

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

In the Matter of the Accusation
Against:

Ramiz Naim Elias, M.D.

Physician's and Surgeon's
Certificate No. A 99956

Respondent.

Case No.: 800-2017-029123

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 December 30, 2021.

IT IS SO ORDERED: November 30, 2021.

MEDICAL BOARD OF CALIFORNIA



Laurie Rose Lubiano, J.D., Chair
Panel A

1 ROB BONTA
Attorney General of California
2 MATTHEW M. DAVIS
Supervising Deputy Attorney General
3 JASON J. AHN
Deputy Attorney General
4 State Bar No. 253172
600 West Broadway, Suite 1800
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6 San Diego, CA 92186-5266
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8 *Attorneys for Complainant*

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

In the Matter of the Accusation Against:
RAMIZ NAIM ELIAS, M.D.
5600 Shasta Daisy Trl
SAN DIEGO CA 92130-6972
Physician's and Surgeon's
Certificate No. A 99956

Respondent.

Case No. 800-2017-029123
OAH No. 2020020209
**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

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

PARTIES

1. William Prasifka (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, by Jason J. Ahn, Deputy Attorney General.

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1 CULPABILITY

2 9. Respondent does not contest that, at an administrative hearing, Complainant could
3 establish a *prima facie* case with respect to the charges and allegations contained in Accusation
4 800-2017-029123, a copy of which is attached hereto as Exhibit A, and that he has thereby
5 subjected his Physician's and Surgeon's Certificate No. A 99956 to disciplinary action.

6 10. Respondent agrees that if an accusation is ever filed against him before the Medical
7 Board of California, all of the charges and allegations contained in Accusation No. 800-2017-
8 029123 shall be deemed true, correct, and fully admitted by Respondent for purposes of that
9 proceeding or any other licensing proceeding involving Respondent in the State of California.

10 11. Respondent agrees that his Physician's and Surgeon's Certificate No. A 99956 is
11 subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth
12 in the Disciplinary Order below.

13 CONTINGENCY

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

24 13. Respondent agrees that if he ever petitions for early termination or modification of
25 probation, or if an accusation and/or petition to revoke probation is filed against him before the
26 Board, all of the charges and allegations contained in Accusation No. 800-2017-029123 shall be
27 deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any
28 other licensing proceeding involving Respondent in the State of California.

1 **ADDITIONAL PROVISIONS**

2 14. This Stipulated Settlement and Disciplinary Order is intended by the parties herein
3 to be an integrated writing representing the complete, final, and exclusive embodiment of the
4 agreements of the parties in the above-entitled matter.

5 15. The parties agree that copies of this Stipulated Settlement and Disciplinary Order,
6 including copies of the signatures of the parties, may be used in lieu of original documents and
7 signatures and, further, that such copies shall have the same force and effect as originals.

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

11 **DISCIPLINARY ORDER**

12 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 99956 issued
13 to Respondent Ramiz Naim Elias, M.D. is revoked. However, the revocation is stayed and
14 Respondent is placed on probation for five (5) years on the following terms and conditions:

15 1. **CONTROLLED SUBSTANCES - PARTIAL RESTRICTION.** Respondent shall not
16 prescribe any controlled substances for treatment of pain unless while providing medical care at
17 hospitals, Emergency Rooms, Skilled Nursing Facilities (SNF), or assisted living facilities.

18 Respondent shall not issue an oral or written recommendation or approval to a patient or a
19 patient's primary caregiver for the possession or cultivation of marijuana for the personal medical
20 purposes of the patient within the meaning of Health and Safety Code section 11362.5. If
21 Respondent forms the medical opinion, after an appropriate prior examination and medical
22 indication, that a patient's medical condition may benefit from the use of marijuana, Respondent
23 shall so inform the patient and shall refer the patient to another physician who, following an
24 appropriate prior examination and medical indication, may independently issue a medically
25 appropriate recommendation or approval for the possession or cultivation of marijuana for the
26 personal medical purposes of the patient within the meaning of Health and Safety Code section
27 11362.5. In addition, Respondent shall inform the patient or the patient's primary caregiver that
28 Respondent is prohibited from issuing a recommendation or approval for the possession or

1 cultivation of marijuana for the personal medical purposes of the patient and that the patient or
2 the patient's primary caregiver may not rely on Respondent's statements to legally possess or
3 cultivate marijuana for the personal medical purposes of the patient. Respondent shall fully
4 document in the patient's chart that the patient or the patient's primary caregiver was so
5 informed. Nothing in this condition prohibits Respondent from providing the patient or the
6 patient's primary caregiver information about the possible medical benefits resulting from the use
7 of marijuana.

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

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

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

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

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

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

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

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

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

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

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

8 6. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days
9 of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment
10 program approved in advance by the Board or its designee. Respondent shall successfully
11 complete the program not later than six (6) months after Respondent's initial enrollment unless
12 the Board or its designee agrees in writing to an extension of that time.

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

23 At the end of the evaluation, the program will submit a report to the Board or its designee
24 which unequivocally states whether the Respondent has demonstrated the ability to practice
25 safely and independently. Based on Respondent's performance on the clinical competence
26 assessment, the program will advise the Board or its designee of its recommendation(s) for the
27 scope and length of any additional educational or clinical training, evaluation or treatment for any
28 medical condition or psychological condition, or anything else affecting Respondent's practice of

1 medicine. Respondent shall comply with the program's recommendations.

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

4 If Respondent fails to enroll, participate in, or successfully complete the clinical
5 competence assessment program within the designated time period, Respondent shall receive a
6 notification from the Board or its designee to cease the practice of medicine within three (3)
7 calendar days after being so notified. The Respondent shall not resume the practice of medicine
8 until enrollment or participation in the outstanding portions of the clinical competence assessment
9 program have been completed. If the Respondent did not successfully complete the clinical
10 competence assessment program, the Respondent shall not resume the practice of medicine until a
11 final decision has been rendered on the accusation and/or a petition to revoke probation. The
12 cessation of practice shall not apply to the reduction of the probationary time period.]

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

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

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

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

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

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

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

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

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

10 9. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
11 NURSES. During probation, Respondent is prohibited from supervising physician assistants and
12 advanced practice nurses.

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

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

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

21 12. GENERAL PROBATION REQUIREMENTS.

22 Compliance with Probation Unit

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

24 Address Changes

25 Respondent shall, at all times, keep the Board informed of Respondent's business and
26 residence addresses, email address (if available), and telephone number. Changes of such
27 addresses shall be immediately communicated in writing to the Board or its designee. Under no
28 circumstances shall a post office box serve as an address of record, except as allowed by Business

1 and Professions Code section 2021, subdivision (b).

2 Place of Practice

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

6 License Renewal

7 Respondent shall maintain a current and renewed California physician's and surgeon's
8 license.

9 Travel or Residence Outside California

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

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

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

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

1 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
2 on probation with the medical licensing authority of that state or jurisdiction shall not be
3 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
4 period of non-practice.

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

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

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

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

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

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

27 17. LICENSE SURRENDER. Following the effective date of this Decision, if
28 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy

1 the terms and conditions of probation, Respondent may request to surrender his or her license.
2 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in
3 determining whether or not to grant the request, or to take any other action deemed appropriate
4 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
5 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
6 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
7 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
8 application shall be treated as a petition for reinstatement of a revoked certificate.

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

14 19. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
15 a new license or certification, or petition for reinstatement of a license, by any other health care
16 licensing action agency in the State of California, all of the charges and allegations contained in
17 Accusation No. 800-2017-029123 shall be deemed to be true, correct, and admitted by
18 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
19 restrict license.

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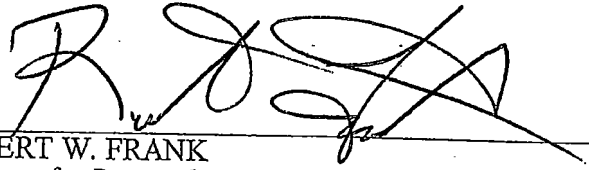
ACCEPTANCE

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

DATED: 09.22.2021 
RAMIZ NAIM ELIAS, M.D.
Respondent

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

DATED: 9-22-21 
ROBERT W. FRANK
Attorney for Respondent

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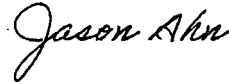
ENDORSEMENT

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

DATED: September 22, 2021

Respectfully submitted,

ROB BONTA
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General



JASON J. AHN
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2017-029123

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2 MATTHEW M. DAVIS
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8 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against: Case No. 800-2017-029123
14 **RAMIZ NAIM ELIAS, M.D.** ACCUSATION
7695 Cardinal Court, Ste. 370-375
15 San Diego, CA 92123
16 **Physician's and Surgeon's Certificate**
No. A 99956,

17 Respondent.
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20 **PARTIES**

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

24 2. On or about May 4, 2007, the Medical Board issued Physician's and Surgeon's
25 Certificate No. A 99956 to Ramiz Naim Elias, M.D. (Respondent). The Physician's and
26 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
27 herein and will expire on October 31, 2020, unless renewed.

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JURISDICTION

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

5 4. Section 2227 of the Code states:

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

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

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

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

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

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

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

27 5. Section 2234 of the Code, states, in pertinent part:

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

...

(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.

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

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

6 ...

7 6. Section 2266 of the Code states:

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

10 7. Unprofessional conduct under Business and Professions Code section 2234 is conduct
11 which breaches the rules or ethical code of the medical profession, or conduct which is
12 unbecoming a member in good standing of the medical profession, and which demonstrates an
13 unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564,
14 575.)

15 FIRST CAUSE FOR DISCIPLINE

16 (Gross Negligence)

17 8. Respondent has subjected his Physician's and Surgeon's Certificate No. A 99956 to
18 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of
19 the Code, in that he committed gross negligence in his care and treatment of Patients A,¹ B, C,
20 and D, as more particularly alleged hereinafter:

21 **Patient A**

22 9. On or about January 8, 2016, Patient A first presented to Respondent. At the time of
23 this visit, Patient A was a fifty-one (51) year-old female with a prior medical history including,
24 but not limited to, diabetes mellitus, hypertension, obesity, left shoulder degenerative disease, left
25 knee degenerative changes with spurs, left lateral meniscus tear, left knee mild ACL sprain,
26 benign positional vertigo, and asthma. Respondent failed to obtain Patient A's prior medical

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28 ¹ References to "Patient A - D" are used to protect patient privacy.

1 records. Respondent failed to review Patient A's prior medical records. Respondent prescribed
2 controlled substances to Patient A which Patient A was reportedly previously prescribed,
3 including, but not limited to, oxycodone,² OxyContin,³ and Soma.⁴ Patient A did not sign a
4 controlled substance agreement until March 14, 2017. Respondent failed to request and/or failed
5 to document having requested a urine toxicology screening. Respondent failed to check and/or
6 failed to document having checked Patient A's CURES reports.⁵

7 10. On or about July 30, 2016, Patient A returned to Respondent for a refill of her
8 medications. Respondent failed to conduct a physical examination and/or failed to document
9 having conducted a physical examination of Patient A. Respondent refilled OxyContin,
10 oxycodone, Soma, Lisinopril,⁶ and Metformin.⁷ Respondent failed to request and/or failed to
11 document having requested a urine toxicology screening. Respondent failed to check and/or
12 failed to document having checked Patient A's CURES reports.

13 ² Oxycodone HCL (OxyContin®) is a Schedule II controlled substances pursuant to Health and
14 Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions
15 Code section 4022. When properly prescribed and indicated, Oxycodone HCL is used for the management
16 of pain severe enough to require daily, around-the-clock, long term opioid treatment for which alternative
17 treatment options are inadequate. The Drug Enforcement Administration (DEA) has identified
18 oxycodone, as a drug of abuse. (Drugs of Abuse, A DEA Resource Guide (2011 Edition), at p. 41.) The
19 risk of respiratory depression and overdose is increased with the concomitant use of benzodiazepines or
20 when prescribed to patients with pre-existing respiratory depression.

21 ³ OxyContin® is a brand name for Oxycodone HCL. See footnote 2 (above).

22 ⁴ Soma® (carisoprodol) is a Schedule IV controlled substance pursuant to Health and Safety Code
23 section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section
24 4022. When properly prescribed and indicated, it is used for the short-term treatment of acute and painful
25 musculoskeletal conditions. Soma® is commonly used by those who abuse opioids to potentiate the
26 euphoric effect of opioids, to create a better "high." According to the DEA, Office of Diversion Control,
27 "[c]arisoprodol abuse has escalated in the last decade in the United States. According to Diversion Drug
28 Trends, published by the DEA on the trends in diversion of controlled and noncontrolled pharmaceuticals,
carisoprodol continues to be one of the most commonly diverted drugs. Diversion and abuse of
carisoprodol is prevalent throughout the country. As of March 2011, street prices for [carisoprodol]
Soma® ranged from \$1 to \$5 per tablet. Diversion methods include doctor shopping for the purposes of
obtaining multiple prescriptions and forging prescriptions."

⁵ CURES is the Controlled Substances Utilization Review and Evaluation System (CURES), a
database of schedule II, III, and IV controlled substance prescriptions dispensed in California, serving the
public health, regulatory oversight agencies, and law-enforcement.

⁶ Lisinopril is used to treat high blood pressure and heart failure.

⁷ Metformin can be used to treat type 2 diabetes.

1 11. On or about August 27, 2016, Patient A returned to Respondent for a refill of her
2 medications. Respondent failed to conduct a physical examination and/or failed to document
3 having conducted a physical examination of Patient A. Respondent refilled OxyContin,
4 oxycodone, Soma, Lisinopril, and Metformin. Respondent failed to request and/or failed to
5 document having requested a urine toxicology screening. Respondent failed to check and/or
6 failed to document having checked Patient A's CURES reports.

7 12. On or about September 23, 2016, Patient A returned to Respondent complaining of
8 headaches and vertigo and requested a refill of her medications. Respondent refilled OxyContin,
9 oxycodone, Soma, Lisinopril, and Metformin, without a reduction in dosage. Respondent failed
10 to request and/or failed to document having requested a urine toxicology screening. Respondent
11 failed to check and/or failed to document having checked Patient A's CURES reports.

12 13. On or about November 17, 2016, Patient A presented to Respondent complaining of
13 shoulder pain and vertigo. Respondent failed to taper off the controlled substances he prescribed
14 to Patient A. Respondent failed to request and/or failed to document having requested a urine
15 toxicology screening. Respondent failed to check and/or failed to document having checked
16 Patient A's CURES reports.

17 14. On or about January 13, 2017, Patient A presented to Respondent. Respondent
18 refilled oxycodone, Soma, and Lisinopril. Respondent failed to request and/or failed to document
19 having requested a urine toxicology screening. Respondent failed to check and/or failed to
20 document having checked Patient A's CURES reports.

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1 15. On or about February 14, 2017, Patient A returned to Respondent with complaints of
2 asthma and vertigo and a request to refill her medications. Respondent refilled Symbicort
3 (Budesonide/Formoterol),⁸ Montelukast,⁹ Albuterol,¹⁰ OxyContin, oxycodone, Soma, Lisinopril,
4 Metformin, and Amlodipine.¹¹ Respondent failed to request and/or failed to document having
5 requested a urine toxicology screening. Respondent failed to check and/or failed to document
6 having checked Patient A's CURES reports.

7 16. On or about March 14, 2017, Patient A returned to Respondent. Respondent's
8 medical records for this visit indicate, among other things, that Patient A was informed that
9 Respondent would soon stop issuing prescription refills of codeine, that Patient A needed an
10 appointment with a pain management specialist, and that Patient A's prescription refills would
11 continue until then, but should not be more than a few months. Respondent refilled Symbicort
12 (Budesonide / Formoterol), Montelukast, Albuterol, OxyContin, oxycodone, Soma, Lisinopril,
13 Metformin, and Amlodipine. Respondent failed to request and/or failed to document having
14 requested a urine toxicology screening. Respondent failed to check and/or failed to document
15 having checked Patient A's CURES reports.

16 17. On or about April 13, 2017, Patient A presented to Respondent for a refill of her
17 medications. Respondent refilled OxyContin and oxycodone. Respondent failed to request
18 and/or failed to document having requested a urine toxicology screening. Respondent failed to
19 check and/or failed to document having checked Patient A's CURES reports.

20 18. On or about May 11, 2017, Patient A returned to Respondent requesting a refill of her
21 medications. Respondent refilled Symbicort (Budesonide / Formoterol), Montelukast, Albuterol,
22 OxyContin, oxycodone, Soma, Lisinopril, Metformin, and Amlodipine. Respondent failed to
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24 ⁸ Symbicort can be used to treat asthma and chronic obstructive pulmonary disease (COPD).

25 ⁹ Montelukast can be used to treat allergies and prevent asthma attacks.

26 ¹⁰ Albuterol can be used to treat or prevent wheezing and shortness of breath caused by breathing
27 problems.

28 ¹¹ Amlodipine can be used to treat high blood pressure and chest pain.

1 request and/or failed to document having requested a urine toxicology screening. Respondent
2 failed to check and/or failed to document having checked Patient A's CURES reports.

3 19. On or about September 12, 2017, Patient A presented to Respondent requesting a
4 refill of her medications. Respondent's medical records for this visit indicate, among other
5 things, that Patient A was informed that Respondent would no longer issue prescription refills of
6 her narcotic medications.

7 20. During the course of his care and treatment of Patient A, from on or about January 8,
8 2016 through on or about September 12, 2017, Respondent reduced the dosage of opiates
9 prescribed on or around January 3, 2017, which was approximately one year after Respondent
10 first prescribed opiates to Patient A and two months prior to when Patient A signed a controlled
11 substance agreement.

12 21. During the course of his care and treatment of Patient A, from on or about January 8,
13 2016 through on or about September 12, 2017, Respondent advised and/or referred Patient A to
14 seek a pain management specialist on May 2, 2016, approximately four (4) months after
15 Respondent first prescribed a controlled substance to Patient A and then again on or about August
16 16, 2017, approximately nineteen (19) months after the first visit.

17 22. During the course of his care and treatment of Patient A, from on or about January 8,
18 2016 through on or about September 12, 2017, Respondent suggested and/or referred Patient A to
19 an orthopedic surgeon, S.A., M.D., on or about April 2, 2016, which was approximately three (3)
20 months after Respondent first prescribed a controlled substance to Patient A, then again January
21 19, 2017, which was approximately nine (9) months after Respondent indicated the need for such
22 a referral.

23 23. During the course of his care and treatment of Patient A, from on or about January 8,
24 2016 through on or about September 12, 2017, Respondent failed to offer and/or suggest and/or
25 failed to document having offered and/or suggested a structured tapering of the opiates or drug-
26 holidays or replacement opioids with minimal bridging during transition.

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1 24. On or about February 9, 2016, Respondent suggested and/or implemented treatment
2 alternatives to opiates such as offering intra-articular steroid injection and ordering a knee splint.
3 However, Respondent did not adequately suggest and/or utilize other pharmacologic and/or non-
4 pharmacologic alternatives to opioid treatment.

5 25. During the course of his care and treatment of Patient A, from on or about January 8,
6 2016 through on or about September 12, 2017, Respondent failed to review Patient A's CURES
7 reports. Respondent failed to use and/or failed to document having used urine toxicology
8 screenings. Respondent failed to investigate and/or failed to document having investigated
9 whether or not Patient A suffered from obstructive sleep apnea,¹² even though Patient A had a
10 high Body Mass Index of 46-47 and a known history of asthma requiring maintenance inhaler,
11 Symbicort, and was regularly consuming opiates as directed by Respondent.

12 26. Respondent committed gross negligence in his care and treatment of Patient A, which
13 included, but was not limited to, the following:

- 14 (a) Paragraphs 9 through 25, above, are hereby incorporated by reference and
15 realleged as if fully set forth herein; and
16 (b) Respondent failed to prescribe opiates to Patient A in a safe manner.

17 **Patient B**

18 27. On or about May 14, 2015, Patient B first presented to Respondent. At the time of
19 this visit, Patient B was a fifty-three (53) year-old female with a prior medical history including,
20 but not limited to, tobacco dependence, glaucoma,¹³ diabetes mellitus, hypertension, spinal fusion
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26 ¹² Obstructive sleep apnea is a potentially serious sleep disorder. It causes breathing to repeatedly
27 stop and start during sleep.

28 ¹³ Glaucoma is a group of eye conditions that can cause blindness.

1 L3-4,¹⁴ COPD,¹⁵ asthma, opiate dependence, insomnia, right carpal tunnel syndrome,¹⁶ left frontal
2 stroke, and multiple back surgeries. Respondent failed to obtain Patient B's prior medical
3 records. Respondent failed to review Patient B's prior medical records. Respondent prescribed
4 to Patient B OxyContin and oxycodone. Patient B did not sign a controlled substance agreement
5 until January 29, 2016. Respondent failed to request and/or failed to document having requested
6 a urine toxicology screening. Respondent failed to check and/or failed to document having
7 checked Patient B's CURES reports.

8 28. On or about July 14, 2015, Respondent prescribed Promethazine HCL – Codeine
9 Phosphate¹⁷ to Patient B. Respondent failed to request and/or failed to document having
10 requested a urine toxicology screening. Respondent failed to check and/or failed to document
11 having checked Patient B's CURES reports.

12 29. On or about August 7, 2015, Respondent refilled OxyContin and oxycodone for
13 Patient B. Respondent failed to request and/or failed to document having requested a urine
14 toxicology screening. Respondent failed to check and/or failed to document having checked
15 Patient B's CURES reports.

16 30. On or about September 11, 2015, Patient B returned to Respondent. Respondent
17 refilled OxyContin and Neurontin.¹⁸ Respondent failed to request and/or failed to document
18 having requested a urine toxicology screening. Respondent failed to check and/or failed to
19 document having checked Patient B's CURES reports.

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21 ¹⁴ Spinal fusion is a surgical procedure used to correct problems with the small bones in the spine
(vertebrae).

22 ¹⁵ Chronic Obstructive Pulmonary Disease (COPD) is a group of lung diseases that block airflow
23 and make it difficult to breathe.

24 ¹⁶ Carpal tunnel syndrome is a common condition that causes pain, numbness, and tingling in the
hand and arm.

25 ¹⁷ Promethazine HCL - Codeine Phosphate is a combination medicine and a Schedule V controlled
26 substances pursuant to Health and Safety Code section 11058 and a dangerous drug pursuant to Business
and Professions Code section 4022.

27 ¹⁸ Neurontin (Gabapentin) can be used with other medications to prevent and control seizures.
28

1 31. On or about October 6, 2015, Patient B presented to Respondent for a refill of her
2 medications. Respondent refilled OxyContin, oxycodone, Victoza,¹⁹ Metformin, Neurontin, and
3 Soma. Respondent failed to request and/or failed to document having requested a urine
4 toxicology screening. Respondent failed to check and/or failed to document having checked
5 Patient B's CURES reports.

6 32. On or about November 5, 2015, Patient B returned to Respondent. Respondent
7 refilled Soma 350 mg, OxyContin 80 mg, and oxycodone HCL 30 mg. Respondent failed to
8 request and/or failed to document having requested a urine toxicology screening. Respondent
9 failed to check and/or failed to document having checked Patient B's CURES reports.

10 33. On or about December 3, 2015, Patient B presented to Respondent. Respondent
11 refilled OxyContin and oxycodone. Respondent failed to request and/or failed to document
12 having requested a urine toxicology screening. Respondent failed to check and/or failed to
13 document having checked Patient B's CURES reports.

14 34. On or about January 29, 2016, Patient B returned to Respondent for a refill of her
15 medications. Respondent refilled OxyContin and oxycodone. Respondent failed to request
16 and/or failed to document having requested a urine toxicology screening. Respondent failed to
17 check and/or failed to document having checked Patient B's CURES reports.

18 35. On or about February 26, 2016, Patient B presented to Respondent. Respondent
19 refilled OxyContin, oxycodone, and Victoza. Respondent failed to request and/or failed to
20 document having requested a urine toxicology screening. Respondent failed to check and/or
21 failed to document having checked Patient B's CURES reports.

22 36. On or about March 25, 2016, Patient B returned to Respondent for a refill of her
23 medications. Respondent refilled Soma, OxyContin, and oxycodone. Respondent failed to
24 request and/or failed to document having requested a urine toxicology screening. Respondent
25 failed to check and/or failed to document having checked Patient B's CURES reports.

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28 ¹⁹ Victoza (Liraglutide) is an anti-diabetic medication which can be used to treat type 2 diabetes.

1 37. On or about April 22, 2016, Patient B presented to Respondent. Respondent refilled
2 Soma, OxyContin, and added a prescription for temazepam.²⁰ Respondent failed to request
3 and/or failed to document having requested a urine toxicology screening. Respondent failed to
4 check and/or failed to document having checked Patient B's CURES reports.

5 38. On or about May 19, 2016, Patient B returned to Respondent. Respondent refilled
6 temazepam. Respondent failed to request and/or failed to document having requested a urine
7 toxicology screening. Respondent failed to check and/or failed to document having checked
8 Patient B's CURES reports.

9 39. On or about June 16, 2016, Patient B presented to Respondent. Respondent refilled
10 Soma, oxycodone, and OxyContin. Respondent failed to request and/or failed to document
11 having requested a urine toxicology screening. Respondent failed to check and/or failed to
12 document having checked Patient B's CURES reports.

13 40. On or about July 14, 2016, Patient B returned to Respondent for a refill of her
14 medications. Respondent refilled oxycodone, OxyContin, and Soma. Respondent failed to
15 request and/or failed to document having requested a urine toxicology screening. Respondent
16 failed to check and/or failed to document having checked Patient B's CURES reports.

17 41. On or about July 25, 2016, Patient B presented to Respondent stating that she needed
18 to be admitted to the hospital for her back pain. Respondent's medical records for this visit
19 indicate, among other things, a plan of care to schedule Patient B for an MRI²¹ of the spine and
20 then upon receipt of the results, to refer Patient B to a spinal surgeon for assessment.

21 42. On or about September 9, 2016, Patient B returned to Respondent for a refill of her
22 medications. Respondent refilled Soma, oxycodone, and OxyContin. Respondent failed to
23 request and/or failed to document having requested a urine toxicology screening. Respondent
24 failed to check and/or failed to document having checked Patient B's CURES reports.

25
26 ²⁰ Temazepam is a Schedule IV controlled substance pursuant to Health and Safety Code section
27 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.
When properly prescribed and indicated, it is used for treatment of insomnia.

28 ²¹ Magnetic Resonance Imaging (MRI) scan is a medical imaging technique that uses a magnetic
field and computer-generated radio waves to create detailed images of the organs and tissues in your body.

1 43. On or about February 14, 2017, Patient B presented to Respondent for a pre-operative
2 assessment. Respondent cleared Patient B for a lumber fusion procedure.

3 44. On or about June 6, 2018, Patient B returned to Respondent for a refill of her
4 medications. Respondent refilled OxyContin and oxycodone. Respondent failed to request
5 and/or failed to document having requested a urine toxicology screening. Respondent failed to
6 check and/or failed to document having checked Patient B's CURES reports.

7 45. During the course of his care and treatment of Patient B, from on or about May 14,
8 2015 through on or about January 3, 2019, Respondent failed to review Patient B's CURES
9 reports before October 2018.

10 46. During the course of his care and treatment of Patient B, from on or about May 14,
11 2015 through on or about January 3, 2019, Respondent failed to use urine toxicology screenings
12 and/or failed to document having used urine toxicology screenings.

13 47. During the course of his care and treatment of Patient B, from on or about May 14,
14 2015 through on or about January 3, 2019, Respondent failed to offer and/or suggest and/or failed
15 to document having offered and/or suggested a structured tapering of the opiates or drug-holidays
16 or replacement opioids with minimal bridging during transition.

17 48. During the course of his care and treatment of Patient B, from on or about May 14,
18 2015 through on or about January 3, 2019, other than prescribing Soma, Respondent failed to
19 adequately suggest and/or utilize, and/or failed to document having adequately suggested and/or
20 utilized, pharmacologic and/or non-pharmacologic alternatives to opioid treatment.

21 49. On or about December 3, 2015, Respondent noted in the medical record, among other
22 things, that Patient B was to follow up with a pain management specialist and was provided a list
23 of specialists. Respondent's medical records also indicate, among other things, that Respondent
24 discussed a referral to physical therapy. This was approximately four (4) months after
25 Respondent issued the first prescription for a controlled substance to Patient B. Respondent made
26 a referral to a pain management specialist on or about January 3, 2017 (C.F., M.D.), and again on
27 or about July 3, 2018 (B.W., M.D.). Respondent advised Patient B and/or referred Patient B to an
28 orthopedic surgeon on or about September 9, 2016 and to neurosurgery on or about January 30,

1 2017.

2 50. Respondent committed gross negligence in his care and treatment of Patient B, which
3 included, but was not limited to, the following:

4 (a) Paragraphs 27 through 49, above, are hereby incorporated by reference and
5 realleged as if fully set forth herein; and

6 (b) Respondent failed to prescribe opiates to Patient B in a safe manner.

7 **Patient C**

8 51. On or about October 20, 2015, Patient C first presented to Respondent. At the time of
9 this visit, Patient C was a sixty-two (62) year-old male with a prior medical history including, but
10 not limited to, leukemia,²² osteomyelitis²³ and diskitis²⁴ of C6 - C7, pancytopenia,²⁵ unstable
11 angina,²⁶ PE,²⁷ anxiety, ADHD,²⁸ cervical spine fusion,²⁹ lumbar spine discectomy,³⁰ COPD,
12 smoking, alcohol use, and marijuana use. Respondent failed to obtain Patient C's prior medical
13 records. Respondent failed to review Patient C's prior medical records. Respondent refilled
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17 ²² Adult acute myeloid leukemia (AML) is a type of cancer in which the bone marrow makes
abnormal myeloblasts (a type of white blood cell), red blood cells, or platelets.

18 ²³ Osteomyelitis is an infection of the bone, a rare but serious condition.

19 ²⁴ Discitis or diskitis is an infection in the intervertebral disc space that affects different age
20 groups.

21 ²⁵ Pancytopenia is a condition that occurs when a person has low counts for all three types of
blood cells: red blood cells, white blood cells, and platelets.

22 ²⁶ Angina is a type of chest pain caused by reduced blood flow to the heart.

23 ²⁷ Pulmonary Embolism (PE) is a blockage in one of the pulmonary arteries in your lungs.

24 ²⁸ ADHD stands for attention deficit hyperactivity disorder, a chronic condition including attention
25 difficulty, hyperactivity, and impulsiveness.

26 ²⁹ Spinal fusion is a surgical procedure used to correct problems with the small bones in the spine
(vertebrae).

27 ³⁰ Discectomy is the surgical removal of abnormal disc material that presses on a nerve root or the
28 spinal cord.

1 Patient C's prescriptions for OxyContin, oxycodone, Soma, Adderall,³¹ and Xanax.³² Patient C
2 did not sign a controlled substance agreement until November 20, 2015. Respondent's medical
3 records for this visit indicate, among other things, that Patient C's opiate dependence was due to
4 spine osteomyelitis and diskitis, and that Patient C was chronically on opiates. Respondent failed
5 to request and/or failed to document having requested a urine toxicology screening. Respondent
6 failed to check and/or failed to document having checked Patient C's CURES reports.

7 52. On or about December 18, 2015, Patient C returned to Respondent for a refill of his
8 medications. Respondent refilled Patient C's prescriptions for OxyContin, oxycodone, Xanax,
9 Soma, and Adderall. Respondent failed to request and/or failed to document having requested a
10 urine toxicology screening. Respondent failed to check and/or failed to document having
11 checked Patient C's CURES reports. Respondent's medical records for this visit indicate, among
12 other things, that Patient C admitted illicit drug use.

13 53. On or about January 19, 2016, Patient C returned to Respondent for a refill of his
14 medications. Respondent refilled Patient C's prescriptions for OxyContin, oxycodone, Xanax,
15 Soma, and Adderall. Respondent failed to request and/or failed to document having requested a
16 urine toxicology screening. Respondent failed to check and/or failed to document having
17 checked Patient C's CURES reports. Respondent's medical records for this visit indicate Patient
18 C admitted to illicit drug use.

19 _____
20 ³¹ Adderall®, a mixture of d-amphetamine and l-amphetamine salts in a ratio of 3:1, is a central
21 nervous system stimulant of the amphetamine class, and is a Schedule II controlled substance pursuant to
22 Health and Safety Code section 11055, subdivision (d), and a dangerous drug pursuant to Business and
23 Professions Code section 4022. When properly prescribed and indicated, it is used for attention-deficit
24 hyperactivity disorder and narcolepsy. According to the DEA, amphetamines, such as Adderall®, are
considered a drug of abuse. "The effects of amphetamines and methamphetamine are similar to cocaine,
but their onset is slower and their duration is longer." (Drugs of Abuse – A DEA Resource Guide (2011),
at p. 44.) Adderall and other stimulants are contraindicated for patients with a history of drug abuse.

25 ³² Xanax® (alprazolam), a benzodiazepine, is a centrally acting hypnotic-sedative that is a
26 Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and
27 a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and
28 indicated, it is used for the management of anxiety disorders. Concomitant use of Xanax® with opioids
"may result in profound sedation, respiratory depression, coma, and death." The Drug Enforcement
Administration (DEA) has identified benzodiazepines, such as Xanax®, as a drug of abuse. (Drugs of
Abuse, DEA Resource Guide (2011 Edition), at p. 53.)

1 54. On or about February 8, 2016, Respondent referred Patient C to a pain management
2 specialist (X.Q., M.D.).

3 55. On or about February 19, 2016, Patient C presented to Respondent for a refill of his
4 medications and with complaints of pain in his hips, back, and knees. Patient C also purportedly
5 requested a different pain management specialist, as he was unable to secure an appointment with
6 the current one within the next three months. Respondent refilled Patient C's prescriptions for
7 OxyContin, oxycodone, Xanax, Soma, and Adderall. Respondent failed to request and/or failed
8 to document having requested a urine toxicology screening. Respondent failed to check and/or
9 failed to document having checked Patient C's CURES reports.

10 56. On or about April 22, 2016, Patient C returned to Respondent for a refill of his
11 medications. Respondent refilled OxyContin, oxycodone, Xanax, Soma, and Adderall.
12 Respondent failed to request and/or failed to document having requested a urine toxicology
13 screening. Respondent failed to check and/or failed to document having checked Patient C's
14 CURES reports.

15 57. On or about May 21, 2016, Patient C presented to Respondent for a refill of his
16 medications and a new referral to psychiatry and pain management. Respondent refilled
17 oxycodone, Xanax, Soma, and Adderall. Respondent failed to request and/or failed to document
18 having requested a urine toxicology screening. Respondent failed to check and/or failed to
19 document having checked Patient C's CURES reports.

20 58. On or about June 18, 2016, Patient C returned to Respondent for a refill of his
21 medications. Respondent refilled oxycodone, Xanax, Soma, and Adderall. Respondent failed to
22 request and/or failed to document having requested a urine toxicology screening. Respondent
23 failed to check and/or failed to document having checked Patient C's CURES reports.
24 Respondent's medical records for this visit indicate, among other things, that Patient C admitted
25 to illicit drug use.

26 59. On or about July 16, 2016, Patient C presented to Respondent. Respondent refilled
27 oxycodone, Xanax, Soma, and Adderall. Respondent failed to request and/or failed to document
28 having requested a urine toxicology screening. Respondent failed to check and/or failed to

1 document having checked Patient C's CURES reports. Respondent's medical records for this
2 visit indicate, among other things, that Patient C admitted to illicit drug use.

3 60. On or about August 16, 2016, Patient C presented to Respondent. Respondent
4 refilled oxycodone, Xanax, Soma, and Adderall. Respondent failed to request and/or failed to
5 document having requested a urine toxicology screening. Respondent failed to check and/or
6 failed to document having checked Patient C's CURES reports. Respondent's medical records
7 for this visit indicate, among other things, that Patient C admitted to illicit drug use.

8 61. On or about October 23, 2016, Patient C presented to Respondent. Respondent
9 refilled oxycodone, Xanax, Soma, and Adderall. Respondent's medical records for this indicate,
10 among other things, that Patient C looked pale and weak. Respondent failed to order any
11 laboratories studies and/or failed to document having ordered any laboratory studies. Respondent
12 failed to request and/or failed to document having requested a urine toxicology screening.
13 Respondent failed to check and/or failed to document having checked Patient C's CURES
14 reports. Respondent's medical records for this visit indicate, among other things, that Patient C
15 admitted to illicit drug use.

16 62. On or about November 17, 2016, Patient C presented to Respondent. Respondent
17 refilled oxycodone, Xanax, Soma, and Adderall. Respondent failed to request and/or failed to
18 document having requested a urine toxicology screening. Respondent failed to check and/or
19 failed to document having checked Patient C's CURES reports. Respondent's medical records
20 for this visit indicate, among other things, that Patient C admitted to illicit drug use.

21 63. On or about December 17, 2016, Patient C returned to Respondent. Respondent
22 refilled oxycodone, Xanax, Soma, and Adderall. Respondent failed to request and/or failed to
23 document having requested a urine toxicology screening. Respondent failed to check and/or
24 failed to document having checked Patient C's CURES reports.

25 64. During the course of his care and treatment of Patient C, from on or about October
26 20, 2015 through on or about December 17, 2016, Respondent failed to review Patient C's
27 CURES reports.

28 ///

1 65. During the course of his care and treatment of Patient C, from on or about October
2 20, 2015 through on or about December 17, 2016, Respondent failed to use urine toxicology
3 screenings and/or failed to document having used urine toxicology screenings.

4 66. During the course of his care and treatment of Patient C, from on or about October
5 20, 2015 through on or about December 17, 2016, Respondent failed to offer and/or suggest,
6 and/or failed to document having offered and/or suggested, a structured tapering of opiates or
7 drug-holidays or replacement opioids with minimal bridging during transition.

8 67. Other than prescribing Soma, Respondent failed to adequately suggest and/or utilize,
9 and/or failed to document having adequately suggested and/or utilized, pharmacologic and/or
10 non-pharmacologic alternatives to opioid treatment.

11 68. On or about February 8, 2016, Respondent referred Patient C to a pain management
12 specialist (X.Q., M.D.).

13 69. On or about April 23, 2016, Respondent abruptly stopped prescribing OxyContin to
14 Patient C.

15 70. During the course of his care and treatment of Patient C, from on or about October
16 20, 2015 through on or about December 17, 2016, Respondent failed to clearly define the
17 appropriate treatment for the specific conditions causing Patient C's pain such as leukemia,
18 osteomyelitis, prior surgeries, or other conditions.

19 71. Respondent committed gross negligence in his care and treatment of Patient C, which
20 included, but was not limited to, the following:

21 (a) Paragraphs 51 through 70, above, are hereby incorporated by reference and
22 realleged as if fully set forth herein;

23 (b) Respondent failed to prescribe opiates to Patient C in a safe manner; and

24 (c) Respondent failed to use urine toxicology screenings.

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1 73. On or about February 19, 2016, Patient D presented to Respondent. Respondent
2 refilled Patient D's prescriptions for OxyContin, Dilaudid, Xanax, and oxycodone. Respondent
3 failed to request and/or failed to document having requested a urine toxicology screening.
4 Respondent failed to check and/or failed to document having checked Patient D's CURES
5 reports.

6 74. On or about March 19, 2016, Patient D returned to Respondent. Respondent's
7 medical records for this visit state, among other things, "Discussed with the patient the need to
8 see a pain specialist, she agree[s] on discontinuing hydromorphone due to high potency and
9 replace by oxycodone starting 30 mg and will taper down every month the dose if pain is
10 tolerable until she see[s] the pain M.D." Respondent refilled Patient D's prescriptions for
11 OxyContin, Xanax, and Dilaudid. Respondent failed to request and/or failed to document having
12 requested a urine toxicology screening. Respondent failed to check and/or failed to document
13 having checked Patient D's CURES reports.

14 75. On or about April 22, 2016, Patient D presented to Respondent. Respondent refilled
15 Patient D's prescriptions for Xanax, OxyContin, and oxycodone. Respondent failed to request
16 and/or failed to document having requested a urine toxicology screening. Respondent failed to
17 check and/or failed to document having checked Patient D's CURES reports.

18 76. On or about June 18, 2016, Patient D returned to Respondent. Respondent refilled
19 Patient D's prescriptions for Xanax, OxyContin, and oxycodone. Respondent failed to request
20 and/or failed to document having requested a urine toxicology screening. Respondent failed to
21 check and/or failed to document having checked Patient D's CURES reports.

22 77. On or about July 16, 2016, Patient D presented to Respondent. Respondent refilled
23 Patient D's prescriptions for Xanax, OxyContin, and oxycodone. Respondent failed to request
24 and/or failed to document having requested a urine toxicology screening. Respondent failed to
25 check and/or failed to document having checked Patient D's CURES reports.

26 78. On or about August 16, 2016, Patient D returned to Respondent. Respondent's
27 medical records for this visit indicate, among other things, that Patient D appeared lethargic, her
28 mouth was drooping, and she could barely hold her eyes open. Respondent refilled Patient D's

1 prescriptions for Xanax, OxyContin, and oxycodone. Respondent failed to request and/or failed
2 to document having requested a urine toxicology screening. Respondent failed to check and/or
3 failed to document having checked Patient D's CURES reports.

4 79. On or about November 17, 2016, Patient D presented to Respondent. Respondent
5 refilled Patient D's prescriptions for Xanax, OxyContin, and oxycodone. Respondent failed to
6 request and/or failed to document having requested a urine toxicology screening. Respondent
7 failed to check and/or failed to document having checked Patient D's CURES reports.

8 80. On or about December 17, 2016, Patient D returned to Respondent. Respondent
9 refilled Patient D's prescriptions for Xanax, OxyContin, and oxycodone. Respondent failed to
10 request and/or failed to document having requested a urine toxicology screening. Respondent
11 failed to check and/or failed to document having checked Patient D's CURES reports.

12 81. Respondent's medical records for Patient D include a notice signed by Patient D,
13 which stated, "Attention!!! As of February 20th, 2017, Dr. Elias will no longer be writing
14 prescriptions for any narcotics. All those in need of pain medications will be referred to a pain
15 management specialist."

16 82. On or about February 21, 2017, Patient D returned to Respondent. Respondent
17 refilled Patient D's prescriptions for oxycodone and Xanax. Respondent failed to request and/or
18 failed to document having requested a urine toxicology screening. Respondent failed to check
19 and/or failed to document having checked Patient D's CURES reports.

20 83. During the course of his care and treatment of Patient D, from on or about October
21 20, 2015 through on or about February 21, 2017, Respondent failed to review Patient D's CURES
22 reports.

23 84. During the course of his care and treatment of Patient D, from on or about October
24 20, 2015 through on or about February 21, 2017, Respondent failed to use urine toxicology
25 screenings and/or failed to document having used urine toxicology screenings.

26 85. During the course of his care and treatment of Patient D, from on or about October
27 20, 2015 through on or about February 21, 2017, Respondent failed to offer and/or suggest,
28 and/or failed to document having offered and/or suggested, a structured tapering of opiates or

1 drug-holidays or replacement opioids with minimal bridging during transition.

2 86. During the course of his care and treatment of Patient D, from on or about October
3 20, 2015 through on or about February 21, 2017, Respondent failed to adequately suggest and/or
4 utilize, and/or failed to document having adequately suggested and/or utilized, pharmacologic
5 and/or non-pharmacologic alternatives to opioid treatment.

6 87. During the course of his care and treatment of Patient D, from on or about October
7 20, 2015 through on or about February 21, 2017, even though Patient D's BMI was abnormally
8 high at 48 to 53, Respondent failed to investigate, and/or failed to document having investigated,
9 the development and/or progression of obstructive sleep apnea.³⁸

10 88. Respondent committed gross negligence in his care and treatment of Patient D, which
11 included, but was not limited to, the following:

12 (a) Paragraphs 72 through 87, above, are hereby incorporated by reference and
13 realleged as if fully set forth herein; and

14 (b) Respondent failed to prescribe opiates to Patient D in a safe manner.

15 **SECOND CAUSE FOR DISCIPLINE**

16 **(Repeated Negligent Acts)**

17 89. Respondent has further subjected his Physician's and Surgeon's Certificate No.
18 A 99956 to disciplinary action under sections 2227 and 2234, as defined by section 2234,
19 subdivision (c), of the Code, in that he committed repeated negligent acts in his care and
20 treatment of Patients A, B, C, and D, as more particularly alleged hereinafter:

21 **Patient A**

22 90. Respondent committed repeated negligent acts in his care and treatment of Patient A,
23 which included, but was not limited to, the following:

24 (a) Paragraphs 9 through 26, above, are hereby incorporated by reference and realleged
25 as if fully set forth herein;

26 (b) Respondent failed to prescribe opiates in a safe manner;

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28 ³⁸ Obstructive sleep apnea is a potentially serious sleep disorder. It causes breathing to repeatedly
stop and start during sleep.

- 1 (c) Respondent failed to obtain and/or review Patient A's prior medical records;
2 (d) Respondent failed to properly use a controlled substance agreement; and
3 (e) Respondent failed to use urine toxicology screenings.

4 **Patient B**

5 91. Respondent committed repeated negligent acts in his care and treatment of Patient B,
6 which included, but was not limited to, the following:

- 7 (a) Paragraphs 27 through 50, above, are hereby incorporated by reference and realleged
8 as if fully set forth herein;
9 (b) Respondent failed to prescribe opiates in a safe manner;
10 (c) Respondent failed to obtain and/or review Patient B's prior medical records;
11 (d) Respondent failed to properly use a controlled substance agreement; and
12 (e) Respondent failed to use urine toxicology screenings.

13 **Patient C**

14 92. Respondent committed repeated negligent acts in his care and treatment of Patient C,
15 which included, but was not limited to, the following:

- 16 (a) Paragraphs 51 through 71, above, are hereby incorporated by reference and realleged
17 as if fully set forth herein;
18 (b) Respondent failed to prescribe opiates in a safe manner;
19 (c) Respondent failed to obtain and/or review Patient C's prior medical records; and
20 (d) Respondent failed to use urine toxicology screenings.

21 **Patient D**

22 93. Respondent committed repeated negligent acts in his care and treatment of Patient D,
23 which included, but was not limited to, the following:

- 24 (a) Paragraphs 72 through 88, above, are hereby incorporated by reference and realleged
25 as if fully set forth herein;
26 (b) Respondent failed to prescribe opiates in a safe manner;
27 (c) Respondent failed to obtain and/or review Patient D's prior medical records; and
28 (d) Respondent failed to use urine toxicology screenings.

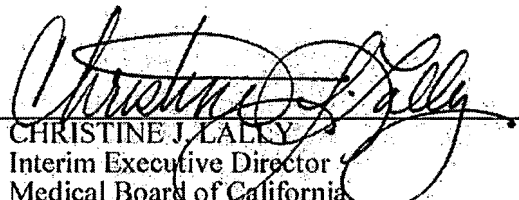
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PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate No. A 99956, issued to Respondent Ramiz Naim Elias, M.D.;
2. Revoking, suspending or denying approval of Respondent Ramiz Naim Elias, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Respondent Ramiz Naim Elias, M.D., if placed on probation, to pay the Board the costs of probation monitoring;
4. Ordering Respondent Ramiz Naim Elias, M.D., if placed on probation, to disclose the disciplinary order to patients pursuant to Business and Professions Code section 2228.1; and
5. Taking such other and further action as deemed necessary and proper.

DATED: December 31, 2019


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

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