

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

In the Matter of the Accusation
Against:

Ric Scott Garrison, M.D.

Physician's and Surgeon's
Certificate No. G 50780

Respondent

Case No. 800-2017-029844

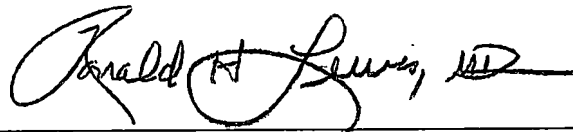
DECISION

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 June 4, 2021.

IT IS SO ORDERED: May 7, 2021.

MEDICAL BOARD OF CALIFORNIA



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

1 XAVIER BECERRA
Attorney General of California
2 ROBERT MCKIM BELL
Supervising Deputy Attorney General
3 CHRISTINA SEIN GOOT
Deputy Attorney General
4 State Bar No. 229094
California Department of Justice
5 300 South Spring Street, Suite 1702
Los Angeles, CA 90013
6 Telephone: (213) 269-6481
Facsimile: (916) 731-2117
7 *Attorneys for Complainant*

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

12 In the Matter of the Accusation Against:

13 RIC SCOTT GARRISON, M.D.

14 41210 11th Street West, Suite C
15 Palmdale, CA 93551

16 Physician's and Surgeon's Certificate
17 No. G 50780,

18 Respondent.

Case No. 800-2017-029844

OAH No. 2020060907

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

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

22 **PARTIES**

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

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1 CULPABILITY

2 9. Respondent does not contest that, at an administrative hearing, Complainant could
3 establish a *prima facie* case with respect to the charges and allegations contained in Accusation
4 No. 800-2017-029844 and that he has thereby subjected his license to disciplinary action.

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

8 CONTINGENCY

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

19 12. Respondent agrees that if he ever petitions for early termination or modification of
20 probation, or if an accusation and/or petition to revoke probation is filed against him before the
21 Board, all of the charges and allegations contained in Accusation No. 800-2017-029844 shall be
22 deemed true, correct and fully admitted by Respondent for purposes of any such proceeding or
23 any other licensing proceeding involving Respondent in the State of California.

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

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28 //

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

4 **DISCIPLINARY ORDER**

5 **IT IS HEREBY ORDERED THAT** Physician's and Surgeon's Certificate No. G 50780
6 issued to Respondent Ric Scott Garrison, M.D. is revoked. However, the revocation is stayed and
7 Respondent is placed on probation for three (3) years on the following terms and conditions:

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

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

20 2. EDUCATION COURSE. Within 60 calendar days of the effective date of this
21 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee
22 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours
23 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at
24 correcting any areas of deficient practice or knowledge and shall be Category I certified. The
25 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to
26 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the
27 completion of each course, the Board or its designee may administer an examination to test
28 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65

1 hours of CME of which 40 hours were in satisfaction of this condition.

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

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

16 Respondent shall submit a certification of successful completion to the Board or its
17 designee not later than 15 calendar days after successfully completing the course, or not later than
18 15 calendar days after the effective date of the Decision, whichever is later.

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

28 A medical record-keeping course taken after the acts that gave rise to the charges in the

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

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

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

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

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

28 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective

1 date of this Decision, Respondent shall receive a notification from the Board or its designee to
2 cease the practice of medicine within three (3) calendar days after being so notified. Respondent
3 shall cease the practice of medicine until a monitor is approved to provide monitoring
4 responsibility.

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

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

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

24 6. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
25 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
26 Chief Executive Officer at every hospital where privileges or membership are extended to
27 Respondent, at any other facility where Respondent engages in the practice of medicine,
28 including all physician and locum tenens registries or other similar agencies, and to the Chief

1 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
2 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
3 calendar days.

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

5 7. SUPERVISION OF PHYSICIAN ASSISTANTS. During probation, Respondent is
6 prohibited from supervising physician assistants.

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

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

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

15 10. GENERAL PROBATION REQUIREMENTS.

16 Compliance with Probation Unit

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

18 Address Changes

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

24 Place of Practice

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

28 License Renewal

1 Respondent shall maintain a current and renewed California physician's and surgeon's
2 license.

3 Travel or Residence Outside California

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

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

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

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

27 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
28 months, Respondent shall successfully complete the Federation of State Medical Boards's Special

1 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
2 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model
3 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

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

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

6 Periods of non-practice for a Respondent residing outside of California will relieve
7 Respondent of the responsibility to comply with the probationary terms and conditions with the
8 exception of this condition and the following terms and conditions of probation: Obey All Laws;
9 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or
10 Controlled Substances; and Biological Fluid Testing.

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

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

22 15. LICENSE SURRENDER. Following the effective date of this Decision, if
23 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
24 the terms and conditions of probation, Respondent may request to surrender his or her license.
25 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in
26 determining whether or not to grant the request, or to take any other action deemed appropriate
27 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
28 shall within 15 calendar days, deliver Respondent's wallet and wall certificate to the Board or its

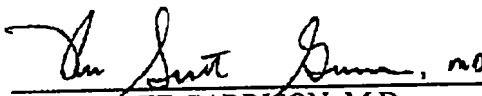
1 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
2 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
3 application shall be treated as a petition for reinstatement of a revoked certificate.

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

9 17. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
10 a new license or certification, or petition for reinstatement of a license, by any other health care
11 licensing action agency in the State of California, all of the charges and allegations contained in
12 Accusation No. 800-2017-029844 shall be deemed to be true, correct, and admitted by
13 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
14 restrict license.

15 ACCEPTANCE

16 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
17 discussed it with my attorney, Raymond J. McMahon. I understand the stipulation and the effect
18 it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement
19 and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
20 Decision and Order of the Medical Board of California.

21
22 DATED: 2/24/2021 
23 RIC SCOTT GARRISON, M.D.
24 Respondent

25 I have read and fully discussed with Respondent Ric Scott Garrison, M.D. the terms and
26 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
27 I approve its form and content.

28 DATED: February 24, 2021 
RAYMOND J. MCMAHON
Attorney for Respondent

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ENDORSEMENT

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

DATED: 02/25/2021

Respectfully submitted,
XAVIER BECERRA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General



CHRISTINA SEIN GOOT
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2017-029844

1 XAVIER BECERRA
Attorney General of California
2 JUDITH T. ALVARADO
Supervising Deputy Attorney General
3 TANN. TRAN
Deputy Attorney General
4 State Bar No. 197775
California Department of Justice
5 300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
6 Telephone: (213) 269-6535
Facsimile: (213) 897-9395
7 *Attorneys for Complainant*

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO Jan. 28 20 20
BY *W.L. Francis* ANALYST

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

11 In the Matter of the Accusation Against:
12 **Ric Scott Garrison, M.D.**
13 **41210 11th Street West, Suite C**
Palmdale, CA 93551
14 **Physician's and Surgeon's Certificate**
15 **No. G 50780,**
16 Respondent.

Case No. 800-2017-029844

A C C U S A T I O N

17
18 Complainant alleges:

19 **PARTIES**

- 20 1. Christine J. Lally (Complainant) brings this Accusation solely in her official capacity
21 as the Interim Executive Director of the Medical Board of California, Department of Consumer
22 Affairs (Board).
23 2. On or about July 25, 1983, the Medical Board issued Physician's and Surgeon's
24 Certificate Number G 50780 to Ric Scott Garrison, M.D. (Respondent). The Physician's and
25 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
26 herein and will expire on May 31, 2021, unless renewed.

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1 JURISDICTION

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

4 4. Section 2004 of the Code states:

5 "The board shall have the responsibility for the following:

6 "(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice
7 Act.

8 "(b) The administration and hearing of disciplinary actions.

9 "(c) Carrying out disciplinary actions appropriate to findings made by a panel or an
10 administrative law judge.

11 "(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of
12 disciplinary actions.

13 "(e) Reviewing the quality of medical practice carried out by physician and surgeon
14 certificate holders under the jurisdiction of the board.

15 "(f) Approving undergraduate and graduate medical education programs.

16 "(g) Approving clinical clerkship and special programs and hospitals for the programs in
17 subdivision (f).

18 "(h) Issuing licenses and certificates under the board's jurisdiction.

19 "(i) Administering the board's continuing medical education program."

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

24 6. Section 2234 of the Code, states:

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

28 ///

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

3 (b) Gross negligence.

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

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

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

14 (d) Incompetence.

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

17 (f) Any action or conduct which would have warranted the denial of a certificate.

18 (g) The practice of medicine from this state into another state or country without meeting
19 the legal requirements of that state or country for the practice of medicine. Section 2314 shall not
20 apply to this subdivision. This subdivision shall become operative upon the implementation of
21 the proposed registration program described in Section 2052.5.

22 (h) The repeated failure by a certificate holder, in the absence of good cause, to attend and
23 participate in an interview scheduled by Board. This subdivision shall only apply to a certificate
24 holder who is the subject of an investigation by the board."

25 7. Section 2266 of the Code states: The failure of a physician and surgeon to maintain
26 adequate and accurate records relating to the provision of services to their patients constitutes
27 unprofessional conduct.

28 ///

1 **FIRST CAUSE FOR DISCIPLINE**

2 **(Gross Negligence – 2 Patients)**

3 8. Respondent is subject to disciplinary action under section 2234, subdivision (b), of
4 the Code for the commission of acts or omissions involving gross negligence in the care and
5 treatment of Patient 1 and Patient 2¹. The circumstances are as follows:

6 Patient 1

7 9. Patient 1 is a seventy-one year-old female who treated with Respondent from about
8 October 30, 2007 through September 5, 2017², primarily for weight and pain management.
9 Patient 1 was receiving primarily opiates/painkillers (e.g. Norco, fentanyl, Dilaudid), as well as
10 blood pressure medications (e.g. atenolol (also used to treat chest pain)), and anxiety medications
11 (e.g. lorazepam, Ativan).

12 10. Respondent treated Patient 1 intermittently with lorazepam for anxiety, but the
13 documentation to support the use of anxiety medication is spotty and inadequate, particularly over
14 many years³. Moreover, there was no mental status examination documented throughout the
15 period Respondent was treating Patient 1 for anxiety, and there was no documentation that
16 Respondent attempted to try Patient 1 on non-habituating medication to minimize her need for
17 benzodiazepines. Also, with the exception of one vague notation, dated February 15, 2008, there
18 was no documentation that Respondent made further attempts to refer Patient 1 to a psychiatrist
19 or psychotherapist. Moreover, the only urine toxicology screen submitted for Patient 1 was
20 inconsistent with the prescription for lorazepam.

21 11. Patient 1 also had multiple risk factors associated with her concurrent use of opioids
22 and benzodiazepines, but there was no adequate documentation that Respondent adequately
23 addressed the patient's risk of harm with chronic opioid use, and despite the patient's high dose of
24 opioids, there was no documentation that Respondent offered the patient naloxone (medication

25 _____
26 ¹ The patients herein are identified by numbers to protect their privacy.

27 ² These are approximate dates based on the records available for review. Patient 1 may
28 have treated with Respondent before or after these dates.

³ During a preoperative assessment, Respondent documented that Patient 1 denied anxiety,
despite having been prescribed Ativan just over one month prior.

1 used to decrease the use of opioid misuse). Lastly, Respondent failed to adequately address
2 Patient 1's sleep apnea, and failed to adequately provide an appropriate evaluation of Patient 1's
3 chest pain.

4 12. These acts and omissions in Respondent's treatment of Patient 1, as described above,
5 constitute an extreme departure from the standard of care.

6 Patient 2

7 13. Patient 2 is a sixty-four year-old male who treated with Respondent from about
8 February 23, 2010 through October 2, 2017⁴, primarily for pain management and the prescription
9 of controlled substances (e.g. opiates/painkillers such as hydrocodone, Soma, and
10 benzodiazepines like lorazepam). At least two urine toxicology screens (December 5, 2016 and
11 May 1, 2017) were performed on Patient 2, and on these two occasions, the screens were positive
12 for the prescribed hydrocodone, and also positive for fentanyl and its metabolite, which were not
13 prescribed by Respondent to Patient 2⁵. Respondent failed to adequately interpret Patient 2's
14 urine toxicology screens and act upon the results, which exposed Patient 2 to an increased risk of
15 overdose, and may have allowed a diversion of medications by the patient.

16 14. Respondent also failed to adequately assess the risk of harm to Patient 2, who was
17 being prescribed a high dose of opioids (e.g. hydrocodone) with concomitant prescriptions for
18 benzodiazepines (e.g. lorazepam), as there was no documentation that Respondent tried to taper
19 the patient's dose of hydrocodone. Patient 2 also had a prescription for lorazepam, but the
20 patient's alcohol use (which may be risky because the patient was on a benzodiazepine) was
21 never properly addressed prior to 2013. Subsequent to 2013, when Respondent converted to an
22 Electronic Medical Record (EMR) system, the patient's social history simply stated "Alcohol
23 use," but the amount of alcohol use was never quantified by Respondent in his records.

24 ///

25 _____
26 ⁴ Again, these are approximate dates based on the records available for review.

27 ⁵ Patient 1 is the wife of Patient 2, and the positive screenings for fentanyl in Patient 2
28 may have been diverted from his wife, and therefore should have been addressed more adequately
by Respondent. Patient 2 also tested negative for lorazepam (which was prescribed) on his urine
toxicology screens, but Respondent did not specifically address this in his records.

1 15. Respondent also diagnosed Patient 2 with anxiety and prescribed lorazepam to Patient
2 2. Although Patient 2 was referred to a psychiatrist, Respondent's documentation regarding the
3 Patient's anxiety was inadequate, and Respondent failed to adequately manage this condition in
4 Patient 2, aside from chronic prescriptions for potentially addictive sedatives⁶. Patient 2 also had
5 at least two imaging studies performed on June 20, 2014 and August 17, 2015, but Respondent
6 failed to adequately document the indication for these imaging studies and failed to adequately
7 follow up on same.

8 16. These acts and omissions in Respondent's treatment of Patient 2, as described above,
9 constitute an extreme departure from the standard of care.

10 **SECOND CAUSE FOR DISCIPLINE**

11 **(Repeated Negligent Acts – 2 Patients)**

12 17. Respondent is subject to disciplinary action under section 2234, subdivision (c), of
13 the Code in that he committed repeated negligent acts in his care of Patient 1 and Patient 2,
14 above. The circumstances are as follows:

15 18. The facts and circumstances in the First Cause For Discipline, above, are incorporated
16 by reference as if set forth in full herein.

17 19. Respondent also committed repeated negligent acts in his care of Patient 1, above, as
18 follows:

19 **Patient 1**

20 20. Respondent also departed from the standard of care in failing to adequately address
21 the patient's known hypertension upon the initiation of stimulants for weight loss, and
22 Respondent failed to adequately document counseling the patient on diet and lifestyle.
23 Respondent also failed to take an adequate history and to document an adequate examination in
24

25 ⁶ It is not certain that Respondent's diagnosis of anxiety in Patient 2 was accurate, as one
26 note placed by Patient 2's psychiatrist noted that Patient 2 "denie[s] anxiety." Moreover, Patient
27 2 had a negative urine toxicology screen for lorazepam (which is used to treat anxiety), despite
28 the chronic filling of such prescriptions leading up to the patient's first urine screen in December
2016. Moreover, there is no documentation that Respondent attempted to manage/treat the
patient's anxiety without habit-forming benzodiazepines, such as lifestyle changes, and the like.

1 this patient, who had chronic pain. Also, Respondent failed to check the CURES⁷ database more
2 frequently from 2016 forward, and failed to provide appropriate documentation of preventative
3 healthcare services for Patient 1.

4 21. These acts or omissions, as described above, constitute simple departures from the
5 standard of care.

6 Patient 2

7 22. Respondent also departed from the standard of care in failing to obtain confirmation
8 of the prior prescriptions for controlled substances upon assuming care of Patient 2, failing to
9 document a medication reconciliation prior to having one populated in the EMR, failing to check
10 the CURES database system more frequently, failing to provide documentation of appropriate
11 preventative healthcare services for Patient 2, and by continuing to prescribe high dose opioids in
12 Patient 2, without any documented attempt(s) to wean the patient down or to refer the patient to a
13 subspecialist.

14 23. These acts or omissions, as described above, constitute simple departures from the
15 standard of care.

16 **THIRD CAUSE FOR DISCIPLINE**

17 **(Inadequate Records)**

18 24. By reason of the facts and allegations set forth in the First and Second Causes for
19 Discipline above, Respondent is subject to disciplinary action under section 2266 of the Code, in
20 that Respondent failed to maintain adequate and accurate records of his care and treatment of
21 Patients 1 and 2 above.

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23 ///

24 ///

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26 ⁷ The Controlled Substance Utilization Review and Evaluation System (CURES) allows
27 healthcare prescribers, pharmacists, law enforcement, and regulatory boards to access patients'
28 and providers' controlled substance prescription histories. CURES is intended to assist in the
reduction of prescription drug abuse in California. As of July 1, 2016, all physicians in California
were required to register with CURES.

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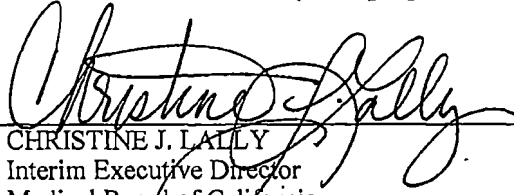
PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number G 50780, issued to Ric Scott Garrison, M.D.;
2. Revoking, suspending or denying approval of Ric Scott Garrison, M.D.'s authority to supervise physician assistants or advanced practice nurses;
3. Ordering Ric Scott Garrison, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and
4. Taking such other and further action as deemed necessary and proper.

JAN 28 2020

DATED: _____



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