 2014 stated that any physicians should proceed cautiously
(yellow flag warning) once an MED reaches 80 mg per day.
http://www.mbc.ca.gov/Licensees/Prescribing/Pain_Guidelines.pdf at page 17.

1 that Patient 1 had a significant history of methamphetamine and alcohol problems. The report
2 noted that Patient 1's methamphetamine use included a decade-plus period of intravenous use.
3 According to the report, Patient 1 was arrested and her children were removed from her residence
4 due to neglect. According to the report, Patient 1 had been clean and sober from
5 methamphetamine and alcohol since 1998 following court ordered treatment. According to the
6 report, Patient 1 was concerned that "her chronic opiate use is complicating her sobriety, and
7 reiterates at the time of this evaluation that she would like to enter a Pain Management Program
8 to become free of opiates in the management of her pain." According to the report, Patient 1
9 made a suicide attempt when she was 22 years old by overdosing on aspirin. According to the
10 report, Patient 1's sister had a history of drug problems and both her parents had a history of
11 alcohol problems. Finally, according to the report, Patient 1 reported a prior history of using
12 more oral opioid medication than prescribed. In Patient 1's medical records kept by Respondent
13 there is a letter dated May 9, 2013, from Patient 1's workers' compensation attorney that is
14 addressed to Respondent, which references the January 21, 2013, report, and notes that
15 Respondent was taking over Patient 1's workers' compensation care.

16 13. Between January 24, 2013, and November 25, 2015, on a monthly basis, Respondent
17 continually prescribed 10 patches⁶ containing a dosage of 100 mcg fentanyl to Patient 1.
18 According to Respondent, Patient 1 signed a pain contract in 2012 and 2015⁷. The 2015 contract,
19 signed March 24, 2015, stated that Patient 1 would only obtain opioids and other controlled
20 substances from Respondent. According to pharmacy records, Patient 1 received hydrocodone
21 with acetaminophen from three other medical providers on June 6, 2013, June 12, 2013, and
22 October 28, 2013, while receiving fentanyl from Respondent. Respondent did not document
23 those prescriptions in the medical records he kept for Patient 1. According to a Primary Treating
24 Physician Report dated on or about August 1, 2012, filled out by a different physician, Patient 1
25 had a history of urine tests that showed she was getting controlled substances from other sources.
26 The August 1, 2012, report was contained in the medical records kept by Respondent. According

27 ⁶ The Duragesic patch is designed to be effective for three days before it needs
28 replacement.

⁷ A copy of the 2012 pain contract was not provided to the Medical Board of California.

1 to Respondent, he received this report sometime after it was generated but he could not provide a
2 specific date. Respondent failed to conduct drug urine testing of Patient 1 in 2013, 2014, and
3 2015, while prescribing fentanyl.

4 14. Respondent documented in progress notes that he saw Patient 1 in clinic on February
5 21, 2013, March 21, 2013, and April 18, 2013. The progress notes do not document a treatment
6 plan or describe the objectives of treatment. The progress notes do not evidence whether
7 Respondent considered or ordered diagnostic testing, sought additional consultations, weighed
8 other treatment modalities, or performed drug screening. On May 16, 2013, Respondent authored
9 another handwritten progress note that lacked clinical information regarding Patient 1's controlled
10 substances therapy. He also authored a more lengthy typed report to Patient 1's workers'
11 compensation analyst setting forth that Respondent would continue to prescribe fentanyl under
12 workers' compensation rather than as a private pay patient. Respondent documented in the May
13 16, 2013, letter that he didn't feel physical therapy would be beneficial but did document that
14 efforts should be made to have an MRI scan performed. Respondent documented that "risks,
15 benefits, side effects, plans, and goals were discussed" with Patient 1 but did not document any of
16 the specific components of Patient 1's treatment plan in the letter.

17 15. Beginning on June 13, 2013, and through December 4, 2014, Respondent
18 documented Patient 1's care and treatment for chronic pain management on a form document
19 titled "Primary Treating Physician's Progress Report," also known as a PR-2 form, which is used
20 by the workers' compensation program. The approximately seventeen PR-2 reports, with the
21 exception of the dates entered on each form, are photocopies of the first form that Respondent
22 filled out on or about June 13, 2013. For example, Respondent copied all of the subsequent
23 information contained in the sections titled "subjective complaints," "objective complaints," and
24 "treatment plan." The seventeen PR-2 reports do not document whether Respondent considered
25 the information regarding Patient 1's substance abuse history contained in the January 21, 2013,
26 report, nor does it document whether or not Respondent reviewed or modified Patient 1's
27 treatment plan by pursuing additional diagnostic evaluations, consultations or drug screening.
28 The PR-2 reports kept between June 13, 2013, and December 4, 2014, do not provide any

1 relevant or current clinical information to detail how Patient 1 was doing on chronic pain therapy
2 despite Respondent's continued prescriptions of fentanyl.

3 16. On November 27, 2012, Respondent originally filled out a document titled,
4 "Checklist for Long-Term Opioid Therapy." He noted on the upper corner of the document that
5 the document was up-to-date on January 6, 2013, January 2, 2014, and January 1, 2015. The
6 document stated that Patient 1 had no history of substance abuse. Despite the January 21, 2013,
7 report, which clearly set forth Patient 1's substance abuse history with methamphetamine and
8 alcohol, Respondent continued to sign off on this checklist in January 2014 and January 2015
9 without making changes to Patient 1's past substance abuse history. In addition, he continued to
10 document that he monitored Patient 1's compliance with her pain management therapy when in
11 fact he did not conduct urine drug screening in 2013, 2014, and 2015.

12 17. As noted above, Respondent continued to prescribe fentanyl between January 2015
13 and November 2015 on a monthly basis. Stating on January 29, 2015, and through November
14 2015, Respondent began documenting Patient 1's visits in typed reports to Patient 1's workers'
15 compensation analyst rather than in monthly progress notes or on pre-printed PR2 forms. On
16 January 29, 2015, Respondent documented in the report that he was requesting approval to
17 perform urine testing from workers' compensation, that he was continuing Patient 1's medication
18 in the short term, but that he could foresee terminating her care or referring her to a pain clinic.
19 Respondent wrote that he doubted Patient 1's veracity based on the lack of improvement in her
20 pain despite taking a major narcotic analgesic and her statements that she could walk a mile.
21 Respondent continued to prescribe fentanyl.

22 18. On March 24, 2015, and in the subsequent reports, Respondent documented that
23 Patient 1 needed urine toxicology screen testing, but he continued to prescribe fentanyl despite
24 not receiving any results of urine drug testing. On September 15, 2015, Respondent documented
25 that Patient 1 had a pain level 3 out of ten. In the September 15, 2015, report Respondent
26 incorrectly documented that the patient's family history is otherwise "noncontributory" and that
27 the patient denied a history of alcohol use or illicit drug use despite a documented history of
28 extensive problems with drug and alcohol use. Despite Respondent's previously documented

1 concerns on January 29, 2015, regarding Patient 1's veracity, Respondent documented in the
2 September 2015 report that Patient 1 was doing well on fentanyl and that the prescription would
3 be continued.

4 19. Between January 29, 2015, and December 30, 2015, Respondent only drafted seven
5 total reports relating to Patient 1's care despite prescribing ten patches of 100 mcg fentanyl on 12
6 separate occasions to Patient 1. Between January 29, 2015, and November 2015, Respondent's
7 seven reports failed to document the following issues: whether he considered non-opioid pain
8 management methodologies rather than opioid therapy; whether he consulted with a specialist in
9 addiction medicine; whether he was closely monitoring and assessing pain, functioning, and
10 aberrant behaviors; whether he created and reviewed a treatment plan; whether he was checking
11 CURES⁸; and whether he was performing urine drug screening tests on Patient 1. On or about
12 May 29, 2015, Respondent filled out a document entitled Opioid Risk Tool and added it to Patient
13 1's file. Respondent marked that Patient 1 was at a low risk for opioid abuse. However,
14 Respondent failed to document that Patient 1 had a family history of alcohol and drug abuse and
15 failed to document Patient 1's own alcohol and drug abuse history on the form. Respondent's
16 omission created a false impression that Patient 1 was at low risk for opioid abuse when in fact
17 her risk for opioid abuse was as a moderate to high-risk patient.

18 20. Respondent's license is subject to disciplinary action under section 2234, subdivision
19 (c), of the Code in that he committed repeated negligent acts during the care and treatment of
20 Patient 1, including, but not limited to the following:

21 a) Between March 21, 2013, and December 4, 2014, Respondent repeatedly engaged in
22 negligent acts in that he failed to document at each visit a comprehensive treatment plan, failed to
23 state the objectives of pain therapy, failed to pursue diagnostic evaluations, and failed to perform
24 drug screening on Patient 1, despite repeatedly prescribing fentanyl;

25 ///

26
27 ⁸ Controlled Substance Utilization Review and Evaluation System (CURES) is a database
28 maintained by the California Department of Justice, which tracks all controlled drug prescriptions
that are dispensed in the State of California.

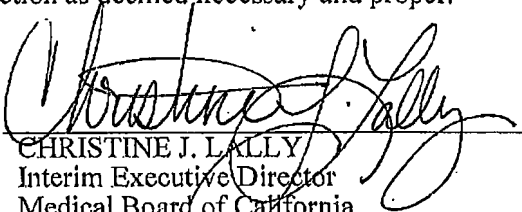
1 before the Medical Board of California, in Case Number 02-2008-192071, Respondent's license
2 was placed on five (5) years' probation with terms and conditions after entering a stipulation
3 where he admitted the truth of each and every charge in the First Amended Accusation. The First
4 Amended Accusation alleged that between January 1, 2006, and January 25, 2008, Respondent
5 had defrauded Medi-Care and Medi-Cal by submitting false claims for payment. Respondent was
6 convicted of violating Penal Code section 550(a)(f) and ordered to repay \$83,270.24 in
7 restitution. That decision is now final and is incorporated by reference as if fully set forth herein.

8 **PRAYER**

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

- 11 1. Revoking or suspending Physician's and Surgeon's Certificate Number G 64950,
12 issued to Jeffrey Lawrence Phillips, M.D.;
- 13 2. Revoking, suspending or denying approval of Jeffrey Lawrence Phillips, M.D.'s
14 authority to supervise physician assistants and advanced practice nurses;
- 15 3. Ordering Jeffrey Lawrence Phillips, M.D., if placed on probation, to pay the Board
16 the costs of probation monitoring;
- 17 4. Ordering Jeffrey Lawrence Phillips, M.D., if placed on probation, to disclose the
18 disciplinary order to patients pursuant to section 2228.1 of the Code; and,
- 19 5. Taking such other and further action as deemed necessary and proper.

20
21 DATED: MAR 20 2020


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

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