

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

In the Matter of the Accusation Against:

John F. Kirby, Jr., M.D.

Physician's and Surgeon's  
Certificate No. G 15922

Respondent.

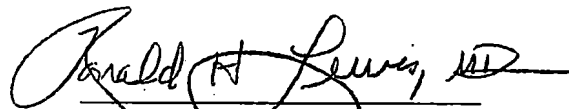
Case Nos. 800-2016-025104  
and  
800-2019-056803

**ORDER CORRECTING NUNC PRO TUNC  
CLERICAL ERROR IN "RESPONDENT NAME" PORTION OF ORDER**

On its own motion, the Medical Board of California (hereafter "Board") finds that there is a clerical error in the "Respondent Name" portion of the Order in the above-entitled matter and that such clerical error should be corrected so that the name will conform to the Board's issued license.

IT IS HEREBY ORDERED that the name contained on the Order Page in the above-entitled matter be and hereby is amended and corrected nunc pro tunc as of the date of entry of the decision to read as "John F. Kirby, Jr., M.D."

July 13, 2021



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

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

In the Matter of the Accusation  
Against:

John F. Kirby, M.D.

Physician's and Surgeon's  
License No. G 15922

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Case Nos. 800-2016-025104  
and  
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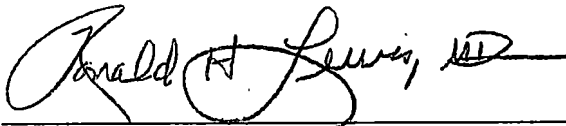
DECISION

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

This Decision shall become effective at 5:00 p.m. on July 14, 2021.

IT IS SO ORDERED: June 14, 2021.

MEDICAL BOARD OF CALIFORNIA



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

1. XAVIER BECERRA  
Attorney General of California  
2 STEVE DIEHL  
Supervising Deputy Attorney General  
3 LYNETTE D. HECKER  
Deputy Attorney General  
4 State Bar No. 182198  
California Department of Justice  
5 2550 Mariposa Mall, Room 5090  
Fresno, CA 93721  
6 Telephone: (559) 705-2320  
Facsimile: (559) 445-5106  
7 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:

14 **JOHN F. KIRBY, JR., M.D.**  
15 **5680 N. Fresno Street, #107**  
16 **Fresno, CA 93710-8331**

17 **Physician's and Surgeon's Certificate**  
18 **No. G 15922**

19 Respondent.

Case No. 800-2016-025104  
OAH No. 2019080846  
&  
Case No. 800-2019-056803  
OAH No. unassigned

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

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 the State of California, by Lynette D. Hecker,  
26 Deputy Attorney General.

27 ///

28 ///

1           2.     Respondent John F. Kirby, Jr., M.D. (Respondent) is represented in this proceeding  
2 by attorney Richard Salinas, whose address is: 8405 N. Fresno Street, Suite 150, Fresno, CA  
3 93720.

4           3.     On or about December 16, 1968, the Board issued Physician's and Surgeon's  
5 Certificate No. G 15922 to John F. Kirby, Jr., M.D. (Respondent). The Physician's and  
6 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in  
7 Accusations No. 800-2016-025104 and No. 800-2019-056803, and will expire on June 30, 2019,  
8 unless renewed.

#### 9   **JURISDICTION**

10          4.     Accusation No. 800-2016-025104 was filed before the Board, and is currently  
11 pending against Respondent. The Accusation and all other statutorily required documents were  
12 properly served on Respondent on August 8, 2019. Respondent timely filed his Notice of  
13 Defense contesting the Accusation.

14          5.     A copy of Accusation No. 800-2016-025104 is attached as Exhibit A and  
15 incorporated herein by reference.

16          6.     Accusation No. 800-2019-056803 was filed before the Board, and is currently  
17 pending against Respondent. The Accusation and all other statutorily required documents were  
18 properly served on Respondent on February 3, 2021. This stipulation shall serve as  
19 Respondent's Notice of Defense pursuant to Government Code section 11506, subdivision (a)(4).

20          7.     A copy of Accusation No. 800-2019-056803 is attached as Exhibit B and  
21 incorporated herein by reference.

#### 22   **ADVISEMENT AND WAIVERS**

23          8.     Respondent has carefully read, fully discussed with counsel, and understands the  
24 charges and allegations in Accusations No. 800-2016-025104 and No. 800-2019-056809.  
25 Respondent has also carefully read, fully discussed with his counsel, and understands the effects  
26 of this Stipulated Settlement and Disciplinary Order.

27          9.     Respondent is fully aware of his legal rights in this matter, including the right to a  
28 hearing on the charges and allegations in the respective Accusations; the right to confront and

1 cross-examine the witnesses against him; the right to present evidence and to testify on his own  
2 behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the  
3 production of documents; the right to reconsideration and court review of an adverse decision;  
4 and all other rights accorded by the California Administrative Procedure Act and other applicable  
5 laws.

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

8 **CULPABILITY**

9 11. Respondent understands and agrees that the charges and allegations in Accusations  
10 No. 800-2016-025104 and No. 800-2019-056809, if proven at a hearing, constitute cause for  
11 imposing discipline upon his Physician's and Surgeon's Certificate.

12 12. Respondent agrees that, at a hearing, Complainant could establish a prima facie case  
13 or factual basis for the charges in the Accusation, and that Respondent hereby gives up his right  
14 to contest those charges.

15 13. Respondent does not contest that, at an administrative hearing, Complainant could  
16 establish a prima facie case with respect to the charges and allegations in Accusation No. 800-  
17 2016-025104 and No. 800-2019-056809, true and correct copies of which are attached hereto as  
18 Exhibits A and B, and that he has thereby subjected his Physician's and Surgeon's Certificate,  
19 No. G 15922 to disciplinary action.

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

23 **CONTINGENCY**

24 15. This stipulation shall be subject to approval by the Medical Board of California.  
25 Respondent understands and agrees that counsel for Complainant and the staff of the Medical  
26 Board of California may communicate directly with the Board regarding this stipulation and  
27 settlement, without notice to or participation by Respondent or his counsel. By signing the  
28 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek

1 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails  
2 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary  
3 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal  
4 action between the parties, and the Board shall not be disqualified from further action by having  
5 considered this matter.

6 16. Respondent agrees that if he ever petitions for early termination or modification of  
7 probation, or if an accusation and/or petition to revoke probation is filed against him before the  
8 Board, all of the charges and allegations contained in Accusations No. 800-2016-025104 and No.  
9 800-2019-056809 shall be deemed true, correct and fully admitted by Respondent for purposes of  
10 any such proceeding or any other licensing proceeding involving Respondent in the State of  
11 California.

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

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

18 **DISCIPLINARY ORDER**

19 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 15922 issued  
20 to Respondent John F. Kirby, Jr., M.D. is revoked. However, the revocation is stayed and  
21 Respondent is placed on probation for thirty-five (35) months on the following terms and  
22 conditions:

23 1. **PRESCRIBING PRACTICES COURSE**. Within 60 calendar days of the effective  
24 date of this Decision, Respondent shall enroll in a course in prescribing practices approved in  
25 advance by the Board or its designee. Respondent shall provide the approved course provider  
26 with any information and documents that the approved course provider may deem pertinent.  
27 Respondent shall participate in and successfully complete the classroom component of the course  
28 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully

1 complete any other component of the course within one (1) year of enrollment. The prescribing  
2 practices course shall be at Respondent's expense and shall be in addition to the Continuing  
3 Medical Education (CME) requirements for renewal of licensure.

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

9 Respondent shall submit a certification of successful completion to the Board or its  
10 designee not later than 15 calendar days after successfully completing the course, or not later than  
11 15 calendar days after the effective date of the Decision, whichever is later.

12 2. 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           3.    PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of  
2 the effective date of this Decision, Respondent shall enroll in a professionalism program, that  
3 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.  
4 Respondent shall participate in and successfully complete that program. Respondent shall  
5 provide any information and documents that the program may deem pertinent. Respondent shall  
6 successfully complete the classroom component of the program not later than six (6) months after  
7 Respondent's initial enrollment, and the longitudinal component of the program not later than the  
8 time specified by the program, but no later than one (1) year after attending the classroom  
9 component. The professionalism program shall be at Respondent's expense and shall be in  
10 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

11           A professionalism program 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 program would have  
14 been approved by the Board or its designee had the program 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 program or not later  
18 than 15 calendar days after the effective date of the Decision, whichever is later.

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

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

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

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

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

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

12           8.    GENERAL PROBATION REQUIREMENTS.

13           Compliance with Probation Unit

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

15           Address Changes

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

21           Place of Practice

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

25           License Renewal

26           Respondent shall maintain a current and renewed California physician's and surgeon's  
27 license.

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1           Travel or Residence Outside California

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

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

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

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

25          In the event Respondent's period of non-practice while on probation exceeds 18 calendar  
26 months, Respondent shall successfully complete the Federation of State Medical Boards' Special  
27 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program  
28 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model

1 Disciplinary Orders and Disciplinary Guidelines” prior to resuming the practice of medicine.

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

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

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

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

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

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

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

6 15. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for  
7 a new license or certification, or petition for reinstatement of a license, by any other health care  
8 licensing action agency in the State of California, all of the charges and allegations contained in  
9 Accusations No. 800-2016-025104 and No. 800-2019-056809 shall be deemed to be true, correct,  
10 and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding  
11 seeking to deny or restrict license.

12 ACCEPTANCE

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

18  
19 DATED: 2/18/2021   
20 \_\_\_\_\_  
JOHN F. KIRBY, JR., M.D.  
Respondent

21 I have read and fully discussed with Respondent John F. Kirby, Jr., M.D. the terms and  
22 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.  
23 I approve its form and content.

24  
25 DATED: 2/18/21   
26 \_\_\_\_\_  
RICHARD SALINAS  
Attorney for Respondent

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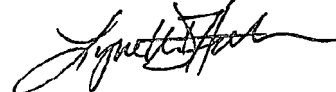
ENDORSEMENT

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

DATED: 2/18/2021

Respectfully submitted,

XAVIER BECERRA  
Attorney General of California  
STEVE DIEHL  
Supervising Deputy Attorney General



LYNETTE D. HECKER  
Deputy Attorney General  
*Attorneys for Complainant*

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**Exhibit A**

**Accusation No. 800-2016-025104**

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XAVIER BECERRA  
Attorney General of California  
STEVE DIEHL  
Supervising Deputy Attorney General  
MICHAEL C. BRUMMEL  
Deputy Attorney General  
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Facsimile: (559) 445-5106  
*Attorneys for Complainant*

FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO August 8 20 19  
BY K. UDDY ANALYST

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

In the Matter of the Accusation Against:  
  
**JOHN F. KIRBY, JR., M.D.**  
5680 N. Fresno Street, #107  
Fresno, CA 93710-8331  
  
**Physician's and Surgeon's Certificate  
No. G 15922,**  
  
Respondent.

Case No. 800-2016-025104  
**ACCUSATION**

**PARTIES**

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

2. On or about December 16, 1968, the Medical Board issued Physician's and Surgeon's Certificate Number G 15922 to John F. Kirby, Jr., M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on June 30, 2021, unless renewed.

///

1 **JURISDICTION**

2 3. This Accusation is brought before the Board, under the authority of the following  
3 laws.

4 4. Business and Professions Code section 2227<sup>1</sup> states:

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

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

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

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

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

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

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

26 **STATUTORY PROVISIONS**

27 5. Section 725 of the Code states:

28 “(a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or  
administering of drugs or treatment, repeated acts of clearly excessive use of  
diagnostic procedures, or repeated acts of clearly excessive use of diagnostic or  
treatment facilities as determined by the standard of the community of licensees is  
unprofessional conduct for a physician and surgeon, dentist, podiatrist, psychologist,  
physical therapist, chiropractor, optometrist, speech-language pathologist, or  
audiologist.

“(b) Any person who engages in repeated acts of clearly excessive prescribing  
or administering of drugs or treatment is guilty of a misdemeanor and shall be  
punished by a fine of not less than one hundred dollars (\$100) nor more than six

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<sup>1</sup> All further statutory references are to the Business and Professions Code, unless  
otherwise indicated.



1 hundred dollars (\$600), or by imprisonment for a term of not less than 60 days nor  
2 more than 180 days, or by both that fine and imprisonment.

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

6 “(d) No physician and surgeon shall be subject to disciplinary action pursuant  
7 to this section for treating intractable pain in compliance with Section 2241.5.”

8 6. Section 2234 of the Code, states:

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

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

14 (b) Gross negligence.

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

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

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

27 (d) Incompetence.

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

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

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

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

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

4 8. Section 4021 of the Code states:

5 " 'Controlled substance' means any substance listed in Chapter 2 (commencing with  
6 Section 11053) of Division 10 of the Health and Safety Code."

7 9. Section 4022 of the Code states, in pertinent part:

8 " 'Dangerous drug' or 'dangerous device' means any drug or device unsafe for  
9 self-use in humans or animals, and includes the following:

10 "(a) Any drug that bears the legend: 'Caution: federal law prohibits dispensing  
11 without prescription,' 'Rx only,' or words of similar import.

12 "(c) Any other drug or device that by federal or state law can be lawfully dispensed  
13 only on prescription or furnished pursuant to Section 4006."

#### 13 **DEFINITIONS**

14 10. Acetaminophen (Tylenol®) is a pain reliever and a fever reducer. It is used to treat  
15 many conditions including: headache, muscle aches, arthritis, backache, toothaches, colds, and  
16 fevers. Acetaminophen is not a controlled substance.

17 11. Acetaminophen and hydrocodone bitartrate (Vicodin®, Lortab®, and Norco®) is an  
18 opioid pain medication used for relief from moderate to moderately severe pain and has a high  
19 potential for abuse. It is a Schedule II controlled substance pursuant to Health and Safety Code,  
20 section 11055, subdivision (e). It is also a dangerous drug pursuant to section 4022.

21 12. Alprazolam (Xanax) is a member of the benzodiazepine family and is used for short  
22 term management of anxiety. It is a Schedule IV controlled substance pursuant to Code of  
23 Federal Regulations, Title 21, section 1308.14, subdivision (c) and Health and Safety Code,  
24 section 11057, subdivision (d). It is also a dangerous drug pursuant to section 4022.

25 13. Benzodiazepines are a class of agents that work on the central nervous system, acting  
26 on select receptors in the brain that inhibit or reduce the activity of nerve cells within the brain.  
27 Diazepam, alprazolam and temazepam are all examples of benzodiazepines. All benzodiazepines  
28

1 are Schedule IV controlled substances and have the potential for abuse, addiction and diversion.  
2 (See 21 C.F.R., § 1308.14.)

3 14. Carisoprodol (Soma) is a centrally acting skeletal muscle relaxant. On January 11,  
4 2012, Carisoprodol was classified a Schedule IV controlled substance pursuant to Code of  
5 Federal Regulations, Title 21, section 1308.14, subdivision (c). It is also a dangerous drug  
6 pursuant to section 4022.

7 15. CURES. Controlled Substance Utilization Review and Evaluation System 2.0  
8 (CURES 2.0) is a database of Schedule II, III and IV controlled substance prescriptions dispensed  
9 in California serving the public health, regulatory and oversight agencies and law enforcement.  
10 CURES 2.0 is committed to the reduction of prescription drug abuse and diversion without  
11 affecting legitimate medical practice or patient care.

12 16. Controlled Substances Agreement, also known as a pain management contract or pain  
13 management agreement. A pain management agreement is recommended for patients on short-  
14 acting opioids at the time of the third visit; on long acting opioids; or expected to require more  
15 than three months of opioids. A pain management agreement outlines the responsibilities of the  
16 physician and patient during the time that controlled substances are prescribed. (See Medical  
17 Board of California: Guidelines for Prescribing Controlled Substances for Pain, November 2014.)

18 17. Doxylamine is a first-generation antihistamine used as a short-term sedative and sleep  
19 aid, or in combination formulations to provide night-time allergy and cold relief.

20 18. Gabapentin (Neurontin®) is an anticonvulsant medication used to treat partial  
21 seizures, neuropathic pain, hot flashes, and restless legs syndrome. It is recommended as one of a  
22 number of first-line medications for the treatment of neuropathic pain caused by diabetic  
23 neuropathy, postherpetic neuralgia, and central neuropathic pain. Gabapentin is a dangerous  
24 drug, pursuant to section 4022.

25 19. Hydrocodone is an opioid medication used to treat moderate to severe pain. In  
26 combination with acetaminophen, it is sold under the brand names Hysingla ER® and Zohydro®,  
27 among others. Prior to October 6, 2014, Hydrocodone with acetaminophen was a Schedule III  
28 controlled substance pursuant to Code of Federal Regulations, Title 21, section 1308.13,

1 subdivision (e). On October 6, 2014, Hydrocodone combination products were reclassified as  
2 Schedule II controlled substances pursuant to Code of Federal Regulations, Title 21, section  
3 1308.12, where it currently remains. Hydrocodone combined with acetaminophen is a dangerous  
4 drug pursuant to section 4022 and is a Schedule II controlled substance pursuant to California  
5 Health and Safety Code section 11055, subdivision (b).

6 20. Lorazepam (Ativan®) is a member of the benzodiazepine family and is a fast-acting  
7 anti-anxiety medication used for the short-term management of severe anxiety. Lorazepam is a  
8 Schedule IV controlled substance pursuant to Code of Federal Regulations, Title 21, section  
9 1308.14, subdivision (c) and Health and Safety Code, section 11057, subdivision (d). It is a  
10 dangerous drug pursuant to section 4022.

11 21. Methadone is an opioid medication used to treat pain. Methadone use can cause  
12 abnormal heart rhythm. It is a Schedule II controlled substance pursuant to Code of Federal  
13 Regulations, Title 21, section 1308.12, and Health and Safety Code, section 11055, subdivision  
14 (b). It is also a dangerous drug pursuant to section 4022.

15 22. "MME" is an abbreviation for the Morphine Milligram Equivalents used to evaluate  
16 the levels of opioids prescribed to a patient. The Centers for Disease Control and Prevention  
17 (CDC) recommends avoiding or carefully justifying any dosage greater than 90 MME per day.

18 23. Mirtazapine is an antidepressant, often used to treat depression that is complicated by  
19 anxiety or trouble sleeping.

20 24. Morphine Sulphate is an opiate medication used to treat pain. MS Contin is a  
21 preparation of morphine sulphate in an extended-release tablet. It is a Schedule II controlled  
22 substance pursuant to Code of Federal Regulations, Title 21, section 1308.12, and Health and  
23 Safety Code, section 11055, subdivision (b). It is also a dangerous drug pursuant to Business and  
24 Professions Code section 4022.

25 25. Nucynta® (tapentadol hydrochloride) is an opioid pain medication or narcotic that is  
26 used to treat moderate to severe pain. Nucynta® has a high potential for abuse. Nucynta® is a  
27 Schedule II controlled substance and narcotic as defined by section 11055, subdivision (b)(1) of  
28 the Health and Safety Code, and a Schedule II controlled substance as defined by Section 1308.12

1 (b)(1) of Title 21 of the Code of Federal Regulations and a dangerous drug as defined in Business  
2 and Professions Code section 4022.

3 26. Oxycodone (Oxaydo®, OxyCONTIN®, Oxyfast®, Roxicodone®, Xtampza ER®) is  
4 a white odorless crystalline powder derived from an opium alkaloid. It is a pure agonist opioid  
5 whose principal therapeutic action is analgesia. Other therapeutic effects of Oxycodone include  
6 anxiolysis, euphoria and feelings of relaxation. Oxycodone has a high potential for abuse.  
7 Oxycodone is a Schedule II controlled substance and narcotic as defined by section 11055,  
8 subdivision (b)(1) of the Health and Safety Code, and a Schedule II controlled substance as  
9 defined by Section 1308.12 (b)(1) of Title 21 of the code of Federal Regulations and a dangerous  
10 drug as defined in section 4022. Respiratory depression is the chief hazard from all opioid  
11 agonist preparations. Oxycodone should be used with caution and started in a reduced dosage  
12 (1/3 to ½ of the usual dosage) in patients who are concurrently receiving other central nervous  
13 system depressants including sedatives or hypnotics, general anesthetics, phenothiazines, other  
14 tranquilizers and alcohol.

15 27. Temazepam (Restoril®) is a benzodiazepine medication that affects chemicals in the  
16 brain that may be unbalanced in people with sleep problems. Temazepam is used to treat  
17 insomnia symptoms and has the potential for abuse. Temazepam is a Schedule IV controlled  
18 substance pursuant to Health and Safety Code, section 11057, subdivision (d), and a dangerous  
19 drug pursuant to section 4022.

20 28. Tramadol (Ultram®) is a narcotic like pain reliever used to treat severe pain.  
21 Tramadol has the potential for abuse. Tramadol is a Schedule IV controlled substance pursuant to  
22 Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to section  
23 4022.

24 29. Zolpidem is non-benzodiazepine sedative used for the short term treatment of  
25 sleeping problems. It is sold under the brand name Ambien®. Zolpidem is a Schedule IV  
26 controlled substance pursuant to Code of Federal Regulations, Title 21, section 1308.14,  
27 subdivision (c) and Health and Safety Code, section 11057, subdivision (d), and a dangerous drug  
28 pursuant to section 4022.

1 **FACTUAL ALLEGATIONS**

2 30. Respondent is Board Certified in Physical Medicine and Rehabilitation. He has a  
3 hospital-based practice for rehabilitation medicine, as well as an office practice focused on pain  
4 management.

5 Circumstances related to Patient A<sup>2</sup>

6 31. Patient A, a 65-year-old man, saw Respondent regularly over many years for  
7 treatment of pain. In addition to chronic pain, Patient A suffers from chronic obstructive  
8 pulmonary disease (COPD), and diabetes. Related to his diabetes, Patient A has impaired  
9 circulation in his extremities which resulted in amputation of his right leg in 2015. Patient A is  
10 wheelchair-bound and dependent on supplemental oxygen.

11 32. Between January 30, 2014, and May 19, 2016, Patient A presented to Respondent  
12 every few months, for a total of 11 visits. Each of these visits was documented by Respondent on  
13 a single-page State of California Division of Worker's Compensation Primary Treating  
14 Physician's Progress Report (PR-2) form.

15 33. Between August 18, 2016, and August 15, 2017, Patient A presented to Respondent  
16 every few months, for a total of five visits. All five of these visits were documented by  
17 Respondent on a single-page handwritten note. In an interview with investigators, Respondent  
18 admitted that he did not have a treatment plan for Patient A, other than prescribing controlled  
19 substances.

20 34. Between January 30, 2014, and August 15, 2017, Respondent prescribed MS Contin  
21 100 mg, four tablets, four times per day, for a total of 480 tables per month, and 1600 mg  
22 morphine sulphate per day. Additionally, Respondent prescribed immediate-release morphine  
23 sulphate, 30 mg, two tablets, four times per day. Respondent did not alter this medication  
24 regimen during this period.

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28 <sup>2</sup> Patient names have been redacted to protect privacy. The names will be provided to Respondent in discovery.

1 35. On or about September 16, 2014, February 17, 2015, May 28, 2015, July 7, 2015, and  
2 September 8, 2015, Respondent prescribed lorazepam 1 mg, one tablet, four times per day, for a  
3 total of 120 tablets for one month.

4 36. On or about April 18, 2017, Respondent received a faxed message from Patient A's  
5 pharmacist requesting further information in support of the written prescriptions for multiple  
6 controlled substances. The message stated that the patient had respiratory problems, and the high  
7 dosage of morphine prescribed creates a high risk for opioid toxicity. The pharmacist's notice  
8 requested an evaluation and long term treatment plan to justify the high dosage of morphine to  
9 Patient A. Respondent replied to the pharmacist in writing, disputing the significance of the  
10 MME, and asserting that the high morphine dosage was justified because Patient A had already  
11 been taking this amount or greater for "more than ten years." (Emphasis in original.) Respondent  
12 replied that "removing his meds is far more likely to be fatal than continuing his meds."

13 37. On or about May 10, 2017, Respondent received a written notification from Patient  
14 A's medical insurance companies Narcotic Drug Utilization Review Program. The notice  
15 expressed concern that Patient A was prescribed a high daily dose of opioids (in excess of 200 mg  
16 morphine equivalent dose/day), which "increases the risk of adverse events and may require more  
17 intense monitoring and/or opioid rotation." There is no evidence that Respondent responded to  
18 this letter.

19 38. Between August 18, 2016, and August 15, 2017, Respondent prescribed gabapentin  
20 300 mg, one tablet, three times per day.

21 39. During the period of on or about January 1, 2014, through on or about December 31,  
22 2014, Patient A filled the following prescriptions for controlled substances:

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Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2014-01-02	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2014-01-03	MORPHINE SULFATE	TAB	30 MG	224	RESPONDENT
2014-01-03	MORPHINE SULFATE	TER	100 MG	448	RESPONDENT
2014-01-30	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2014-01-30	MORPHINE SULFATE	TAB	30 MG	224	RESPONDENT
2014-02-11	MORPHINE SULFATE	TER	100 MG	448	RESPONDENT

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Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2014-02-27	MORPHINE SULFATE	TAB	30 MG	224	RESPONDENT
2014-02-27	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2014-03-11	MORPHINE SULFATE	TER	100 MG	448	RESPONDENT
2014-03-27	MORPHINE SULFATE	TAB	30 MG	224	RESPONDENT
2014-03-27	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2014-04-10	MORPHINE SULFATE	TER	100 MG	160	RESPONDENT
2014-04-17	MORPHINE SULFATE	TAB	30 MG	224	RESPONDENT
2014-04-18	MORPHINE SULFATE	TER	100 MG	448	RESPONDENT
2014-04-24	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2014-05-15	MORPHINE SULFATE	TAB	30 MG	224	RESPONDENT
2014-05-15	MORPHINE SULFATE	TER	100 MG	448	RESPONDENT
2014-05-15	ALPRAZOLAM	TAB	1 MG	10	RESPONDENT
2014-05-23	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2014-06-19	MORPHINE SULFATE	TAB	30 MG	200	RESPONDENT
2014-06-19	MORPHINE SULFATE	TER	100 MG	448	RESPONDENT
2014-06-24	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2014-07-10	HYDROCODONE BITARTRATE- ACETAMINOPHEN	TAB	325 MG-5 MG	24	J.M., M.D.
2014-07-14	MORPHINE SULFATE	TAB	30 MG	224	RESPONDENT
2014-07-14	MORPHINE SULFATE	TER	100 MG	448	RESPONDENT
2014-07-28	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2014-08-15	MORPHINE SULFATE	TER	100 MG	448	RESPONDENT
2014-08-15	MORPHINE SULFATE	TAB	30 MG	224	RESPONDENT
2014-08-21	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2014-09-09	MORPHINE SULFATE	TAB	30 MG	224	RESPONDENT
2014-09-10	MORPHINE SULFATE	TER	100 MG	448	RESPONDENT
2014-09-16	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2014-10-06	MORPHINE SULFATE	TAB	30 MG	224	RESPONDENT
2014-10-07	MORPHINE SULFATE	TER	100 MG	400	RESPONDENT
2014-10-13	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2014-10-28	MORPHINE SULFATE	TER	100 MG	448	RESPONDENT
2014-10-29	MORPHINE SULFATE	TAB	30 MG	224	RESPONDENT
2014-11-09	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2014-11-22	MORPHINE SULFATE	TAB	30 MG	224	RESPONDENT
2014-11-22	MORPHINE SULFATE	TER	100 MG	448	RESPONDENT
2014-12-10	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2014-12-15	MORPHINE SULFATE	TAB	30 MG	224	RESPONDENT
2014-12-15	MORPHINE SULFATE	TER	100 MG	448	RESPONDENT

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1 40. During the period of on or about January 1, 2015, through on or about December 31,  
 2 2015, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2015-01-11	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2015-01-13	MORPHINE SULFATE	TER	100 MG	448	RESPONDENT
2015-01-16	MORPHINE SULFATE	TAB	30 MG	336	RESPONDENT
2015-02-10	MORPHINE SULFATE	TAB	30 MG	336	RESPONDENT
2015-02-10	MORPHINE SULFATE	TER	100 MG	448	RESPONDENT
2015-02-17	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2015-03-05	MORPHINE SULFATE	TAB	30 MG	336	RESPONDENT
2015-03-12	MORPHINE SULFATE	TER	100 MG	448	RESPONDENT
2015-03-16	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2015-04-03	MORPHINE SULFATE	TAB	30 MG	336	RESPONDENT
2015-04-03	MORPHINE SULFATE	TER	100 MG	448	RESPONDENT
2015-04-12	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2015-05-01	MORPHINE SULFATE	TAB	30 MG	336	RESPONDENT
2015-05-01	MORPHINE SULFATE	TER	100 MG	448	RESPONDENT
2015-05-12	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2015-05-31	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2015-06-03	MORPHINE SULFATE	TER	100 MG	450	RESPONDENT
2015-06-11	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2015-06-29	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2015-06-29	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2015-07-07	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2015-07-30	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2015-07-30	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2015-08-04	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2015-08-28	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2015-08-28	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2015-08-31	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2015-09-25	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2015-09-25	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2015-09-30	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2015-10-28	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2015-10-28	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2015-11-01	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2015-11-28	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2015-12-04	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2015-12-04	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2015-12-23	MORPHINE SULFATE	TER	100 MG	9	A.S., M.D.

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2015-12-23	MORPHINE SULFATE	TAB	30 MG	17	A.S., M.D.
2015-12-24	MORPHINE SULFATE	TER	100 MG	18	A.S., M.D.
2015-12-24	LORAZEPAM	TAB	1 MG	1	A.S., M.D.
2015-12-24	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2015-12-25	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2015-12-26	MORPHINE SULFATE	TER	100 MG	36	A.S., M.D.
2015-12-26	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2015-12-26	MORPHINE SULFATE	TAB	30 MG	36	A.S., M.D.
2015-12-27	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2015-12-28	MORPHINE SULFATE	TER	100 MG	30	A.S., M.D.
2015-12-28	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2015-12-28	MORPHINE SULFATE	TAB	30 MG	30	A.S., M.D.
2015-12-29	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2015-12-30	MORPHINE SULFATE	TER	100 MG	100	A.S., M.D.
2015-12-30	LORAZEPAM	TAB	1 MG	2	A.S., M.D.

41. During the period of on or about January 1, 2016, through on or about December 31, 2016, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2016-01-01	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-02	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-03	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-04	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-05	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-06	MORPHINE SULFATE	TAB	30 MG	30	A.S., M.D.
2016-01-06	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-07	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-07	MORPHINE SULFATE	TAB	30 MG	54	A.S., M.D.
2016-01-08	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-09	MORPHINE SULFATE	TER	100 MG	36	A.S., M.D.
2016-01-09	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-10	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-11	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-11	MORPHINE SULFATE	TER	100 MG	84	A.S., M.D.
2016-01-12	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-13	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-14	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-15	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2016-01-15	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2016-01-15	LORAZEPAM	TAB	1 MG	2	A.S., M.D.

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Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2016-01-15	MORPHINE SULFATE	TER	100 MG	84	A.S., M.D.
2016-01-16	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-17	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-18	LORAZEPAM	TAB	1 MG	1	A.S., M.D.
2016-01-18	TEMAZEPAM	CAP	15 MG	2	A.S., M.D.
2016-01-19	MORPHINE SULFATE	TER	100 MG	112	A.S., M.D.
2016-01-19	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-19	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-01-20	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2016-01-20	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-01-20	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-21	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-01-21	MORPHINE SULFATE	TAB	30 MG	84	A.S., M.D.
2016-01-21	LORAZEPAM	TAB	1 MG	1	A.S., M.D.
2016-01-22	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-01-22	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-23	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-23	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-01-24	LORAZEPAM	TAB	1 MG	1	A.S., M.D.
2016-01-24	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-01-25	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-01-25	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-26	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-26	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-01-27	MORPHINE SULFATE	TER	100 MG	120	A.S., M.D.
2016-01-27	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-01-27	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-28	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-01-28	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-29	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-01-29	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-30	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-01-30	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-31	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-01-31	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-01	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-02-01	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-02	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-02-02	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-03	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-03	LORAZEPAM	TAB	1 MG	2	A.S., M.D.

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Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2016-02-04	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-04	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-02-05	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-02-05	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-06	MORPHINE SULFATE	TER	100 MG	60	A.S., M.D.
2016-02-06	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-02-06	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-07	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-02-07	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-08	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-08	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-02-09	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-09	MORPHINE SULFATE	TER	100 MG	60	A.S., M.D.
2016-02-09	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-02-10	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-02-10	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-11	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-11	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-02-12	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-02-12	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-13	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-13	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-02-14	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-02-14	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-15	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-02-15	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-16	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-16	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-02-17	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-17	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-02-17	MORPHINE SULFATE	TER	100 MG	60	A.S., M.D.
2016-02-18	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-02-18	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-19	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-02-19	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-20	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-02-20	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-21	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-02-21	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-22	MORPHINE SULFATE	TER	100 MG	120	A.S., M.D.
2016-02-22	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.

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Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2016-02-22	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-02-23	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-02-23	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-24	TEMAZEPAM	CAP	15 MG	2	A.S., M.D.
2016-02-24	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-24	LORAZEPAM	TAB	1 MG	4	A.S., M.D.
2016-02-24	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-02-24	LORAZEPAM	TAB	1 MG	1	A.S., M.D.
2016-02-26	TEMAZEPAM	CAP	15 MG	1	A.S., M.D.
2016-02-26	LORAZEPAM	TAB	1 MG	2	A.S., M.D.
2016-04-04	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2016-04-14	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2016-04-14	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2016-05-01	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2016-05-14	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2016-05-14	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2016-05-30	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2016-06-11	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2016-06-11	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2016-06-29	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2016-07-07	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2016-07-14	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2016-07-28	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2016-08-06	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2016-08-13	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2016-08-24	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2016-08-26	ANDROGEL	GEL	1.62%	150	S.S., M.D.
2016-09-02	MORPHINE SULFATE	TAB	30 MG	360	J.K., M.D.
2016-09-13	MORPHINE SULFATE	TER	100 MG	480	J.K., M.D.
2016-09-23	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2016-09-30	ANDROGEL	GEL	1.62%	150	S.S., M.D.
2016-10-06	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2016-10-13	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2016-10-20	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2016-10-26	DIAZEPAM	TAB	5 MG	4	S.S., M.D.
2016-11-01	ANDROGEL	GEL	1.62%	150	S.S., M.D.
2016-11-04	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2016-11-13	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2016-11-21	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2016-12-05	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2016-12-10	ANDROGEL	GEL	1.62%	150	S.S., M.D.

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2016-12-13	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2016-12-18	LORAZEPAM	TAB	1 MG	120	RESPONDENT

42. During the period of on or about January 1, 2017, through on or about December 31, 2017, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2017-01-13	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2017-01-13	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2017-01-17	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2017-02-03	ANDROGEL	GEL	1.62%	150	S.S., M.D.
2017-02-12	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2017-02-15	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2017-02-15	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2017-03-13	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2017-03-14	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2017-03-15	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2017-03-20	LYRICA	CAP	75 MG	60	D.P., D.O.
2017-04-14	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2017-04-14	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2017-04-14	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2017-05-10	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2017-05-10	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2017-05-15	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2017-06-06	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2017-06-06	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2017-07-05	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2017-07-05	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2017-07-24	ANDROGEL	GEL	1.62%	150	S.S., M.D.
2017-08-03	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2017-08-03	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2017-08-08	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2017-08-31	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2017-08-31	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2017-09-06	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2017-09-25	ANDROGEL	GEL	1.62%	150	S.S., M.D.
2017-09-27	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2017-09-27	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2017-10-05	LORAZEPAM	TAB	1 MG	120	RESPONDENT

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2017-10-25	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2017-10-25	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2017-11-06	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2017-11-20	NUCYNTA ER	TER	100 MG	30	L.S., M.D.
2017-11-21	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2017-11-24	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2017-11-26	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2017-12-03	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2017-12-13	NUCYNTA ER	TER	100 MG	30	L.S., M.D.
2017-12-22	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2017-12-29	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2017-12-31	LORAZEPAM	TAB	1 MG	120	RESPONDENT

43. During the period of on or about January 1, 2018, through on or about December 31, 2018, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2018-01-22	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2018-02-01	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2018-02-02	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2018-02-08	NUCYNTA ER	TER	100 MG	30	RESPONDENT
2018-02-27	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2018-02-27	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2018-03-16	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2018-03-19	NUCYNTA ER	TER	100 MG	30	RESPONDENT
2018-03-26	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2018-03-26	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2018-04-23	NUCYNTA ER	TER	100 MG	30	RESPONDENT
2018-04-23	MORPHINE SULFATE	TAB	30 MG	240	RESPONDENT
2018-04-23	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2018-05-22	NUCYNTA ER	TER	100 MG	30	RESPONDENT
2018-05-22	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2018-05-22	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2018-06-18	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2018-06-18	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2018-07-19	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2018-07-19	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2018-07-26	NUCYNTA ER	TER	100 MG	9	RESPONDENT
2018-08-20	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2018-08-20	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2018-09-25	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2018-09-25	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2018-10-02	ANDROGEL	GEL	1.62%	75	R.P., M.D.
2018-11-01	ANDROGEL	GEL	1.62%	75	R.P., M.D.
2018-11-06	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2018-11-06	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2018-11-06	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2018-11-26	ANDROGEL	GEL	1.62%	75	R.P., M.D.
2018-12-11	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2018-12-11	MORPHINE SULFATE	TER	100 MG	480	RESPONDENT
2018-12-11	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2018-12-26	ANDROGEL	GEL	1.62%	75	R.P., M.D.

44. During the period of on or about January 1, 2019, through on or about, July 19, 2019, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2019-01-10	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2019-02-07	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2019-02-07	MORPHINE SULFATE	TAB	30 MG	360	RESPONDENT
2019-02-07	MORPHINE SULFATE	TER	100 MG	360	RESPONDENT
2019-02-28	ANDROGEL	GEL	1.62%	75	R.P., M.D.
2019-03-14	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2019-03-18	MORPHINE SULFATE	TAB	30 MG	180	RESPONDENT
2019-03-18	MORPHINE SULFATE	TAB	30 MG	180	RESPONDENT
2019-03-18	MORPHINE SULFATE	TER	100 MG	360	RESPONDENT
2019-04-15	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2019-04-16	MORPHINE SULFATE	TER	100 MG	360	RESPONDENT
2019-04-16	MORPHINE SULFATE	TAB	30 MG	180	RESPONDENT
2019-04-16	MORPHINE SULFATE	TAB	30 MG	180	RESPONDENT
2019-05-15	MORPHINE SULFATE	TAB	30 MG	180	RESPONDENT
2019-05-15	MORPHINE SULFATE	TAB	30 MG	180	RESPONDENT
2019-05-15	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2019-05-15	MORPHINE SULFATE	TER	100 MG	360	RESPONDENT
2019-06-14	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2019-06-18	MORPHINE SULFATE	TAB	30 MG	180	RESPONDENT
2019-06-18	MORPHINE SULFATE	TAB	30 MG	180	RESPONDENT
2019-06-18	MORPHINE SULFATE	TER	100 MG	360	RESPONDENT



Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2019-07-05	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	10	E.O., D.P.M.
2019-07-16	LORAZEPAM	TAB	1 MG	120	RESPONDENT
2019-07-19	MORPHINE SULFATE	TAB	30 MG	180	RESPONDENT
2019-07-19	MORPHINE SULFATE	TAB	30 MG	180	RESPONDENT
2019-07-19	MORPHINE SULFATE	TER	100 MG	360	RESPONDENT

Circumstances Related to Patient B

45. Patient B, a 50-year-old woman, was treated by Respondent regularly since 2008 for pain related to workplace injuries. She had a complex medical history that included depression, anxiety, bipolar disorder, and seizures.

46. On or about December 12, 2011, Patient B attempted suicide by taking an overdose of medications, including morphine, alprazolam, and Vicodin.

47. As of January 2014, Respondent was prescribing methadone 10 mg, two tablets, three times per day, carisoprodol, and alprazolam. On or about November 24, 2014, Respondent increased Patient B's methadone to 10 mg four times per day. On or about January 15, 2015, Respondent added zolpidem 5 mg to Patient B's prescriptions. On or about October 5, 2015, Respondent began prescribing Norco to Patient B, in addition to the methadone she was already taking. On or about July 14, 2016, Respondent began prescribing mirtazapine, and stopped prescribing zolpidem.

48. In an interview with investigators, Respondent stated that he had no long term pain management goals with specific parameters for Patient B's success, other than to "try and make life bearable for her."

49. On January 13, 2017, Patient B committed suicide. The cause of death was acute intoxication from the combined effects of methadone, alprazolam, doxylamine, and mirtazapine.

50. During the period of on or about January 1, 2014, through on or about December 31, 2014, Patient B filled the following prescriptions for controlled substances:

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Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2014-05-07	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2014-05-16	ALPRAZOLAM	TAB	1 MG	120	RESPONDENT
2014-06-03	CARISOPRODOL	TAB	350 MG	108	RESPONDENT
2014-06-12	ALPRAZOLAM	TAB	1 MG	120	RESPONDENT
2014-06-27	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2014-06-28	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	12	V.P., D.D.S.
2014-07-03	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	8	V.P., D.D.S.
2014-07-04	ALPRAZOLAM	TAB	1 MG	120	RESPONDENT
2014-07-22	ALPRAZOLAM	TAB	1 MG	60	RESPONDENT
2014-07-25	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2014-07-30	ALPRAZOLAM	TAB	1 MG	120	RESPONDENT
2014-08-01	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	8	V.P., D.D.S.
2014-08-21	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2014-08-26	ALPRAZOLAM	TAB	1 MG	120	RESPONDENT
2014-09-04	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	12	V.P., D.D.S.
2014-09-06	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	8	V.P., D.D.S.
2014-09-20	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2014-09-23	ALPRAZOLAM	TAB	1 MG	120	RESPONDENT
2014-10-17	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2014-10-20	ALPRAZOLAM	TAB	1 MG	120	RESPONDENT
2014-11-12	ALPRAZOLAM	TAB	1 MG	120	RESPONDENT
2014-11-13	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2014-12-09	ALPRAZOLAM	TAB	1 MG	120	RESPONDENT
2014-12-10	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2014-12-20	TRAMADOL HCL	TAB	50 MG	20	V.P., D.D.S.

51. During the period of on or about January 1, 2015, through on or about December 31, 2015, Patient B filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2015-01-08	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2015-01-08	ALPRAZOLAM	TAB	1 MG	120	RESPONDENT
2015-01-15	ALPRAZOLAM	TAB	2 MG	100	RESPONDENT
2015-01-15	ZOLPIDEM TARTRATE	TAB	5 MG	30	RESPONDENT
2015-01-30	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2015-02-11	ZOLPIDEM TARTRATE	TAB	5 MG	30	RESPONDENT
2015-02-15	ALPRAZOLAM	TAB	2 MG	100	RESPONDENT
2015-02-28	CARISOPRODOL	TAB	350 MG	120	RESPONDENT

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Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2015-03-09	ALPRAZOLAM	TAB	2 MG	100	RESPONDENT
2015-03-13	ZOLPIDEM TARTRATE	TAB	5 MG	30	RESPONDENT
2015-03-27	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2015-03-31	ALPRAZOLAM	TAB	2 MG	100	RESPONDENT
2015-04-07	TRIAZOLAM	TAB	0.25 MG	15	A.G., M.D.
2015-04-10	ZOLPIDEM TARTRATE	TAB	5 MG	30	RESPONDENT
2015-04-22	ALPRAZOLAM	TAB	2 MG	100	RESPONDENT
2015-04-23	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2015-05-01	ZOLPIDEM TARTRATE	TAB	10 MG	30	RESPONDENT
2015-05-14	ALPRAZOLAM	TAB	2 MG	120	RESPONDENT
2015-05-20	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2015-05-30	ZOLPIDEM TARTRATE	TAB	10 MG	30	RESPONDENT
2015-06-02	TRIAZOLAM	TAB	0.25 MG	15	A.G., M.D.
2015-06-11	ALPRAZOLAM	TAB	2 MG	120	RESPONDENT
2015-06-17	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2015-06-24	OXYCODONE HCL	CAP	5 MG	60	RESPONDENT
2015-07-02	ZOLPIDEM TARTRATE	TAB	5 MG	30	RESPONDENT
2015-07-09	ALPRAZOLAM	TAB	2 MG	120	RESPONDENT
2015-07-21	OXYCODONE HCL	CAP	5 MG	56	RESPONDENT
2015-07-21	ZOLPIDEM TARTRATE	TAB	10 MG	30	RESPONDENT
2015-07-21	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2015-08-05	ALPRAZOLAM	TAB	2 MG	120	RESPONDENT
2015-08-11	ZOLPIDEM TARTRATE	TAB	5 MG	30	RESPONDENT
2015-08-20	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	20	RESPONDENT
2015-08-20	ZOLPIDEM TARTRATE	TAB	10 MG	10	RESPONDENT
2015-08-27	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2015-09-02	ALPRAZOLAM	TAB	2 MG	120	RESPONDENT
2015-09-03	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	60	RESPONDENT
2015-09-03	ZOLPIDEM TARTRATE	TAB	10 MG	30	RESPONDENT
2015-09-10	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	20	V.P., D.D.S.
2015-09-15	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	30	K.H., M.D.
2015-09-24	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2015-09-30	ALPRAZOLAM	TAB	2 MG	120	RESPONDENT
2015-10-02	ZOLPIDEM TARTRATE	TAB	10 MG	30	RESPONDENT
2015-10-05	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	90	RESPONDENT
2015-10-08	TRIAZOLAM	TAB	0.25 MG	15	A.G., M.D.
2015-10-21	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2015-10-27	ALPRAZOLAM	TAB	2 MG	120	RESPONDENT

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2015-10-29	ZOLPIDEM TARTRATE	TAB	10 MG	30	RESPONDENT
2015-11-05	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	84	RESPONDENT
2015-11-16	TRIAZOLAM	TAB	0.25 MG	15	A.G., M.D.
2015-11-17	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2015-11-23	ALPRAZOLAM	TAB	2 MG	120	RESPONDENT
2015-11-25	ZOLPIDEM TARTRATE	TAB	10 MG	30	RESPONDENT
2015-12-02	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	112	RESPONDENT
2015-12-13	TRIAZOLAM	TAB	0.25 MG	15	A.G., M.D.
2015-12-14	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2015-12-20	ALPRAZOLAM	TAB	2 MG	120	RESPONDENT
2015-12-23	ZOLPIDEM TARTRATE	TAB	10 MG	30	RESPONDENT

52. During the period of on or about January 1, 2016, through on or about December 31, 2016, Patient B filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2016-01-10	TRIAZOLAM	TAB	0.25 MG	15	A.G., M.D.
2016-01-11	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2016-01-14	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	112	RESPONDENT
2016-01-16	ALPRAZOLAM	TAB	2 MG	120	RESPONDENT
2016-01-20	ZOLPIDEM TARTRATE	TAB	10 MG	30	RESPONDENT
2016-02-08	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2016-02-12	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	90	RESPONDENT
2016-02-13	ALPRAZOLAM	TAB	2 MG	120	RESPONDENT
2016-02-17	ZOLPIDEM TARTRATE	TAB	10 MG	30	RESPONDENT
2016-03-06	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2016-03-11	TRIAZOLAM	TAB	0.25 MG	15	A.G., M.D.
2016-03-11	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	120	RESPONDENT
2016-03-11	ALPRAZOLAM	TAB	2 MG	120	RESPONDENT
2016-03-21	ZOLPIDEM TARTRATE	TAB	10 MG	30	RESPONDENT
2016-04-04	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2016-04-08	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	120	RESPONDENT
2016-04-09	TRIAZOLAM	TAB	0.25 MG	15	A.G., M.D.
2016-04-09	ALPRAZOLAM	TAB	2 MG	120	RESPONDENT
2016-04-19	ZOLPIDEM TARTRATE	TAB	10 MG	30	RESPONDENT
2016-05-01	CARISOPRODOL	TAB	350 MG	120	RESPONDENT

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2016-05-06	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	120	RESPONDENT
2016-05-07	ALPRAZOLAM	TAB	2 MG	120	RESPONDENT
2016-05-18	ZOLPIDEM TARTRATE	TAB	10 MG	30	RESPONDENT
2016-05-29	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2016-06-04	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	120	RESPONDENT
2016-06-05	ALPRAZOLAM	TAB	2 MG	120	RESPONDENT
2016-06-14	ZOLPIDEM TARTRATE	TAB	10 MG	30	RESPONDENT
2016-06-25	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2016-07-02	ALPRAZOLAM	TAB	2 MG	120	RESPONDENT
2016-07-05	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	150	RESPONDENT
2016-07-12	ZOLPIDEM TARTRATE	TAB	10 MG	30	RESPONDENT
2016-07-23	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2016-07-29	ALPRAZOLAM	TAB	2 MG	120	RESPONDENT
2016-08-04	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	150	RESPONDENT
2016-08-08	ZOLPIDEM TARTRATE	TAB	10 MG	30	RESPONDENT
2016-08-21	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2016-08-25	ALPRAZOLAM	TAB	2 MG	120	RESPONDENT
2016-09-03	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	150	RESPONDENT
2016-09-07	ZOLPIDEM TARTRATE	TAB	10 MG	30	RESPONDENT
2016-09-17	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2016-09-21	ALPRAZOLAM	TAB	2 MG	120	RESPONDENT
2016-10-02	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	150	RESPONDENT
2016-10-05	ZOLPIDEM TARTRATE	TAB	10 MG	30	RESPONDENT
2016-10-15	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2016-10-18	ALPRAZOLAM	TAB	2 MG	120	RESPONDENT
2016-11-01	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	150	RESPONDENT
2016-11-14	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2016-11-15	ZOLPIDEM TARTRATE	TAB	10 MG	30	RESPONDENT
2016-11-16	ALPRAZOLAM	TAB	2 MG	120	RESPONDENT
2016-11-30	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	150	RESPONDENT
2016-12-12	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2016-12-14	ZOLPIDEM TARTRATE	TAB	10 MG	30	RESPONDENT
2016-12-14	ALPRAZOLAM	TAB	2 MG	120	RESPONDENT
2016-12-30	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	150	RESPONDENT

53. During the period of on or about January 1, 2017, through on or about January 12, 2017, Patient B filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2017-01-10	CARISOPRODOL	TAB	350 MG	120	RESPONDENT
2017-01-12	ALPRAZOLAM	TAB	2 MG	120	RESPONDENT

Circumstances Related to Patient C

54. Patient C, a 55-year-old woman, was treated by Respondent beginning in 2008 for pain related to diabetic peripheral neuropathy, as well as her vascular insufficiency. Between January 1, 2014, and August 10, 2017, Patient C presented to Respondent every few months, for a total of 18 visits. The visits are documented in handwritten notes on four pages of paper.

55. In an interview with investigators, Respondent admitted that he did not have a treatment plan for Patient C, other than prescribing controlled substances, and added, "If it ain't broke, don't fix it."

56. Between October 28, 2015, and January 19, 2016, Respondent prescribed OxyContin ER 80 mg twice per day, OxyContin ER 40 mg twice per day, and Norco 10/325 six times per day, all to be taken by Patient C simultaneously.

57. During the period of on or about January 1, 2014, through on or about December 31, 2014, Patient C filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2014-01-02	OXYCONTIN	TER	40 MG	56	RESPONDENT
2014-01-02	OXYCONTIN	TER	80 MG	112	RESPONDENT
2014-01-29	ALPRAZOLAM	TAB	2 MG	90	R.C., P.A.
2014-01-31	OXYCONTIN	TER	40 MG	56	RESPONDENT
2014-01-31	OXYCONTIN	TER	80 MG	112	RESPONDENT
2014-02-24	OXYCONTIN	TER	80 MG	112	RESPONDENT
2014-02-24	ALPRAZOLAM	TAB	2 MG	90	E.F., M.D.
2014-02-24	OXYCONTIN	TER	40 MG	56	RESPONDENT
2014-02-24	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	150	RESPONDENT
2014-03-19	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	150	RESPONDENT
2014-03-26	OXYCONTIN	TER	80 MG	112	RESPONDENT
2014-03-26	OXYCONTIN	TER	40 MG	56	RESPONDENT
2014-03-29	ALPRAZOLAM	TAB	2 MG	90	E.F., M.D.

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2014-04-14	HYDROCODONE BITARTRATE- ACETAMINOPHEN	TAB	325 MG-5 MG	150	RESPONDENT
2014-04-21	OXYCONTIN	TER	40 MG	56	RESPONDENT
2014-04-21	OXYCONTIN	TER	80 MG	112	RESPONDENT
2014-04-28	ALPRAZOLAM	TAB	2 MG	90	E.F., M.D.
2014-05-05	HYDROCODONE BITARTRATE- ACETAMINOPHEN	TAB	325 MG-10 MG	160	RESPONDENT
2014-05-19	OXYCONTIN	TER	80 MG	112	RESPONDENT
2014-05-19	OXYCONTIN	TER	40 MG	56	RESPONDENT
2014-05-27	ALPRAZOLAM	TAB	2 MG	90	E.F., M.D.
2014-05-30	HYDROCODONE BITARTRATE- ACETAMINOPHEN	TAB	325 MG-10 MG	160	RESPONDENT
2014-06-17	OXYCONTIN	TER	40 MG	56	RESPONDENT
2014-06-17	OXYCONTIN	TER	80 MG	112	RESPONDENT
2014-06-23	HYDROCODONE BITARTRATE- ACETAMINOPHEN	TAB	325 MG-10 MG	160	RESPONDENT
2014-06-24	ALPRAZOLAM	TAB	2 MG	90	F.H., M.D.
2014-07-15	OXYCONTIN	TER	40 MG	56	RESPONDENT
2014-07-15	OXYCONTIN	TER	80 MG	112	RESPONDENT
2014-07-18	HYDROCODONE BITARTRATE- ACETAMINOPHEN	TAB	325 MG-10 MG	160	RESPONDENT
2014-07-23	ALPRAZOLAM	TAB	2 MG	90	F.H., M.D.
2014-08-11	OXYCONTIN	TER	80 MG	112	RESPONDENT
2014-08-11	OXYCONTIN	TER	40 MG	56	RESPONDENT
2014-08-14	HYDROCODONE BITARTRATE- ACETAMINOPHEN	TAB	325 MG-10 MG	160	RESPONDENT
2014-08-21	ALPRAZOLAM	TAB	2 MG	90	F.H., M.D.
2014-09-09	OXYCONTIN	TER	40 MG	56	RESPONDENT
2014-09-09	OXYCONTIN	TER	80 MG	112	RESPONDENT
2014-09-10	HYDROCODONE BITARTRATE- ACETAMINOPHEN	TAB	325 MG-10 MG	160	RESPONDENT
2014-09-25	ALPRAZOLAM	TAB	2 MG	90	F.H., M.D.
2014-10-07	OXYCONTIN	TER	80 MG	112	RESPONDENT
2014-10-07	HYDROCODONE BITARTRATE- ACETAMINOPHEN	TAB	325 MG-10 MG	160	RESPONDENT
2014-10-07	OXYCONTIN	TER	40 MG	56	RESPONDENT
2014-10-22	ALPRAZOLAM	TAB	2 MG	90	F.H., M.D.
2014-11-03	HYDROCODONE BITARTRATE- ACETAMINOPHEN	TAB	325 MG-10 MG	160	RESPONDENT
2014-11-04	OXYCONTIN	TER	40 MG	56	RESPONDENT
2014-11-04	OXYCONTIN	TER	80 MG	112	RESPONDENT
2014-11-19	ALPRAZOLAM	TAB	2 MG	90	F.H., M.D.
2014-11-28	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	160	RESPONDENT

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2014-12-01	OXYCONTIN	TER	80 MG	112	RESPONDENT
2014-12-01	OXYCONTIN	TER	40 MG	56	RESPONDENT
2014-12-18	ALPRAZOLAM	TAB	2 MG	90	F.H., M.D.
2014-12-29	HYDROCODONE BITARTRATE- ACETAMINOPHEN	TAB	325 MG-10 MG	160	RESPONDENT
2014-12-30	OXYCONTIN	TER	40 MG	56	RESPONDENT
2014-12-30	OXYCONTIN	TER	80 MG	112	RESPONDENT

58. During the period of on or about January 1, 2015, through on or about December 31, 2015, Patient C filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2015-01-15	ALPRAZOLAM	TAB	2 MG	90	F.H., M.D.
2015-01-27	HYDROCODONE BITARTRATE- ACETAMINOPHEN	TAB	325 MG-10 MG	160	RESPONDENT
2015-01-27	OXYCONTIN	TER	80 MG	112	RESPONDENT
2015-01-27	OXYCONTIN	TER	40 MG	56	RESPONDENT
2015-02-14	ALPRAZOLAM	TAB	2 MG	90	A.B., N.P.
2015-02-23	OXYCONTIN	TER	80 MG	112	RESPONDENT
2015-02-23	OXYCONTIN	TER	40 MG	56	RESPONDENT
2015-02-23	HYDROCODONE BITARTRATE- ACETAMINOPHEN	TAB	325 MG-10 MG	168	RESPONDENT
2015-03-16	ALPRAZOLAM	TAB	2 MG	90	A.B., N.P.
2015-03-20	OXYCONTIN	TER	80 MG	112	RESPONDENT
2015-03-20	HYDROCODONE BITARTRATE- ACETAMINOPHEN	TAB	325 MG-10 MG	168	RESPONDENT
2015-03-24	OXYCONTIN	TER	40 MG	56	RESPONDENT
2015-04-14	ALPRAZOLAM	TAB	2 MG	90	F.H., M.D.
2015-04-16	OXYCONTIN	TER	80 MG	112	RESPONDENT
2015-04-16	HYDROCODONE BITARTRATE- ACETAMINOPHEN	TAB	325 MG-10 MG	160	RESPONDENT
2015-04-21	OXYCONTIN	TER	40 MG	56	RESPONDENT
2015-05-11	ALPRAZOLAM	TAB	2 MG	90	A.B., N.P.
2015-05-12	HYDROCODONE BITARTRATE- ACETAMINOPHEN	TAB	325 MG-10 MG	168	RESPONDENT
2015-05-12	OXYCONTIN	TER	80 MG	112	RESPONDENT
2015-05-18	OXYCONTIN	TER	40 MG	56	RESPONDENT
2015-06-08	HYDROCODONE BITARTRATE- ACETAMINOPHEN	TAB	325 MG-10 MG	168	RESPONDENT
2015-06-08	ALPRAZOLAM	TAB	2 MG	90	F.H., M.D.
2015-06-08	OXYCODONE HCL	TER	80 MG	112	RESPONDENT
2015-06-18	OXYCODONE HCL	TER	40 MG	56	RESPONDENT



Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2015-07-02	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	168	RESPONDENT
2015-07-06	OXYCODONE HCL	TER	80 MG	112	RESPONDENT
2015-07-06	ALPRAZOLAM	TAB	2 MG	90	F.H., M.D.
2015-07-06	OXYCONTIN	TER	80 MG	112	RESPONDENT
2015-07-16	OXYCODONE HCL	TER	40 MG	56	RESPONDENT
2015-07-16	OXYCONTIN	TER	40 MG	56	RESPONDENT
2015-07-30	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	168	RESPONDENT
2015-08-03	OXYCONTIN	TER	80 MG	112	RESPONDENT
2015-08-05	ALPRAZOLAM	TAB	2 MG	90	F.H., M.D.
2015-08-12	OXYCONTIN	TER	40 MG	56	RESPONDENT
2015-08-28	NORCO	TAB	325 MG-10 MG	18	RESPONDENT
2015-08-31	OXYCONTIN	TER	80 MG	112	RESPONDENT
2015-09-03	NORCO	TAB	325 MG-10 MG	168	RESPONDENT
2015-09-04	ALPRAZOLAM	TAB	2 MG	90	F.H., M.D.
2015-09-14	OXYCONTIN	TER	40 MG	56	RESPONDENT
2015-09-28	OXYCONTIN	TER	80 MG	112	RESPONDENT
2015-09-28	NORCO	TAB	325 MG-10 MG	168	RESPONDENT
2015-10-03	ALPRAZOLAM	TAB	2 MG	90	F.H., M.D.
2015-10-12	OXYCONTIN	TER	40 MG	56	RESPONDENT
2015-10-28	OXYCONTIN	TER	80 MG	112	RESPONDENT
2015-10-28	NORCO	TAB	325 MG-10 MG	168	RESPONDENT
2015-11-04	ALPRAZOLAM	TAB	2 MG	90	E.F., M.D.
2015-11-21	OXYCONTIN	TER	40 MG	56	RESPONDENT
2015-11-23	NORCO	TAB	325 MG-10 MG	168	RESPONDENT
2015-11-23	OXYCONTIN	TER	80 MG	112	RESPONDENT
2015-12-04	ALPRAZOLAM	TAB	2 MG	90	F.H., M.D.
2015-12-21	OXYCONTIN	TER	40 MG	56	RESPONDENT
2015-12-21	NORCO	TAB	325 MG-10 MG	168	RESPONDENT
2015-12-21	OXYCONTIN	TER	80 MG	112	RESPONDENT

59. During the period of on or about January 1, 2016, through on or about December 31, 2016, Patient C filled the following prescriptions for controlled substances:

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Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2016-01-06	ALPRAZOLAM	TAB	2 MG	90	F.H., M.D.
2016-01-19	OXYCONTIN	TER	80 MG	112	RESPONDENT
2016-01-19	OXYCONTIN	TER	40 MG	56	RESPONDENT
2016-01-19	NORCO	TAB	325 MG-10 MG	168	RESPONDENT
2016-02-04	ALPRAZOLAM	TAB	2 MG	90	F.H., M.D.
2016-02-16	OXYCONTIN	TER	40 MG	56	RESPONDENT
2016-02-16	OXYCONTIN	TER	80 MG	112	RESPONDENT
2016-02-16	NORCO	TAB	325 MG-10 MG	168	RESPONDENT
2016-03-03	ALPRAZOLAM	TAB	2 MG	90	F.H., M.D.
2016-03-14	OXYCONTIN	TER	40 MG	56	RESPONDENT
2016-03-14	OXYCONTIN	TER	80 MG	112	RESPONDENT
2016-03-16	NORCO	TAB	325 MG-10 MG	180	RESPONDENT
2016-04-01	ALPRAZOLAM	TAB	2 MG	90	F.H., M.D.
2016-04-08	OXYCONTIN	TER	40 MG	56	RESPONDENT
2016-04-08	OXYCONTIN	TER	80 MG	112	RESPONDENT
2016-04-15	NORCO	TAB	325 MG-10 MG	180	RESPONDENT
2016-05-04	ALPRAZOLAM	TAB	2 MG	90	F.H., M.D.
2016-05-07	OXYCONTIN	TER	40 MG	56	RESPONDENT
2016-05-07	OXYCONTIN	TER	80 MG	112	RESPONDENT
2016-05-16	NORCO	TAB	325 MG-10 MG	180	RESPONDENT
2016-06-02	ALPRAZOLAM	TAB	2 MG	90	F.H., M.D.
2016-06-04	OXYCONTIN	TER	80 MG	112	RESPONDENT
2016-06-04	OXYCONTIN	TER	40 MG	56	RESPONDENT
2016-06-14	NORCO	TAB	325 MG-10 MG	180	RESPONDENT
2016-06-30	ALPRAZOLAM	TAB	2 MG	90	F.H., M.D.
2016-07-02	OXYCONTIN	TER	80 MG	112	RESPONDENT
2016-07-02	OXYCODONE HCL	TER	40 MG	56	RESPONDENT
2016-07-14	NORCO	TAB	325 MG-10 MG	180	RESPONDENT
2016-07-29	ALPRAZOLAM	TAB	2 MG	90	A.B., N.P.
2016-07-30	OXYCONTIN	TER	80 MG	112	RESPONDENT
2016-07-30	OXYCONTIN	TER	40 MG	56	RESPONDENT
2016-08-13	NORCO	TAB	325 MG-10 MG	180	RESPONDENT
2016-08-26	ALPRAZOLAM	TAB	2 MG	90	A.B., N.P.
2016-08-29	OXYCONTIN	TER	80 MG	112	RESPONDENT
2016-08-29	OXYCONTIN	TER	40 MG	56	RESPONDENT
2016-09-10	NORCO	TAB	325 MG-10 MG	180	RESPONDENT
2016-09-22	ALPRAZOLAM	TAB	2 MG	90	A.B., N.P.
2016-09-28	OXYCONTIN	TER	40 MG	56	RESPONDENT
2016-09-28	OXYCONTIN	TER	80 MG	112	RESPONDENT
2016-10-08	NORCO	TAB	325 MG-10 MG	180	RESPONDENT
2016-10-20	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2016-10-26	OXYCONTIN	TER	40 MG	56	RESPONDENT
2016-10-26	OXYCONTIN	TER	80 MG	112	RESPONDENT
2016-11-07	NORCO	TAB	325 MG-10 MG	180	RESPONDENT
2016-11-21	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2016-11-25	OXYCONTIN	TER	80 MG	112	RESPONDENT
2016-11-25	OXYCONTIN	TER	40 MG	56	RESPONDENT
2016-12-05	NORCO	TAB	325 MG-10 MG	180	RESPONDENT
2016-12-19	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2016-12-23	OXYCONTIN	TER	40 MG	56	RESPONDENT
2016-12-23	OXYCONTIN	TER	80 MG	112	RESPONDENT

60. During the period of on or about January 1, 2017, through on or about December 31, 2017, Patient C filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2017-01-03	NORCO	TAB	325 MG-10 MG	180	RESPONDENT
2017-01-19	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2017-01-20	OXYCONTIN	TER	40 MG	56	RESPONDENT
2017-01-20	OXYCONTIN	TER	80 MG	112	RESPONDENT
2017-01-31	NORCO	TAB	325 MG-10 MG	180	RESPONDENT
2017-02-20	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2017-02-20	OXYCONTIN	TER	80 MG	112	RESPONDENT
2017-02-20	OXYCONTIN	TER	40 MG	56	RESPONDENT
2017-02-28	NORCO	TAB	325 MG-10 MG	180	RESPONDENT
2017-03-20	OXYCONTIN	TER	80 MG	112	RESPONDENT
2017-03-20	OXYCONTIN	TER	40 MG	56	RESPONDENT
2017-03-20	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2017-03-29	NORCO	TAB	325 MG-10 MG	180	RESPONDENT
2017-04-15	OXYCONTIN	TER	80 MG	112	RESPONDENT
2017-04-15	OXYCONTIN	TER	40 MG	56	RESPONDENT
2017-04-18	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2017-04-27	NORCO	TAB	325 MG-10 MG	180	RESPONDENT
2017-05-13	OXYCONTIN	TER	40 MG	56	RESPONDENT
2017-05-13	OXYCONTIN	TER	80 MG	112	RESPONDENT
2017-05-17	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2017-05-26	NORCO	TAB	325 MG-10 MG	168	RESPONDENT
2017-06-09	OXYCONTIN	TER	80 MG	112	RESPONDENT
2017-06-09	OXYCONTIN	TER	40 MG	56	RESPONDENT
2017-06-15	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2017-06-22	NORCO	TAB	325 MG-10 MG	168	RESPONDENT

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2017-07-07	OXYCONTIN	TER	40 MG	56	RESPONDENT
2017-07-07	OXYCONTIN	TER	80 MG	112	RESPONDENT
2017-07-21	NORCO	TAB	325 MG-10 MG	168	RESPONDENT
2017-08-04	OXYCONTIN	TER	80 MG	112	RESPONDENT
2017-08-04	OXYCONTIN	TER	40 MG	56	RESPONDENT
2017-08-16	ALPRAZOLAM	TAB	2 MG	30	E.L., M.D.
2017-08-16	NORCO	TAB	325 MG-10 MG	168	RESPONDENT
2017-09-02	OXYCONTIN	TER	40 MG	56	RESPONDENT
2017-09-02	OXYCONTIN	TER	80 MG	112	RESPONDENT
2017-09-13	NORCO	TAB	325 MG-10 MG	168	RESPONDENT
2017-09-13	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2017-09-29	OXYCONTIN	TER	80 MG	112	RESPONDENT
2017-09-29	OXYCONTIN	TER	40 MG	60	E.L., M.D.
2017-10-11	NORCO	TAB	325 MG-10 MG	168	RESPONDENT
2017-10-11	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2017-10-26	OXYCONTIN	TER	80 MG	112	RESPONDENT
2017-10-26	OXYCONTIN	TER	40 MG	56	RESPONDENT
2017-11-08	NORCO	TAB	325 MG-10 MG	168	RESPONDENT
2017-11-09	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2017-11-21	OXYCONTIN	TER	40 MG	56	RESPONDENT
2017-11-21	OXYCONTIN	TER	80 MG	112	RESPONDENT
2017-12-05	NORCO	TAB	325 MG-10 MG	168	RESPONDENT
2017-12-07	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2017-12-18	OXYCONTIN	TER	80 MG	112	RESPONDENT
2017-12-18	OXYCONTIN	TER	40 MG	56	RESPONDENT
2017-12-29	NORCO	TAB	325 MG-10 MG	168	RESPONDENT

61. During the period of on or about January 1, 2018, through on or about December 31, 2018, Patient C filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2018-01-05	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2018-01-16	OXYCONTIN	TER	40 MG	56	RESPONDENT
2018-01-16	OXYCONTIN	TER	80 MG	112	RESPONDENT
2018-01-29	NORCO	TAB	325 MG-10 MG	168	RESPONDENT
2018-02-02	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2018-02-12	OXYCONTIN	TER	80 MG	112	RESPONDENT
2018-02-12	OXYCONTIN	TER	40 MG	56	RESPONDENT
2018-02-24	NORCO	TAB	325 MG-10 MG	168	RESPONDENT

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Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2018-03-01	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2018-03-08	OXYCONTIN	TER	40 MG	56	RESPONDENT
2018-03-08	OXYCONTIN	TER	80 MG	112	RESPONDENT
2018-03-27	HYDROCODONE BITARTRATE- ACETAMINOPHEN	TAB	325 MG-10 MG	136	RESPONDENT
2018-03-29	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2018-04-05	OXYCONTIN	TER	80 MG	112	RESPONDENT
2018-04-05	OXYCONTIN	TER	40 MG	56	RESPONDENT
2018-04-17	HYDROCODONE BITARTRATE- ACETAMINOPHEN	TAB	325 MG-10 MG	168	RESPONDENT
2018-05-03	OXYCONTIN	TER	40 MG	56	RESPONDENT
2018-05-03	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2018-05-03	OXYCONTIN	TER	80 MG	112	RESPONDENT
2018-05-14	HYDROCODONE BITARTRATE- ACETAMINOPHEN	TAB	325 MG-10 MG	168	RESPONDENT
2018-05-31	OXYCONTIN	TER	40 MG	56	RESPONDENT
2018-05-31	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2018-05-31	OXYCONTIN	TER	80 MG	112	RESPONDENT
2018-06-11	HYDROCODONE BITARTRATE- ACETAMINOPHEN	TAB	325 MG-10 MG	168	RESPONDENT
2018-06-30	OXYCONTIN	TER	40 MG	56	RESPONDENT
2018-06-30	OXYCONTIN	TER	80 MG	112	RESPONDENT
2018-06-30	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2018-07-09	HYDROCODONE BITARTRATE- ACETAMINOPHEN	TAB	325 MG-10 MG	168	RESPONDENT
2018-07-28	OXYCONTIN	TER	40 MG	56	RESPONDENT
2018-07-28	OXYCONTIN	TER	80 MG	112	RESPONDENT
2018-07-28	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2018-08-03	HYDROCODONE BITARTRATE- ACETAMINOPHEN	TAB	325 MG-10 MG	180	RESPONDENT
2018-08-25	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2018-08-25	OXYCONTIN	TER	80 MG	112	RESPONDENT
2018-08-25	OXYCONTIN	TER	40 MG	56	RESPONDENT
2018-08-31	HYDROCODONE BITARTRATE- ACETAMINOPHEN	TAB	325 MG-10 MG	180	RESPONDENT
2018-09-22	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2018-09-22	OXYCONTIN	TER	40 MG	56	RESPONDENT
2018-09-22	OXYCONTIN	TER	80 MG	112	RESPONDENT
2018-09-28	HYDROCODONE BITARTRATE- ACETAMINOPHEN	TAB	325 MG-10 MG	168	RESPONDENT
2018-10-20	OXYCONTIN	TER	80 MG	112	RESPONDENT
2018-10-20	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2018-10-20	OXYCONTIN	TER	40 MG	56	RESPONDENT

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2018-10-24	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	168	RESPONDENT
2018-10-31	ZOLPIDEM TARTRATE	TAB	10 MG	15	D.U., M.D.
2018-11-17	OXYCONTIN	TER	40 MG	56	RESPONDENT
2018-11-17	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2018-11-17	OXYCONTIN	TER	80 MG	112	RESPONDENT
2018-11-19	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	168	RESPONDENT
2018-12-15	OXYCONTIN	TER	80 MG	112	RESPONDENT
2018-12-15	OXYCONTIN	TER	40 MG	56	RESPONDENT
2018-12-15	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	168	RESPONDENT
2018-12-15	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT

62. During the period of on or about January 1, 2019, through on or about, July 30, 2019, Patient C filed the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2019-01-12	OXYCONTIN	TER	80 MG	112	RESPONDENT
2019-01-12	OXYCONTIN	TER	40 MG	56	RESPONDENT
2019-01-12	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2019-01-12	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	168	RESPONDENT
2019-02-08	OXYCONTIN	TER	80 MG	112	RESPONDENT
2019-02-08	OXYCONTIN	TER	40 MG	56	RESPONDENT
2019-02-08	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	168	RESPONDENT
2019-02-11	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2019-03-06	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	168	RESPONDENT
2019-03-06	OXYCONTIN	TER	40 MG	56	RESPONDENT
2019-03-06	OXYCONTIN	TER	80 MG	112	RESPONDENT
2019-03-11	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2019-04-03	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	168	RESPONDENT
2019-04-03	OXYCONTIN	TER	40 MG	56	RESPONDENT
2019-04-03	OXYCONTIN	TER	80 MG	112	RESPONDENT
2019-04-08	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2019-05-01	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	168	RESPONDENT
2019-05-01	OXYCONTIN	TER	80 MG	112	RESPONDENT
2019-05-01	OXYCONTIN	TER	40 MG	56	RESPONDENT

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2019-05-06	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2019-05-29	OXYCONTIN	TER	80 MG	112	RESPONDENT
2019-05-29	HYDROCODONE BITARTRATE- ACETAMINOPHEN	TAB	325 MG-10 MG	168	RESPONDENT
2019-05-29	OXYCONTIN	TER	40 MG	56	RESPONDENT
2019-06-03	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2019-06-26	OXYCONTIN	TER	40 MG	56	RESPONDENT
2019-06-26	OXYCONTIN	TER	80 MG	112	RESPONDENT
2019-06-26	HYDROCODONE BITARTRATE- ACETAMINOPHEN	TAB	325 MG-10 MG	168	RESPONDENT
2019-07-01	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT
2019-07-24	HYDROCODONE BITARTRATE- ACETAMINOPHEN	TAB	325 MG-10 MG	180	RESPONDENT
2019-07-24	OXYCONTIN	TER	80 MG	112	RESPONDENT
2019-07-24	OXYCONTIN	TER	40 MG	56	RESPONDENT
2019-07-30	ALPRAZOLAM	TAB	2 MG	90	RESPONDENT

Circumstances Related to Patient D

63. On or about October 21, 2015, Patient D first presented to Respondent for treatment of her low back pain. Patient D's prior treating physicians refused to continue prescribing her controlled substances. Respondent did not contact Patient D's former treating physicians, or make any attempt to obtain Patient D's treatment records.

64. Between October 21, 2015, and January 10, 2017, Patient D presented to Respondent every few months, for a total of seven visits. The initial visit appears to be documented in handwritten notes on a single sheet of lined paper. Respondent's medical records for Patient D's remaining six visits are hand written notes on a single page that fail to identify the patient, are unsigned, and undated.

65. In an interview with investigators, Respondent stated that he had no long term pain management goals with specific parameters for Patient D's success. He further admitted that he never engaged in an informed consent conversation with Patient D regarding the risks and benefits of the long term use of opiates.

66. During the period of on or about January 1, 2015, through on or about December 31, 2015, Patient D filled the following prescriptions for controlled substances:

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Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2015-10-21	OXYCODONE HCL	TAB	30 MG	180	RESPONDENT
2015-10-21	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	RESPONDENT
2015-10-26	CARISOPRODOL	TAB	350 MG	90	RESPONDENT
2015-11-20	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	RESPONDENT
2015-11-20	OXYCODONE HCL	TAB	30 MG	180	RESPONDENT
2015-11-30	CARISOPRODOL	TAB	350 MG	90	RESPONDENT
2015-12-28	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT

67. During the period of on or about January 1, 2016, through on or about December 31, 2016, Patient D filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2016-01-18	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	473	M.Z., M.D.
2016-01-21	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	RESPONDENT
2016-01-21	OXYCODONE HCL	TAB	30 MG	180	RESPONDENT
2016-01-25	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2016-02-08	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	473	M.Z., M.D.
2016-02-18	OXYCODONE HCL	TAB	30 MG	180	RESPONDENT
2016-02-18	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	RESPONDENT
2016-02-24	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2016-03-02	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	473	M.Z., M.D.
2016-03-21	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	RESPONDENT
2016-03-21	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2016-03-21	OXYCODONE HCL	TAB	30 MG	180	RESPONDENT
2016-04-04	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	473	M.Z., M.D.
2016-04-18	OXYCODONE HCL	TAB	30 MG	180	RESPONDENT
2016-04-18	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2016-04-18	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	RESPONDENT
2016-05-06	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	240	P.S., M.D.
2016-05-18	OXYCODONE HCL	TAB	30 MG	180	RESPONDENT



Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2016-05-18	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	RESPONDENT
2016-05-18	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2016-06-06	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	473	M.Z., M.D.
2016-06-17	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2016-06-17	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	RESPONDENT
2016-06-17	OXYCODONE HCL	TAB	30 MG	180	RESPONDENT
2016-07-06	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	473	M.Z., M.D.
2016-07-18	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2016-07-18	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	RESPONDENT
2016-07-18	OXYCODONE HCL	TAB	30 MG	180	RESPONDENT
2016-08-05	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	473	M.Z., M.D.
2016-08-17	OXYCODONE HCL	TAB	30 MG	180	RESPONDENT
2016-08-17	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2016-08-17	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	RESPONDENT
2016-09-08	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	473	M.Z., M.D.
2016-09-15	OXYCODONE HCL	TAB	30 MG	180	RESPONDENT
2016-09-15	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2016-09-15	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	RESPONDENT
2016-10-10	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	473	M.Z., M.D.
2016-10-17	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	RESPONDENT
2016-10-17	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2016-10-17	OXYCODONE HCL	TAB	30 MG	180	RESPONDENT
2016-11-11	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	473	M.Z., M.D.
2016-11-15	OXYCODONE HCL	TAB	30 MG	180	RESPONDENT
2016-11-15	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	RESPONDENT
2016-11-15	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2016-12-05	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	473	M.Z., M.D.
2016-12-14	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	RESPONDENT
2016-12-14	OXYCODONE HCL	TAB	30 MG	180	RESPONDENT
2016-12-14	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2016-12-28	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	473	M.Z., M.D.

68. During the period of on or about January 1, 2017, through on or about December 31, 2017, Patient D filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2017-01-13	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	RESPONDENT
2017-01-13	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2017-01-13	OXYCODONE HCL	TAB	30 MG	180	RESPONDENT
2017-02-01	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	473	M.Z., M.D.
2017-02-13	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	RESPONDENT
2017-02-13	OXYCODONE HCL	TAB	30 MG	180	RESPONDENT
2017-02-13	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2017-03-07	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	473	M.Z., M.D.
2017-03-14	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2017-03-14	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	RESPONDENT
2017-03-14	OXYCODONE HCL	TAB	30 MG	180	RESPONDENT
2017-03-30	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	180	KING, MELANIE, E, (MSN)
2017-04-13	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2017-04-13	OXYCODONE HCL	TAB	30 MG	180	RESPONDENT
2017-05-08	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT
2017-05-16	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2017-05-31	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	473	M.Z., M.D.
2017-06-05	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT
2017-06-14	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2017-07-05	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT
2017-07-12	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2017-08-07	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT
2017-09-07	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT
2017-09-18	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2017-10-06	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT
2017-10-16	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2017-11-06	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2017-11-13	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2017-12-06	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT
2017-12-11	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT

69. During the period of on or about January 1, 2018, through on or about December 31, 2018, Patient D filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2018-01-04	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT
2018-01-16	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2018-01-25	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	473	M.Z., M.D.
2018-02-05	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT
2018-02-14	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2018-02-26	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	473	M.Z., M.D.
2018-03-05	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT
2018-03-15	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2018-03-26	PROMETHAZINE HCL-CODEINE PHOSPHATE	SYR	6.25MG/5ML-10MG/5ML	120	M.Z., M.D.
2018-04-04	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT
2018-04-15	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2018-04-19	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	20	G.R., N.P.
2018-05-04	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT
2018-05-07	DIETHYLPROPION HCL	TAB	25 MG	14	T.A., M.D.
2018-05-24	DIETHYLPROPION HCL	TAB	25 MG	14	T.A., M.D.
2018-05-24	ALPRAZOLAM	TAB	2 MG	60	J.E., M.D.
2018-06-04	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT
2018-06-21	ALPRAZOLAM	TAB	2 MG	60	J.E., M.D.
2018-06-21	CARISOPRODOL	TAB	350 MG	90	RESPONDENT
2018-07-03	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT
2018-07-23	ALPRAZOLAM	TAB	2 MG	60	J.E., M.D.
2018-07-23	CARISOPRODOL	TAB	350 MG	90	RESPONDENT
2018-08-02	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT
2018-08-21	ALPRAZOLAM	TAB	2 MG	60	J.E., M.D.
2018-08-21	CARISOPRODOL	TAB	350 MG	90	RESPONDENT
2018-08-31	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT
2018-09-19	ALPRAZOLAM	TAB	2 MG	60	J.E., M.D.
2018-09-19	CARISOPRODOL	TAB	350 MG	90	RESPONDENT
2018-10-01	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2018-10-23	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2018-10-31	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT
2018-11-21	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2018-11-30	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT
2018-12-18	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2018-12-31	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT

70. During the period of on or about January 1, 2019, through on or about , July 27, 2019, Patient D filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Drug Strength	Qty	Prescriber Name
2019-01-22	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2019-01-30	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT
2019-02-20	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2019-02-28	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT
2019-03-21	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2019-03-30	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT
2019-04-18	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2019-04-29	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT
2019-05-21	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2019-05-30	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT
2019-06-21	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2019-06-27	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT
2019-07-22	ALPRAZOLAM	TAB	2 MG	60	RESPONDENT
2019-07-27	OXYCODONE HCL	TAB	30 MG	240	RESPONDENT

Circumstances Related to Canine Patient E

71. Respondent prescribed alprazolam to Patient E, his dog, on or about February 14, 2014. Respondent prescribed 1 mg, to be taken twice per day, with a fifty tablet supply. Respondent did not maintain any medical records whatsoever related to his treatment of Patient E. Respondent is not a licensed veterinarian, and is not licensed to provide medical treatment to animals.

**FIRST CAUSE FOR DISCIPLINE**

**(Gross Negligence)**

72. Respondent has further subjected his Physician's and Surgeon's Certificate No. G 15922 to disciplinary action under sections 2227 and 2234, as defined by section 2234,

1 subdivision (b), in that he committed an act or acts amounting to gross negligence in the care and  
2 treatment of Patient A, Patient B, Patient C, Patient D, and Canine Patient E. The circumstances  
3 are set forth in paragraphs 31 through 71, above, which are incorporated here by reference as if  
4 fully set forth. Additional circumstances are as follows:

5 73. Respondent prescribed an extremely high quantity of morphine sulphate to Patient A,  
6 which carries a high risk of respiratory depression. Combining a high dose of morphine sulphate  
7 with a benzodiazepine greatly exacerbates this risk. Patient A suffered from COPD and depended  
8 on supplemental oxygen to assist his respiration, further increasing the risk of asphyxia. By  
9 prescribing an extremely high quantity of morphine sulphate in conjunction with lorazepam, in a  
10 patient suffering from COPD, who relied upon supplemental oxygen, Respondent committed an  
11 act of gross negligence.

12 74. Respondent failed to document an adequate treatment plan for Patient A while  
13 prescribing controlled substances. Respondent did not document objective data that could be  
14 used to evaluate the effectiveness of the treatment plan, including pain relief, improved physical  
15 and psychosocial function. Respondent did not attempt any other treatment modalities in the  
16 treatment of Patient A's pain, as alternatives to the continued prescribing of controlled  
17 substances. Respondent failed to appropriately manage Patient A while he was prescribed  
18 controlled substances. Respondent did not adequately attempt to reduce the amounts of  
19 controlled substances prescribed to Patient A, or utilize other less dangerous treatment methods.  
20 At times, Respondent prescribed Patient A controlled substances in excess of 1,900 morphine  
21 milligram equivalents per day. By failing to document a treatment plan, and inappropriately  
22 prescribing controlled substances to Patient A, Respondent committed an act of gross negligence.

23 75. Respondent failed to adequately utilize pain management agreements in his treatment  
24 of Patient A. While Respondent claimed that he did use a pain management agreement, he did  
25 not have a recent pain management agreement documented from 2014 through 2018. Respondent  
26 admitted that he did not recall obtaining informed consent from Patient A prior to prescribing  
27 controlled substances. By failing to adequately utilize pain management agreements and failing  
28 to provide informed consent, Respondent committed an act of gross negligence.

1           76. Respondent failed to document an adequate treatment plan for Patient B while  
2 prescribing controlled substances. Respondent admitted that he did not have a treatment plan for  
3 Patient B. Respondent failed to document consideration of less dangerous non-opiate treatment  
4 modalities for Patient B's pain management. By failing to prepare and/or adequately document a  
5 treatment plan for Patient B related to the prescribing of controlled substances, Respondent  
6 committed an act of gross negligence.

7           77. Respondent prescribed large doses of opioids to Patient C. Respondent failed to  
8 document an adequate physical examination to justify these prescriptions, failed to monitor  
9 Patient C's diabetes through appropriate lab studies, and failed to document trials of non-opioid  
10 medications to control the patient's pain. These failures constitute gross negligence.

11           78. Respondent failed to document an adequate treatment plan for Patient C while  
12 prescribing controlled substances. Respondent admitted that he merely continued prescribing the  
13 same controlled substances to Patient C that she had received from her prior physician.  
14 Respondent received recommendations of non-opiate prescriptions to treat Patient C's pain, but  
15 failed to utilize them and/or document why they were inappropriate for Patient C. Respondent  
16 failed to document consideration of less dangerous alternative treatment modalities for Patient  
17 C's pain management. Respondent failed to consider alternative treatment modalities, and  
18 continued to prescribe Patient C OxyContin in excess of 500 MME per day. By failing to  
19 consider alternative treatments for Patient C, and inappropriately prescribing controlled  
20 substances, Respondent committed an act of gross negligence.

21           79. Respondent failed to provide and/or document the provision of informed consent to  
22 Patient C prior to prescribing controlled substances. By failing to provide and/or document  
23 informed consent to Patient C, Respondent committed an act of gross negligence.

24           80. Respondent did not document any consultations related to the care of Patient C from  
25 January 1, 2014 through December 18, 2017. Respondent did not refer Patient C for any  
26 imaging, electromyogram test, nerve conduction study, blood work or urine drug screens. By  
27 failing to provide appropriate referrals for the evaluation and treatment of Patient C, Respondent  
28 committed an act of gross negligence.

1           81. Respondent failed to document an adequate treatment plan for Patient D while  
2 prescribing controlled substances. Respondent admitted that he did not have a treatment plan for  
3 Patient D. Respondent failed to document consideration of less dangerous non-opiate treatment  
4 modalities for Patient D's pain management. By failing to prepare and/or adequately document a  
5 treatment plan for Patient D related to the prescribing of controlled substances, Respondent  
6 committed an act of gross negligence.

7           82. Respondent failed to adequately document Patient D's treatment in her medical  
8 records. The majority of Respondent's medical records for Patient D involved six separate  
9 encounters, documented together on a single handwritten page. Respondent's medical records for  
10 Patient D were incomplete, and failed to contain a treatment plan. By failing to adequately and  
11 accurately document the treatment of Patient D in her medical records, Respondent committed an  
12 act of gross negligence.

13           83. Respondent inappropriately prescribed controlled substances to his dog. Respondent  
14 is not a licensed veterinarian, and maintained no treatment records related to the animal. By  
15 prescribing controlled substances to an animal that was not under his care, and failing to maintain  
16 appropriate treatment records, Respondent committed an act of gross negligence.

### 17                                   **SECOND CAUSE FOR DISCIPLINE**

#### 18                                   **(Repeated Negligent Acts)**

19           84. Respondent has further subjected his Physician's and Surgeon's Certificate No. G  
20 15922 to disciplinary action under sections 2227 and 2234, as defined by section 2234,  
21 subdivision (c), in that he engaged in repeated acts of negligence in his care and treatment of  
22 Patient A, Patient B, Patient C, Patient D, and Canine Patient E. The circumstances are set forth  
23 in paragraphs 31 through 71, above, which are incorporated here by reference as if fully set forth.

### 24                                   **THIRD CAUSE FOR DISCIPLINE**

#### 25                                   **(Excessive Prescribing)**

26           85. Respondent has further subjected his Physician's and Surgeon's Certificate No. G  
27 15922 to disciplinary action under sections 2227 and 2234, as defined by section 725, of the  
28 Code, in that, Respondent prescribed excessive amounts of controlled substances for Patient A,

1 and Patient C, as more particularly alleged in paragraphs 31 thorough 44 (Patient A), and 54  
2 through 62 (Patient C), above, which are incorporated reference and realleged as if fully set forth  
3 herein.

4 **FOURTH CAUSE FOR DISCIPLINE**


5 **(Recordkeeping)**

6 86. Respondent has further subjected his Physician's and Surgeon's Certificate No. G  
7 15922 to disciplinary action under sections 2227 and 2234, as defined by section 2266 in that he  
8 failed to maintain adequate and accurate medical records in his care and treatment of Patient A,  
9 Patient B, Patient C, Patient D, and Canine Patient E. The circumstances are set forth in  
10 paragraphs 31 through 71, above, which are incorporated here by reference as if fully set forth.

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 No. G 15922, issued  
15 to John F. Kirby, Jr., M.D.;
- 16 2. Revoking, suspending or denying approval of John F. Kirby, Jr., M.D.'s authority to  
17 supervise physician assistants and advanced practice nurses;
- 18 3. Ordering John F. Kirby, Jr., M.D., if placed on probation, to pay the Board the costs  
19 of probation monitoring; and
- 20 4. Taking such other and further action as deemed necessary and proper.

21 

22 DATED: August 8, 2019

23 Michael C. Brummel, Deputy Attorney General, for  
24 KIMBERLY KIRCHMEYER  
25 Executive Director  
26 Medical Board of California  
27 Department of Consumer Affairs  
28 State of California  
*Complainant*

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**Exhibit B**

**Accusation No. 800-2019-056803**

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

12 In the Matter of the Accusation Against:

Case No. 800-2019-056803

13 **John F. Kirby, Jr., M.D.**  
14 **5680 N. Fresno Street, #107**  
15 **Fresno, CA 93710-8331**

**A C C U S A T I O N**

16 **Physician's and Surgeon's Certificate**  
17 **No. G 15922,**

Respondent.

18 **PARTIES**

19 1. William Prasifka (Complainant) brings this Accusation solely in his official capacity  
20 as the Executive Director of the Medical Board of California, Department of Consumer Affairs  
(Board).

21 2. On or about December 16, 1968, the Medical Board issued Physician's and Surgeon's  
22 Certificate Number G 15922 to John F. Kirby, Jr., M.D. (Respondent). The Physician's and  
23 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
24 herein and will expire on June 30, 2021, unless renewed.

25 **JURISDICTION**

26 3. This Accusation is brought before the Board, under the authority of the following  
27 laws. All section references are to the Business and Professions Code (Code) unless otherwise  
28 indicated.

1 4. Section 2227 of the Code states:

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

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

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

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

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

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

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

### 23 STATUTORY PROVISIONS

24 5. Section 2234 of the Code, states:

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

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

(b) Gross negligence.

(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

1 treatment, and the licensee's conduct departs from the applicable standard  
2 of care, each departure constitutes a separate and distinct breach of the  
3 standard of care.

4 (d) Incompetence.

5 (e) The commission of any act involving dishonesty or corruption that is  
6 substantially related to the qualifications, functions, or duties of a physician and  
7 surgeon.

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

9 (g) The failure by a certificate holder, in the absence of good cause, to attend  
10 and participate in an interview by the board. This subdivision shall only apply to a  
11 certificate holder who is the subject of an investigation by the board.

### 12 DEFINITIONS

13 6. Codeine is an opioid pain medication, commonly referred to as a narcotic. Codeine  
14 has a high potential for abuse. It is a Schedule II controlled substance and narcotic as defined by  
15 section 11055, subdivision (b)(1) of the Health and Safety Code, and a Schedule II controlled  
16 substance as defined by Section 1308.12 (b)(1) of Title 21 of the code of Federal Regulations and  
17 a dangerous drug as defined in Business and Professions Code section 4022. Respiratory  
18 depression is the chief hazard from all opioid agonist preparations.

19 7. Fentanyl is a Schedule II controlled substance pursuant to Health and Safety Code  
20 section 11055, subdivision (c), and a dangerous drug pursuant to Business and Professions Code  
21 section 4022. Fentanyl is a potent synthetic opioid drug approved by the Food and Drug  
22 Administration for use as an analgesic (pain relief) and anesthetic. It is approximately 100 times  
23 more potent than morphine and 50 times more potent than heroin as an analgesic. The Drug  
24 Enforcement Administration has identified fentanyl as a drug with a high potential for abuse.  
25 (Drugs of Abuse, A DEA Resource Guide (2011 Edition), at p. 9.) The Federal Drug  
26 Administration warns that fentanyl has a currently accepted medical use in the United States, with  
27 severe restrictions. Abuse of fentanyl may lead to severe psychological or physical dependence.  
28 Fentanyl pharmaceutical products are currently available in the following dosage forms: oral  
transmucosal lozenges commonly referred to as fentanyl "lollipops" (Actiq®), effervescent  
buccal tablets (Fentora®), sublingual tablets (Abstral®), sublingual sprays (Subsys®), nasal  
sprays (Lazanda®), transdermal patches (Duragesic®), and injectable formulations. Norfentanyl

1 is a DEA Schedule II controlled substance and a major metabolite of fentanyl, meaning that it is  
2 formed in or necessary for the body to metabolize fentanyl.

3 8. Norco ® is a hydrocodone combination of hydrocodone bitartrate and acetaminophen  
4 which was formerly a Schedule III controlled substance pursuant to Health and Safety Code  
5 section 11056, subdivision (e), and a dangerous drug pursuant to Business and Professions Code  
6 section 4022. On August 22, 2014, the DEA published a final rule rescheduling hydrocodone  
7 combination products (HCPs) to schedule II of the Controlled Substances Act, which became  
8 effective October 6, 2014. Schedule II controlled substances are substances that have a currently  
9 accepted medical use in the United States, but also have a high potential for abuse, and the abuse  
10 of which may lead to severe psychological or physical dependence. When properly prescribed  
11 and indicated, it is used for the treatment of moderate to severe pain. In addition to the potential  
12 for psychological and physical dependence there is also the risk of acute liver failure which has  
13 resulted in a black box warning being issued by the Federal Drug Administration (FDA). The  
14 FDA black box warning provides that "Acetaminophen has been associated with cases of acute  
15 liver failure, at times resulting in liver transplant and death. Most of the cases of liver injury are  
16 associated with use of the acetaminophen at doses that exceed 4000 milligrams per day, and often  
17 involve more than one acetaminophen containing product."

18 9. Methadone is an opioid medication that has a high potential for abuse. It is a  
19 dangerous drug as defined in section 4022 and a Schedule II controlled substance and narcotic as  
20 defined by section 11055 of the Health and Safety Code. Methadone is used as a pain reliever  
21 and as part of drug addiction detoxification and maintenance programs. It may cause a prolonged  
22 QT interval (a rare heart problem that may cause irregular heartbeat, fainting, or sudden death).

23 10. MS-Contin® (morphine sulfate), an opioid analgesic, is a Schedule II controlled  
24 substance pursuant to Health and Safety Code section 11055, subdivision (e), and a dangerous  
25 drug pursuant to Business and Professions Code section 4022. When properly prescribed and  
26 indicated, it is used for the management of pain that is severe enough to require daily, around-the-  
27 clock, long-term opioid treatment and for which alternative treatment options are inadequate. The  
28 Drug Enforcement Administration has identified morphine sulfate, as a drug of abuse. (Drugs of

1 Abuse, A DEA Resource Guide (2011 Edition), at p. 39.) The Federal Drug Administration has  
2 issued a black box warning for MS Contin® which warns about, among other things, addiction,  
3 abuse and misuse, and the possibility of life-threatening respiratory distress. The warning also  
4 cautions about the risks associated with concomitant use of MS Contin® with benzodiazepines or  
5 other central nervous system (CNS) depressants.

6 11. Morphine is a non-synthetic narcotic, derived from opium, which is used for the  
7 treatment of pain. Morphine's effects include euphoria and relief of pain. Chronic use of  
8 morphine results in tolerance and physical and psychological dependence. Morphine use results  
9 in relief from physical pain, decrease in hunger, and inhibition of the cough reflex. Overdose  
10 effects include: cold and clammy skin; lowered blood pressure; sleepiness; slowed breathing;  
11 slow pulse rate; coma; and possible death. There are known risks associated with concomitant use  
12 of morphine with benzodiazepines or other central nervous system (CNS) depressants. Morphine  
13 is a Schedule II narcotic under the Controlled Substances Act. The Drug Enforcement  
14 Administration has identified morphine, as a drug of abuse. (Drugs of Abuse, A DEA Resource  
15 Guide (2017 Edition), at p. 45.)

16 12. Oxycodone (Oxaydo®, OxyCONTIN®, Oxyfast®, Roxicodon®, Xtampza ER®) is  
17 a white odorless crystalline powder derived from an opium alkaloid. It is a pure agonist opioid  
18 whose principal therapeutic action is analgesia. Other therapeutic effects of oxycodone include  
19 anxiolysis, euphoria, and feelings of relaxation. Oxycodone is a Schedule II controlled substance  
20 and narcotic as defined by section 11055, subdivision (b)(1) of the Health and Safety Code, a  
21 Schedule II controlled substance as defined by Section 1308.12 (b)(1) of Title 21 of the code of  
22 Federal Regulations, and a dangerous drug as defined in Business and Professions Code section  
23 4022. When properly prescribed and indicated, oxycodone is used for the management of pain  
24 severe enough to require daily, around-the-clock, long-term opioid treatment for which alternative  
25 treatment options are inadequate. Respiratory depression is the chief hazard from all opioid  
26 agonist preparations. The risk of respiratory depression and overdose is increased with the  
27 concomitant use of benzodiazepines or when prescribed to patients with pre-existing respiratory  
28 depression. Oxycodone should be used with caution and started in a reduced dosage (1/3 to 1/2

1 of the usual dosage) in patients who are concurrently receiving other central nervous system  
2 depressants including sedatives or hypnotics, general anesthetics, phenothiazines, other  
3 tranquilizers, and alcohol. The Drug Enforcement Administration (DEA) has identified  
4 oxycodone, as a drug of abuse. (Drugs of Abuse, A DEA Resource Guide (2011 Edition), at p.  
5 41.) Noroxycodone is the major metabolite of the opioid analgesic oxycodone. It is formed from  
6 oxycodone in the liver via N- demethylation predominantly by CYP3A4. Noroxycodone binds to  
7 and activates the  $\mu$ -opioid receptor (MOR) similarly to oxycodone, although with one-third of the  
8 affinity of oxycodone and 5- to 10-fold lower activational potency.

9 13. Oxymorphone (Opana ER®), an opioid analgesic, is a Schedule II controlled  
10 substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous  
11 drug pursuant to Business and Professions Code section 4022. When properly prescribed and  
12 indicated, it is used for the management of pain that is severe enough to require daily, around-the-  
13 clock, long-term opioid treatment and for which alternative treatment options are not available.  
14 The Drug Enforcement Administration has identified oxycodone, as a drug of abuse. (Drugs of  
15 Abuse, A DEA Resource Guide (2011 Edition), at p. 41.) The Federal Drug Administration has  
16 issued a black box warning for Opana ER® which warns about, among other things, addiction,  
17 abuse and misuse, and the possibility of life-threatening respiratory distress. The warning also  
18 cautions about the risks associated with concomitant use of Opana ER® with benzodiazepines or  
19 other central nervous system (CNS) depressants.

20 14. "Failed back surgery syndrome" (also called FBSS, or failed back syndrome), though  
21 not actually a syndrome in the technical sense, is a generalized phrase that is often used by  
22 physicians and medical personnel to describe the condition of patients who have not had a  
23 successful result with back surgery or spine surgery and continue to experience pain after surgery.

#### 24 **FACTUAL ALLEGATIONS**

25 15. Respondent first evaluated the patient<sup>1</sup>, who had been referred to Respondent by his  
26 neighbor, on or about March 24, 2014. The patient's chief complaint was back pain for which he  
27 reported currently taking oxycodone 30 mg in the morning, 20 mg at dinner, and 20 mg at

28 <sup>1</sup> The Patient's name is not used in this pleading to maintain patient confidentiality.

1 bedtime. The patient also reported that he had previously been on Norco, had received injections  
2 in the past, and had lumbar surgery that did not provide benefit which was followed by removal  
3 of the hardware placed in that surgery. The patient reported his pain was 8/10 constant, but  
4 decreased to 5/10 with medication. Respondent diagnosed the patient with failed back surgery  
5 syndrome and gave him prescriptions for MS-Contin 30 mg thrice daily and Immediate Release  
6 morphine 15 mg thrice daily as needed. A return visit was scheduled for the patient in six weeks.

7 16. On or about March 31, 2014, the patient called Respondent's office because the pain  
8 medications Respondent prescribed for him were not providing sufficient relief. In response,  
9 Respondent changed the patient's medications and prescribed two oxycodone 10 mg pills, four  
10 times a day.

11 17. In various follow-up visits, the patient reported that oxycodone did not last long  
12 enough, so Respondent increased the patient's medications to three oxycodone 10 mg pills, four  
13 times a day, and added Norco 10/325 four times a day as needed for the patient to take in between  
14 oxycodone doses. The patient remained on these medications, at these doses, for several years.  
15 Oxycontin was tried, but was stopped because cost prohibitive. Methadone was also tried, but  
16 was stopped since too sedating. The patient's insurance plan would not cover the full amount of  
17 oxycodone that Respondent prescribed for the patient per month, so Respondent wrote two  
18 prescriptions of it for the patient each month – one for the amount his insurance would cover, and  
19 one for the remainder, for which the patient paid out of pocket. Over the years, consistent  
20 reduction in the patient's pain (from 9/10 to 3/10) was documented without side effects and the  
21 patient's daily activities were documented that "he can get out of bed with medication and cannot  
22 without."

23 18. On or about May 22, 2019, Respondent saw the patient in an office visit in which his  
24 usual monthly medications of oxycodone and Norco were prescribed and a urine drug specimen  
25 was collected. The patient picked up the oxycodone medication at a pharmacy on or about May  
26 28, 2019. Quantitative analysis was performed on the patient's urine sample which detected  
27 oxycodone, oxymorphone, noroxycodone, fentanyl, norfentanyl, morphine, and codeine.

28 ///





1 misusing their medications including those whose living arrangements pose a risk for medication  
2 misuse or diversion. The management of pain in patients with a history of substance abuse  
3 requires extra care, monitoring, documentation, and consultation with addiction medicine  
4 specialists, and may entail the use of agreements between the provider and the patient that specify  
5 the rules for medication use and consequences for misuse. When the patient's urine drug test  
6 revealed the presence of unexplained controlled substances (fentanyl, norfentanyl, morphine, and  
7 codeine) and the absence of one of the medications he prescribed for the patient (hydrocodone)  
8 concern for drug abuse should have been raised and consultation with an addictionologist should  
9 have been considered. Respondent's failure to consider and/or refer the patient to an  
10 addictionologist upon receipt of the drug urine testing results constitutes negligence. Further,  
11 when the patient was unable to tolerate opioid weaning because of uncontrolled pain,  
12 consideration should have been given for a referral to a specialist for a spinal cord stimulator trial  
13 or other injection. Respondent's failure to consider and/or refer the patient to a specialist for a  
14 spinal cord stimulator trial or other injection constitutes negligence.

15 23. The standard of care requires the physician to notify a patient of the following in  
16 writing when the physician wishes to discontinue care: (1) the last day the physician will be  
17 available to render medical care, assuring the patient has been provided at least 15 days of  
18 emergency treatment and prescriptions before discontinuing the physicians availability; (2)  
19 alternative sources of medical care (i.e. referral to other physicians by name, or to the local  
20 medical society's referral service); and (3) the information necessary to obtain the medical  
21 records compiled during the patient's care (whom to contact, how, and where). Respondent's  
22 failure to provide the patient with a list of other physicians by name or to guide the patient to the  
23 local medical society's referral service constitutes negligence.

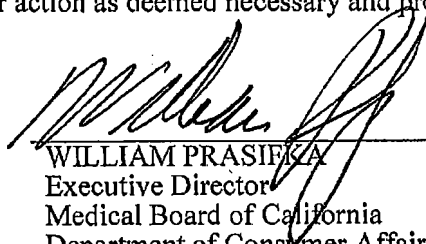
#### 24 PRAYER

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

27 1. Revoking or suspending Physician's and Surgeon's Certificate Number G 15922,  
28 issued to John F. Kirby, Jr., M.D.;

- 1           2.    Revoking, suspending or denying approval of John F. Kirby, Jr., M.D.'s authority to  
2 supervise physician assistants and advanced practice nurses;  
3           3.    Ordering John F. Kirby, Jr., M.D., if placed on probation, to pay the Board the costs  
4 of probation monitoring; and  
5           4.    Taking such other and further action as deemed necessary and proper.

6  
7 DATED: FEB 03 2021

  
\_\_\_\_\_  
WILLIAM PRASIFKA  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*

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