

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

In the Matter of the Accusation
Against:

Darren Lipshitz, M.D.

Physician's and Surgeon's
Certificate No. A 65353

Case No.: 800-2017-039074

Respondent.

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 January 6, 2022.

IT IS SO ORDERED: December 7, 2021.

MEDICAL BOARD OF CALIFORNIA



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

1 ROB BONTA
Attorney General of California
2 JUDITH T. ALVARADO
Supervising Deputy Attorney General
3 JOSHUA M. TEMPLET
Deputy Attorney General
4 State Bar No. 267098
California Department of Justice
5 300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
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7 *Attorneys for Complainant*

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

12
13 In the Matter of the Accusation Against:

14 **DARREN LIPSHITZ, M.D.**
15 **2609 Murrell Road**
Santa Barbara, CA 93109-1879

16 **Physician's and Surgeon's Certificate**
17 **No. A 65353,**

18 Respondent.

Case No. 800-2017-039074

OAH No. 2021030279

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

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

23 **PARTIES**

24 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of
25 California (Board). He brought this action solely in his official capacity and is represented in this
26 matter by Rob Bonta, Attorney General of the State of California, via Joshua M. Templet, Deputy
27 Attorney General.

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1 CULPABILITY

2 9. Respondent understands and agrees that the charges and allegations in the
3 Accusation, if proven at a hearing, constitute cause for imposing discipline on his Physician's and
4 Surgeon's Certificate.

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

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

10 CONTINGENCY

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

20 13. Respondent agrees that if he ever petitions for early termination or modification of
21 probation, or if an accusation or petition to revoke probation is filed against him before the Board,
22 all of the charges and allegations contained in the Accusation shall be deemed true, correct, and
23 fully admitted by Respondent for purposes of such proceeding or any other licensing proceeding
24 involving Respondent in the State of California.

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

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

4 **DISCIPLINARY ORDER**

5 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 65353 issued
6 to Respondent Darren Lipshitz, M.D. is revoked. However, the revocation is stayed and
7 Respondent is placed on probation for three years with the following terms and conditions:

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

18 2. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective
19 date of this Decision, Respondent shall enroll in a course in prescribing practices approved in
20 advance by the Board or its designee. Respondent shall provide the approved course provider
21 with any information and documents that the approved course provider may deem pertinent.
22 Respondent shall participate in and successfully complete the classroom component of the course
23 not later than six months after Respondent's initial enrollment. Respondent shall successfully
24 complete any other component of the course within one year of enrollment. The prescribing
25 practices course shall be at Respondent's expense and shall be in addition to the CME
26 requirements for renewal of licensure.

27 A prescribing practices course taken after the acts that gave rise to the charges in the
28 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board

1 or its designee, be accepted towards the fulfillment of this condition if the course would have
2 been approved by the Board or its designee had the course been taken after the effective date of
3 this Decision.

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

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

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

21 Respondent shall submit a certification of successful completion to the Board or its
22 designee not later than 15 calendar days after successfully completing the course, or not later than
23 15 calendar days after the effective date of the Decision, whichever is later.

24 4. PROFESSIONAL BOUNDARIES PROGRAM. Within 60 calendar days from the
25 effective date of this Decision, Respondent shall enroll in a professional boundaries program
26 approved in advance by the Board or its designee. Respondent, at the program's discretion, shall
27 undergo and complete the program's assessment of Respondent's competency, mental health
28 and/or neuropsychological performance, and at minimum, a 24-hour program of interactive

1 education and training in the area of boundaries, which takes into account data obtained from the
2 assessment and from the Decision(s), Accusation(s) and any other information that the Board or
3 its designee deems relevant. The program shall evaluate Respondent at the end of the training and
4 the program shall provide any data from the assessment and training as well as the results of the
5 evaluation to the Board or its designee.

6 Failure to complete the entire program not later than six months after Respondent's initial
7 enrollment shall constitute a violation of probation unless the Board or its designee agrees in
8 writing to a later time for completion. Based on Respondent's performance in and evaluations
9 from the assessment, education, and training, the program shall advise the Board or its designee
10 of its recommendation(s) for additional education, training, psychotherapy and other measures
11 necessary to ensure that Respondent can practice medicine safely. Respondent shall comply with
12 program recommendations. At the completion of the program, Respondent shall submit to a final
13 evaluation. The program shall provide the results of the evaluation to the Board or its designee.
14 The professional boundaries program shall be at Respondent's expense and shall be in addition to
15 the CME requirements for renewal of licensure.

16 The program has the authority to determine whether or not Respondent successfully
17 completed the program.

18 A professional boundaries course taken after the acts that gave rise to the charges in the
19 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
20 or its designee, be accepted towards the fulfillment of this condition if the course would have
21 been approved by the Board or its designee had the course been taken after the effective date of
22 this Decision.

23 If Respondent fails to complete the program within the designated time period, Respondent
24 shall cease the practice of medicine within three calendar days after being notified by the Board
25 or its designee that Respondent failed to complete the program.

26 5. NOTIFICATION. Within seven days of the effective date of this Decision, the
27 Respondent shall provide a copy of this Decision and Accusation to the Chief of Staff or the
28 Chief Executive Officer at every hospital where privileges or membership are extended to

1 Respondent, at any other facility where Respondent engages in the practice of medicine,
2 including all physician and locum tenens registries or other similar agencies, and to the Chief
3 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
4 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
5 calendar days.

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

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

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

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

17 Respondent shall submit quarterly declarations not later than ten calendar days after the end
18 of the preceding quarter.

19 9. GENERAL PROBATION REQUIREMENTS.

20 Compliance with Probation Unit

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

22 Address Changes

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

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1 Place of Practice

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

5 License Renewal

6 Respondent shall maintain a current and renewed California Physician's and Surgeon's
7 Certificate.

8 Travel or Residence Outside California

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

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

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

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

1 with the medical licensing authority of that state or jurisdiction shall not be considered non-
2 practice. A Board-ordered suspension of practice shall not be considered as a period of non-
3 practice.

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

9 Respondent's period of non-practice while on probation shall not exceed two years.

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

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

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

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

26 14. LICENSE SURRENDER. Following the effective date of this Decision, if
27 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
28 the terms and conditions of probation, Respondent may request to surrender his or her license.

1 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in
2 determining whether to grant the request, or to take any other action deemed appropriate and
3 reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent shall
4 within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
5 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
6 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
7 application shall be treated as a petition for reinstatement of a revoked certificate.

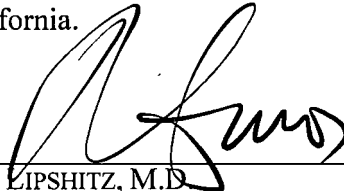
8 15. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
9 with probation monitoring each and every year of probation, as designated by the Board, which
10 may be adjusted on an annual basis. Such costs shall be payable to the Board and delivered to the
11 Board or its designee no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

12 16. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
13 a new license or certification, or petition for reinstatement of a license, by any other health care
14 licensing agency in the State of California, all of the charges and allegations contained in the
15 Accusation shall be deemed to be true, correct, and admitted by Respondent for the purpose of
16 any Statement of Issues or other proceeding seeking to deny or restrict such license.

17
18 ACCEPTANCE

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

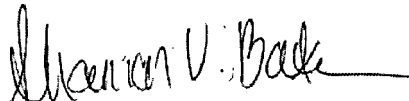
24
25 DATED: 10-08-21


26 _____
DARREN LIPSHITZ, M.D.
Respondent

1 I have read and fully discussed with Respondent Darren Lipshitz, M.D. the terms and
2 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.

3 I approve its form and content.

4 DATED: 10/08/2021


SHANNON V. BAKER
Rothschild Wishek & Sands LLP
Attorney for Respondent


7
8 **ENDORSEMENT**

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

11 DATED: 10/10/2021

Respectfully submitted,

12 ROB BONTA
13 Attorney General of California
14 JUDITH T. ALVARADO
Supervising Deputy Attorney General

15 
16 JOSHUA M. TEMPLET
17 Deputy Attorney General
Attorneys for Complainant

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19
20 LA2020603691 --
21 35466899

Exhibit A

1 XAVIER BECERRA
Attorney General of California
2 JUDITH T. ALVARADO
Supervising Deputy Attorney General
3 State Bar No. 155307
California Department of Justice
4 300 South Spring Street, Suite 1702
Los Angeles, California 90013
5 Telephone: (213) 269-6453
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6 *Attorneys for Complainant*

7
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. 800-2017-039074

13 **Darren Lipshitz, M.D.**
14 **23661 Pacific Coast Highway**
Malibu, CA 90265-4825

A C C U S A T I O N

15 **Physician's and Surgeon's Certificate**
16 **No. A 65353,**

Respondent.

17
18
19 **PARTIES**

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

23 2. On or about May 29, 1998, the Medical Board issued Physician's and Surgeon's
24 Certificate Number A 65353 to Darren Lipshitz, M.D. (Respondent). The Physician's and
25 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
26 herein and will expire on January 31, 2022, unless renewed.

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1 JURISDICTION

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

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:

(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

1 appropriate for that negligent diagnosis of the patient shall constitute a single
2 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
6 licensee's conduct departs from the applicable standard of care, each departure
7 constitutes a separate and distinct breach of the standard of care.

8 (d) Incompetence.

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

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

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

16 6. Section 2242 of the Code states:

17 (a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section
18 4022 without an appropriate prior examination and a medical indication, constitutes
19 unprofessional conduct. An appropriate prior examination does not require a
20 synchronous interaction between the patient and the licensee and can be achieved
21 through the use of telehealth, including, but not limited to, a self-screening tool or a
22 questionnaire, provided that the licensee complies with the appropriate standard of
23 care.

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

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

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

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

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

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

1 (4) The licensee was acting in accordance with Section 120582 of the Health
and Safety Code.

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

5 **FACTUAL ALLEGATIONS**

6 8. Respondent is board certified in family practice and addiction medicine. According
7 to his interview with Board representatives, Respondent was treating Patient 1¹ in his capacity as
8 a family practitioner. Respondent would provide treatment to Patient 1 at his office which he
9 rented from Passages-Malibu, his home office, or other informal locations.

10 9. According to a CURES Report, Respondent began prescribing scheduled medication
11 to Patient 1 on or about April 10, 2016 and continuing to at least January 28, 2019. The
12 scheduled medication included oxycodone, an opiate narcotic, as well as an amphetamine salt
13 combination (brand-name Adderall), a stimulant used to treat attention-deficit hyperactivity
14 disorder (ADHD). These medications were prescribed monthly by Respondent. On or about
15 March 21, 2017, Respondent began prescribing methadone, an opiate narcotic used to treat
16 moderate to severe pain and narcotic drug addiction, for Patient 1. Respondent continuously
17 prescribed methadone and generic Adderall for Patient 1. Occasionally, Respondent would
18 prescribe oxycodone for Patient 1. It appears that Patient 1's primary complaint was lower back
19 pain and ADHD.

20 10. For a period of approximately six months in 2018, Respondent provided treatment to
21 Patient 1 *pro bono*. From the period of August 24, 2018 through December 5, 2018, Respondent
22 kept his notes for Patient 1 on a legal pad. The notes were not contemporaneous with the
23 patient's visit. As his visits with Patient 1 sometimes occurred in an informal setting, Respondent
24 would sometimes chart a few days after the visit. Patient 1's medical visit notes would then be
25 placed in a file folder. The folder was kept in a file cabinet in Respondent's home office.
26 Respondent's notes are handwritten and difficult to decipher.

27 ///

28 ¹ The patient herein is referred to by number for privacy protection.

1 11. On or about August 24, 2018, Patient 1 fell while walking on the beach and caused an
2 exacerbation of the lower back pain. Patient 1 had been decreasing the amount of pain
3 medication with a goal of discontinuing all pain medication and was upset with this setback.
4 Respondent documented pain to the right paralumbar area and bruising. No neurological deficit
5 was noted. No vital signs were documented. Respondent rendered an assessment of lumbar
6 strain and contusion. His plan was to administer an intramuscular injection of Toradol 60 mg and
7 prescribe oxycodone 30 mg #14. Patient 1 was advised not to increase the methadone dose for
8 acute pain. Patient 1 was to inform Respondent if the prescription for oxycodone was not filled
9 or if the medication was not used or if the patient decreased medications. Patient 1 was also told
10 to use the same pharmacy. A pain contract was signed that day. The plan was to decrease Patient
11 1's methadone to 30 mg per day, once the acute pain resolved.

12 12. Patient 1 followed up with Respondent on September 5, 2018, and reported a fifty
13 percent improvement. Patient 1 was unable to lower the dose of methadone and was taking 40
14 mg per day. There were no issues with the Adderall, which was being taken at a dose of 45 mg
15 twice a day. No vital signs are documented. Movement was overall improved. A urine drug
16 screen was reported by Respondent as positive for oxy [oxycodone], amp [amphetamines] and
17 meth [methadone], and negative for the rest of panel. However, the actual laboratory results
18 (form) are not contained in Patient 1's chart. Patient 1 reported to be traveling at the end of
19 September and would likely be unable to make the appointment for the following month.
20 Respondent's assessment of Patient 1 was chronic low back pain. Methadone taper delayed due
21 to the patient's travel plans. "Will give Rx [prescription] dated 10/1." Adderall refilled #90.

22 13. On October 9, 2018, Patient 1 returned to see Respondent and reported that the back
23 injury from the beach fall was resolved. Chronic pain overall was fifty percent improved, but it
24 was hard to tell as Patient 1 had been taking 40 mg of methadone per day. No vital signs are
25 documented. Patient 1 was exercising and wanted to start a methadone taper. Patient 1 had run
26 out of Adderall and was struggling to complete tasks. Per CURES, Patient 1 had filled a
27 prescription for Adderall 30 mg #90 on September 5, 2018. Respondent noted that the patient
28 was an hour late for the appointment, had difficulty staying on topic and could not pay attention

1 for more than three to four minutes. Respondent's assessment of Patient 1 was chronic back pain,
2 improving per patient's assessment and ADHD, even more obvious since out of Adderall for a
3 few days. Respondent's plan was to reduce the methadone to 35 mg per day for ten days, then
4 decrease to 30 mg per day, and refill Adderall #90.

5 14. Patient 1's last visit with Respondent was on December 5, 2018. The visit was for
6 follow up and medications. Patient 1 was doing well and the back pain continued to improve, at
7 least some days. Patient 1 reported reducing the methadone dose and had reduced pain level,
8 which Respondent found surprising. Patient 1 continued to exercise. On examination there were
9 no changes to the type of pain; the right side was greater than the left. The pain was worse in the
10 morning and again in late afternoon/evening. Patient 1 had no paresthesia or weakness; there
11 were no problems with bowel or bladder. Patient 1 continued with restlessness and night sweats
12 for four to five days after decreasing the dose of methadone. The holiday season and telephone
13 calls with Patient 1's mother caused sadness. Patient 1 had been paying attention to the
14 correlation between emotion and pain and noted an increase in pain after speaking with mother.
15 Patient 1 has a therapist who is available after calls with mother. Regarding the ADHD, Patient 1
16 had been taking one and a half tablets of Adderall (45 mg) twice a day which reduced anxiety,
17 helped with eating and sleeping except at night when there were tremors. Patient 1 requested a
18 letter for a comfort dog to help with sleep. It is also noted that Patient 1 works with dad. Patient
19 1 also reported to be practicing mindfulness. Examination included that Patient 1 was in no acute
20 distress, alert and oriented, vital signs were documented. Gait was normal, but there was
21 discomfort noted from sit to stand position. Reflexes were 2-3 plus and equal, bilaterally. It is
22 noted that a urine drug screen was done, but the results are not documented; no laboratory results
23 are included in the chart. Respondent's assessment of Patient 1 was of chronic low back pain,
24 slowly improving. Patient 1 recognizes role of emotional state on pain. Goal is to be medication-
25 free, to which Patient 1 is looking forward. Plan is to continue exercise, acknowledge emotions
26 (therapy, behavioral exercises, mindfulness), been handling methadone dose reduction well with
27 tolerable signs/symptoms of withdrawal. Regarding ADHD, Adderall had paradoxical effect on
28 patient—is calming, eats and sleeps better. Refill Adderall 30 mg take 1½ pills twice a day. Plan

1 is to reduce back to 30 mg twice a day with further dose reduction planned over the next two
2 months.

3 15. Although there was no visit in January 2019, Respondent refilled Patient 1's
4 prescriptions for methadone 30 mg twice a day and Adderall 30 mg #90.

5 **FIRST CAUSE FOR DISCIPLINE**

6 **GROSS NEGLIGENCE**

7 **(Failure to Maintain Adequate and Accurate Medical Records)**

8 16. Respondent is subject to disciplinary action under section 2234, subdivision (b), of
9 the Code for gross negligence in failing to maintain adequate and accurate medical records for
10 Patient 1. The circumstances are as follows:

11 17. Complainant refers to and, by this reference, incorporates herein, paragraphs 8
12 through 15, as though fully set forth.

13 18. The standard of care requires that a physician keep timely, legible and accurate
14 medical records. The history of present illness and a review of symptoms should be detailed in
15 the notes. Accurate recording of the physical findings should be documented at every visit.
16 Medication reconciliation, defined by the Centers for Medicare and Medicaid Services (CMS) as
17 "the process of identifying the most accurate list of all the medications that the patient is taking,
18 including name, dosage, frequency, and route, by comparing the medical record to an external list
19 of medications obtained from a patient, hospital, or other provider" is expected to ensure patient
20 safety and quality of care. There should be clear documentation of impressions and plans.

21 19. Respondent was grossly negligent in maintaining Patient 1's medical chart as follows:

- 22 a. Respondent's notes were difficult to decipher;
- 23 b. It was not clear from Patient 1's chart what medications the patient was taking;
- 24 c. Vital signs were often missing from the physical examinations;
- 25 d. There were no laboratory reports maintained in Patient 1's chart nor were any
26 laboratory studies ordered for Patient 1; and
- 27 e. It would be difficult for another practitioner to provide continuity of care to
28 Patient 1 based on the medical records.

1 monitoring of the adverse side effects of this controlled substance should be carried out. At 90
2 mg per day, which is above the maximum recommended dose, a referral to a psychiatrist or a
3 specialist in ADHD treatment was warranted. Respondent should have monitored Patient 1's
4 blood pressure and heart rate at every visit.

5 25. Respondent was grossly negligent in the care and treatment of Patient 1 as follows:

6 a. Respondent prescribed Adderall, a dangerous drug, to Patient 1 without
7 documenting an appropriate medical indication for the controlled substance;

8 b. Respondent regularly prescribed Adderall to Patient 1 without eliminating other
9 medical disorders;

10 c. Respondent did not discuss the risks of taking Adderall with Patient 1;

11 d. Respondent did not evaluate/monitor Patient 1 for the associated risks of taking
12 Adderall at each visit;

13 e. Respondent did not refer Patient 1 to a psychiatrist or specialist in treating
14 ADHD; and

15 f. Respondent did not monitor Patient 1's blood pressure and heart rate at each
16 visit.

17 26. Respondent's acts and omissions as set forth above whether proven individually,
18 jointly or in some combination thereof constitute gross negligence in violation of section 2234,
19 subdivision (b), of the Code, and Respondent's license is subject to discipline.

20 **THIRD CAUSE FOR DISCIPLINE**

21 **REPEATED NEGLIGENT ACTS**

22 **(Improper Prescribing and Management of Chronic Opiate Pain Medication)**

23 27. Respondent is subject to disciplinary action under section 2234, subdivision (c), of
24 the Code for negligence in his improper prescribing and management of chronic opiate pain
25 medication for Patient 1. The circumstances are as follows:

26 28. Complainant refers to and, by this reference, incorporates herein, paragraphs 8
27 through 15, as though fully set forth.

28 ///

1 29. When treating patients with opiates for chronic pain, the standard of care requires that
2 opiates with the lowest potency and addiction potential be tried first for a defined period and the
3 patient's progress monitored for benefits and harm, including pain level, quality of life, functional
4 status and adverse effects. The patient's risk of drug addiction and aberrancy should also be
5 assessed prior to initiation of long-term opiate therapy. Risk stratification is one of the most
6 important things a physician can do to mitigate potentially adverse consequences of opiate
7 prescribing. Patients should also be monitored with regular urine drug screens and CURES
8 reports should be periodically reviewed. If a patient transfers to another physician for pain
9 management care, the standard of care is to obtain the medical records from the prior physician
10 and re-evaluate the patient for continuous and titration of therapy. To continue with opiate
11 therapy, there should be fulfillment of functional goals. Pain relief should not be used as the
12 primary indicator to assess the success of treatment. If the opiate therapy is to be chronic in
13 nature, the morphine milligram equivalent (MME) of the patient's daily opiate therapy should not
14 exceed 80-90 mg per day as the risks of drug overdose, death and adverse effects increase
15 significantly beyond this dosage. Education of the patient and the caregiver about the adverse
16 side effects and naloxone antidote therapy should be carried out. Once the patient's pain is
17 adequately controlled on a safe dosage of opiate therapy, they should be monitored regularly
18 every one to three months.

19 30. Respondent was negligent in the prescribing and management of chronic opiate pain
20 medication for Patient 1 as follows:

- 21 a. Respondent failed to clearly delineate functional goals and adverse events for
22 Patient 1;
- 23 b. Urine drug screens laboratory reports were not kept in the patient chart. It is
24 unknown where the results that were recorded came from and if they were accurate;
- 25 c. Patient 1 was prescribed 320 mg MME per day, in excess of the recommended
26 90 mg MME per day, placing Patient 1 at high risk for adverse effects; and
- 27 d. There is no documentation that Patient 1 was instructed on the use of naloxone.

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1 e. Respondent did not review or document that he reviewed Patient 1 CURES
2 Report.

3 31. Respondent's acts and omissions as set forth above whether proven individually,
4 jointly or in some combination thereof constitute repeated negligent acts in violation of section
5 2234, subdivision (c), of the Code, and Respondent's license is subject to discipline.

6 **FOURTH CAUSE FOR DISCIPLINE**

7 **REPEATED NEGLIGENT ACTS**

8 **(Lack of Informed Consent and Pain Management Agreement)**

9 32. Respondent is subject to disciplinary action under section 2234, subdivision (c), of
10 the Code for negligence in failing to obtain informed consent and a pain management agreement
11 from Patient 1. The circumstances are as follows:

12 33. Complainant refers to and, by this reference, incorporates herein, paragraphs 8
13 through 15, as though fully set forth.

14 34. When considering long-term use of opiates, the standard of care requires the
15 physician to discuss the risks and benefits of the treatment plan with the patient. The patient
16 consent includes the risks and benefits, and side effects associated with opiate use. Medical
17 evidence on the efficacy of long-term opiate therapy should also be addressed. A pain
18 management agreement is often combined with this discussion for convenience. The pain
19 management agreement typically outlines the joint responsibilities of the patient and the
20 physician, including replacement of lost medications and early refill requests. It should also
21 emphasize that the patient agrees to obtain prescribed opiate medications from only one physician
22 or practice and use only one pharmacy. The patient agrees to periodic drug screening and knows
23 that CURES will be monitored.


24 35. Respondent was negligent in failing to obtain an informed consent and a pain
25 management agreement from Patient 1 as follows:

26 a. Respondent failed to obtain a pain management agreement from Patient 1 until
27 August 24, 2018, despite having prescribed opiate narcotics to Patient 1 since April 10, 2016; and
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4. Taking such other and further action as deemed necessary and proper.

DATED: DEC 02 2020



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

LA2020603691