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

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| **In the Matter of the First Amended Accusation Against:**<br><br>**Kenneth Dale Logan, M.D.**<br><br>**Physician's and Surgeon's Certificate No. G 50800**<br><br>**Respondent.** | **Case No.: 800-2018-043460** |

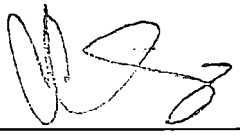
## DECISION

**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 March 25, 2022.**

**IT IS SO ORDERED: February 24, 2022.**

**MEDICAL BOARD OF CALIFORNIA**



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

ROB BONTA
Attorney General of California
STEVEN D. MUNI
Supervising Deputy Attorney General
RYAN J. YATES
Deputy Attorney General
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*Attorneys for Complainant*

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

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| In the Matter of the First Amended Accusation Against:<br><br>**KENNETH DALE LOGAN, M.D.**<br>**15151 Little Ron Road**<br>**Chico, CA 95973**<br><br>**Physician's and Surgeon's Certificate No. G 50800**<br><br>Respondent. | Case No. 800-2018-043460<br><br>OAH No. 2021050836<br><br>**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 Ryan J. Yates, Deputy Attorney General.

2. Respondent Kenneth Dale Logan, M.D. (Respondent) is represented in this proceeding by attorney Maria Lathrop Winter, whose address is: 1600 Humboldt Rd., Suite 1, Chico, CA 95928.

3. On or about July 25, 1983, the Board issued Physician's and Surgeon's Certificate No. G 50800 to Kenneth Dale Logan, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in the First Amended Accusation No. 800-2018-043460, and will expire on July 31, 2023, unless renewed.

## JURISDICTION

4. The First Amended Accusation No. 800-2018-043460 was filed before the Board, and is currently pending against Respondent. The First Amended Accusation and all other statutorily required documents were properly served on Respondent on October 12, 2021. Accusation No. 800-2018-043460 was filed before the Board, and all other statutorily required documents were properly served on Respondent on March 19, 2021. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of the First Amended Accusation No. 800-2018-043460 is attached as Exhibit A and incorporated herein by reference.

## ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in the First Amended Accusation No. 800-2018-043460. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the First Amended Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

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

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## CULPABILITY

9. Respondent understands, agrees and does not contest that, at an administrative hearing, Complainant could establish a *prima facie* case with respect to the charges and allegations contained in the First Amended Accusation No. 800-2018-043460, a true and correct copy of which is attached as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate No. G 50800 to disciplinary action.

10. Respondent agrees that his Physician's and Surgeon's Certificate No. G 50800 is subject to discipline and he agrees to be bound by the Board's imposition of discipline and probationary terms as set forth in the Disciplinary Order below.

## RESERVATION

11. The admissions made by Respondent herein are only for the purposes of this proceeding, or any other proceedings in which the Medical Board of California or other professional licensing agency is involved, and shall not be admissible in any other criminal or civil proceeding.

## CONTINGENCY

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

13. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in Accusation No. 800-2018-043460 shall be

deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

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

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

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

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

**DISCIPLINARY ORDER**

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 50800 issued to Respondent Kenneth Dale Logan, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for two (2) years on the following terms and conditions:

1. CONTROLLED SUBSTANCES - PARTIAL RESTRICTION. Respondent shall not order, prescribe, dispense, administer, furnish, or possess any controlled substances as defined by the California Uniform Controlled Substances Act, except for those drugs listed in Schedule V of the Act.

Respondent shall not issue an oral or written recommendation or approval to a patient or a patient's primary caregiver for the possession or cultivation of marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5. If Respondent forms the medical opinion, after an appropriate prior examination and medical indication, that a patient's medical condition may benefit from the use of marijuana, Respondent shall so inform the patient and shall refer the patient to another physician who, following an

appropriate prior examination and medical indication, may independently issue a medically appropriate recommendation or approval for the possession or cultivation of marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5. In addition, Respondent shall inform the patient or the patient's primary caregiver that Respondent is prohibited from issuing a recommendation or approval for the possession or cultivation of marijuana for the personal medical purposes of the patient and that the patient or the patient's primary caregiver may not rely on Respondent's statements to legally possess or cultivate marijuana for the personal medical purposes of the patient. Respondent shall fully document in the patient's chart that the patient or the patient's primary caregiver was so informed. Nothing in this condition prohibits Respondent from providing the patient or the patient's primary caregiver information about the possible medical benefits resulting from the use of marijuana.

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

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

3. EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at

correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

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

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

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

5. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course

not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

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

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

Respondent shall submit a certification of successful completion to the Board or its

designee not later than 15 calendar days after successfully completing the program or not later than 15 calendar days after the effective date of the Decision, whichever is later.

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

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

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

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

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

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

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

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

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

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

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

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

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

12. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

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

Place of Practice

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

License Renewal

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

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Travel or Residence Outside California

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

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

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

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

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

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

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

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

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

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

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

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

application shall be treated as a petition for reinstatement of a revoked certificate.

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

19. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2018-043460 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or 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, Maria Lathrop Winter. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 10/27/2021

KENNETH DALE LOGAN, M.D.
*Respondent*

I have read and fully discussed with Respondent Kenneth Dale Logan, 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: 10/28/2021

MARIA LATHROP WINTER
*Attorney for Respondent*

## ENDORSEMENT

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

DATED: 10/28/21

Respectfully submitted,

ROB BONTA
Attorney General of California
STEVEN D. MUNI
Supervising Deputy Attorney General

RYAN J. YATES
Deputy Attorney General
*Attorneys for Complainant*

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Logan Settlement and Order sdag reviewed.docx

# Exhibit A

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*Attorneys for Complainant*

**BEFORE THE**
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| In the Matter of the First Amended Accusation Against:<br><br>**KENNETH DALE LOGAN, M.D.**<br>**15151 Little Ron Road**<br>**Chico, CA 95973**<br><br>**Physician's and Surgeon's Certificate No. G 50800,**<br><br>Respondent. | Case No. 800-2018-043460<br><br>**FIRST AMENDED ACCUSATION** |

## PARTIES

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

2. On or about July 25, 1983, the Board issued Physician's and Surgeon"s Certificate Number G 50800 to Kenneth Dale Logan, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on July 31, 2023, unless renewed.

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## JURISDICTION

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

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

5. Section 2234 of the Code, states:

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

6. Section 725 of the Code states:

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

administering of drugs or treatment is guilty of a misdemeanor and shall be punished by a fine of not less than one hundred dollars ($100) nor more than six hundred dollars ($600), or by imprisonment for a term of not less than 60 days nor more than 180 days, or by both that fine and imprisonment.

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

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

7. Section 2241 of the Code states:

(a) A physician and surgeon may prescribe, dispense, or administer prescription drugs, including prescription controlled substances, to an addict under his or her treatment for a purpose other than maintenance on, or detoxification from, prescription drugs or controlled substances.

(b) A physician and surgeon may prescribe, dispense, or administer prescription drugs or prescription controlled substances to an addict for purposes of maintenance on, or detoxification from, prescription drugs or controlled substances only as set forth in subdivision (c) or in Sections 11215, 11217, 11217.5, 11218, 11219, and 11220 of the Health and Safety Code. Nothing in this subdivision shall authorize a physician and surgeon to prescribe, dispense, or administer dangerous drugs or controlled substances to a person he or she knows or reasonably believes is using or will use the drugs or substances for a nonmedical purpose.

(c) Notwithstanding subdivision (a), prescription drugs or controlled substances may also be administered or applied by a physician and surgeon, or by a registered nurse acting under his or her instruction and supervision, under the following circumstances:

(1) Emergency treatment of a patient whose addiction is complicated by the presence of incurable disease, acute accident, illness, or injury, or the infirmities attendant upon age.

(2) Treatment of addicts in state-licensed institutions where the patient is kept under restraint and control, or in city or county jails or state prisons.

(3) Treatment of addicts as provided for by Section 11217.5 of the Health and Safety Code.

(d)(1) For purposes of this section and Section 2241.5, addict means a person whose actions are characterized by craving in combination with one or more of the following:

(A) Impaired control over drug use.

(B) Compulsive use.

(C) Continued use despite harm.

(2) Notwithstanding paragraph (1), a person whose drug-seeking behavior is primarily due to the inadequate control of pain is not an addict within the meaning of

this section or Section 2241.5.

8. Section 2241.5 of the Code states:

(a) A physician and surgeon may prescribe for, or dispense or administer to, a person under his or her treatment for a medical condition dangerous drugs or prescription controlled substances for the treatment of pain or a condition causing pain, including, but not limited to, intractable pain.

(b) No physician and surgeon shall be subject to disciplinary action for prescribing, dispensing, or administering dangerous drugs or prescription controlled substances in accordance with this section.

(c) This section shall not affect the power of the board to take any action described in Section 2227 against a physician and surgeon who does any of the following:

(1) Violates subdivision (b), (c), or (d) of Section 2234 regarding gross negligence, repeated negligent acts, or incompetence.

(2) Violates Section 2241 regarding treatment of an addict.

(3) Violates Section 2242 or 2525.3 regarding performing an appropriate prior examination and the existence of a medical indication for prescribing, dispensing, or furnishing dangerous drugs or recommending medical cannabis.

(4) Violates Section 2242.1 regarding prescribing on the Internet.

(5) Fails to keep complete and accurate records of purchases and disposals of substances listed in the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and Safety Code) or controlled substances scheduled in the federal Comprehensive Drug Abuse Prevention and Control Act of 1970 (21 U.S.C. Sec. 801 et seq.), or pursuant to the federal Comprehensive Drug Abuse Prevention and Control Act of 1970. A physician and surgeon shall keep records of his or her purchases and disposals of these controlled substances or dangerous drugs, including the date of purchase, the date and records of the sale or disposal of the drugs by the physician and surgeon, the name and address of the person receiving the drugs, and the reason for the disposal or the dispensing of the drugs to the person, and shall otherwise comply with all state recordkeeping requirements for controlled substances.

(6) Writes false or fictitious prescriptions for controlled substances listed in the California Uniform Controlled Substances Act or scheduled in the federal Comprehensive Drug Abuse Prevention and Control Act of 1970.

(7) Prescribes, administers, or dispenses in violation of this chapter, or in violation of Chapter 4 (commencing with Section 11150) or Chapter 5 (commencing with Section 11210) of Division 10 of the Health and Safety Code.

(d) A physician and surgeon shall exercise reasonable care in determining whether a particular patient or condition, or the complexity of a patient's treatment, including, but not limited to, a current or recent pattern of drug abuse, requires consultation with, or referral to, a more qualified specialist.

(e) Nothing in this section shall prohibit the governing body of a hospital from

taking disciplinary actions against a physician and surgeon pursuant to Sections 809.05, 809.4, and 809.5.

9. Section 2242 of the Code states:

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

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

(1) The licensee was a designated physician and surgeon or podiatrist serving in 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.

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

10. Section 4021 of the Code states: "'Controlled substance' means any substance listed in Chapter 2 (commencing with Section 11053) of Division 10 of the Health and Safety Code."

11. Section 4022 of the Code states:

"'Dangerous drug' or 'dangerous device' means any drug or device unsafe for self use, except veterinary drugs that are labeled as such, and includes the following:

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

"(b) Any device that bears the statement: 'Caution: federal law restricts this device to sale by or on the order of a _____,' 'Rx only,' or words of similar import, the blank to be filled in with the designation of the practitioner licensed to use or order use of the device.

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

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

**DEFINITIONS**

13. **Alprazolam** (generic name for the drug Xanax) is a short-acting benzodiazepine used to treat anxiety, and is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.14. Alprazolam is a dangerous drug pursuant to California Business and Professions Code section 4022 and is a Schedule IV controlled substance pursuant to California Health and Safety Code section 11057, subdivision (d).

14. **Carisoprodol** (generic name for the drug Soma) is a centrally acting skeletal muscle relaxant. On January 11, 2012, carisoprodol was classified a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.14(c). It is a dangerous drug pursuant to Business and Professions Code section 4022.

15. **Clonazepam** (generic name for the drug Klonopin) is a benzodiazepine drug used to treat a wide range of conditions, including anxiety, panic attacks, seizures, among others. It is a Schedule IV controlled substance pursuant to California Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

16. **Diazepam** (generic name for the drug Valium) is a benzodiazepine drug used to treat a wide range of conditions, including anxiety, panic attacks, insomnia, seizures (including status epilepticus), muscle spasms (such as in tetanus cases), restless legs syndrome, alcohol withdrawal, benzodiazepine withdrawal, opiate withdrawal syndrome and Meniere's disease. It is

a Schedule IV controlled substance pursuant to California Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

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

18. **Hydrocodone with acetaminophen** (generic name for the drugs Vicodin, Norco, and Lortab). Hydrocodone with acetaminophen is classified as an opioid analgesic combination product used to treat moderate to moderately sever pain. Hydrocodone with acetaminophen is a Schedule II controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.12. Hydrocodone with acetaminophen is a dangerous drug pursuant to Business and Professions Code section 4022 and is a Schedule II controlled substance pursuant to California Health and Safety Code 11055, subdivision (b). Prior to October 6, 2014, Hydrocodone with acetaminophen was a Schedule III controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.13(e).

19. **Lorazepam** (generic name for Ativan) is a member of the benzodiazepine family and is a fast-acting anti-anxiety medication used for the short-term management of severe anxiety. Lorazepam is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.14(c) and California Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

20. **Methadone** (generic name for the drug Symoron) is a synthetic opioid. It is used medically as an analgesic and a maintenance anti-addictive and reductive preparation for use by patients with opioid dependence. Methadone is a Schedule II controlled substance pursuant to

[1] http://www.cdc.gov/niosh/ershdb/EmergencyResponseCard_29750022.html

Code of Federal Regulations Title 21 section 1308.12. It is a Schedule II controlled substance pursuant to California Health and Safety Code 11055, subdivision (c), and a dangerous drug pursuant to Business and Professions Code section 4022.

21. **Oxycodone** (generic name for Roxicodone and Oxecta.) Oxycodone has a high risk for addiction and dependence. It can cause respiratory distress and death when taken in high doses or when combined with other substances, especially alcohol. Oxycodone is a short-acting opioid analgesic used to treat moderate to severe pain. Oxycodone can also come in a long-acting formulation known as Oxycontin-ER. This formulation allows for extended release of the medication. Oxycodone is a Schedule II controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.12. Oxycodone is a dangerous drug pursuant to California Business and Professions Code section 4022, and is a Schedule II controlled substance pursuant to California Health and Safety Code section 11055 subdivision (b).

22. **Temazepam** (generic name for Restoril) is a medication used to treat insomnia but can also be used to relieve anxiety, as an anti-convulsant and as a muscle relaxant. It is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

23. **Testosterone Cypionate** is a Schedule III controlled substance pursuant to Health and Safety Code section 11056, subdivision (f), and a dangerous drug pursuant to Business and Professions Code section 4022.

24. **Zolpidem tartrate** (generic name for Ambien): is a sedative and hypnotic used for short term treatment of insomnia. Zolpidem tartrate is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.14(c). It is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

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## FIRST CAUSE FOR DISCIPLINE

**(Gross Negligence)**

25. Respondent has subjected his Physician's and Surgeon's Certificate No. G 50800 to disciplinary action under section 2227 and 2234, subdivision (b), of the Code, in that he committed gross negligence in his care and treatment of Patients A, B, and C,[2] as more particularly alleged hereinafter. [3]

26. Respondent practices family medicine. From 2008 through December 2017, Respondent worked at Ampla Health, where he treated the below-mentioned patients.

**Patient A**

27. From on or about February 22, 2012, through on or about March 25, 2018, Respondent provided care and treatment to Patient A, for among other things, ankylosing spondylitis, psoriasis, psoriatic arthritis, depression/anxiety disorder and chronic opiate use. Throughout that period, Respondent treated Patient A for pain management and prescribed high dosages of opioids frequently in combination with benzodiazepines.

28. At the first consultation occurring on or about February 22, 2012, Respondent and Patient A discussed a pain management contract since Patient A was on a regimen of methadone, diazepam, Soma, and clonazepam.

29. Approximately every month in 2012, Respondent had a medical appointment with Patient A.

30. On or about March 7, 2012, and on or about September 27, 2012, Patient A was admitted into the hospital after appearing overly sedated. Respondent did not assess these issues further other than to notate Patient A's "depression/anxiety- problematic with methadone."

31. On or about October 2012, Patient A developed further medical issues involving: necrotizing fasciitis with compartment syndrome of the right buttock and thigh, acute kidney injury attributed to acute tubular necrosis, left ventricular thrombus with heart failure, and

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[2] To protect the privacy of all patients involved, patient names have not been included in this pleading. Respondent is aware of the identity of all patients referred herein.

[3] Conduct occurring more than seven (7) years from the filing date of this Accusation is for informational purposes only and is not alleged as a basis for disciplinary action.

respiratory failure requiring intubation and mechanical ventilation. Respondent discussed these medical issues with Patient A.

32. In 2012, Patient A had at least three urine toxicology screenings. One of those urine screenings showed that Patient A tested positive for methamphetamine. There is no documentation of a change in treatment plan or discussion of the risks associated with illicit drugs. Instead, Respondent continued to prescribe Patient A methadone and benzodiazepines, albeit in lower dosages.

33. In 2013, Respondent continued his treatment of Patient A with the continued goal of decreasing Patient A's use of methadone. Respondent met with Patient A approximately once a month.

34. On or about January 21, 2013, Respondent requested the one and only laboratory screening for this year and that was solely to determine testosterone levels.

35. On or about December 13, 2013, Patient A was taken to the emergency room after becoming drowsy from taking too many medications. Earlier in the day, Patient A had refilled his prescriptions for Soma, Klonopin, and methadone. Patient A received a chest x-ray and laboratory exams. While the x-ray appeared normal, the toxicology screen was positive for cannabinoids.

36. In 2014, Respondent continued his treatment of Patient A. On or about January 13, 2014, Respondent had an office visit with Patient A to discuss medication refills including methadone, Clonazepam, and Soma.

37. On or about March 18, 2014, Patient A was admitted to the emergency room due to a drug overdose combination of Xanax and Soma. Patient A was discharged the following day with a recommendation for admission in a psychiatric facility.

38. On or about April 15, 2014, Respondent had an office visit with Patient A. Respondent noted that Patient A attempted suicide one month prior via medication overdose. Nonetheless, Respondent continued prescriptions for Soma, Clonazepam, and methadone but suggested tapering down.

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39. On or about July 18, 2014, Respondent briefly met with Patient A solely to fill a prescription. Respondent noted that Patient A "saw a provider on June 16, 2014, and Rx of methadone was written, I believe at 8/day (possibly 9/day, I'm not positive)- of the 10 mg methadone. I discuss with him today, again, the goal of tapering down dosing- he favors this as well, he states. Therefore, Rx today will be for 7.5 pills/day. He is to continue to work at obtaining a physician in Paradise..."

40. On or about May 25, 2015, Patient A went to Respondent for his medications. Respondent noted that Patient A's chronic pain continued and that methadone was helpful. Respondent prescribed Patient A methadone and Xanax. Vitals were taken and a very limited physical exam to note that Patient A was not in acute distress.

41. On or about July 1, 2015, Patient A was terminated from Respondent's health facility for threatening staff after a different physician did not fill his methadone prescription.

42. On or about June 2017, Respondent received a warning from his employer regarding his treatment for pain. Respondent was reminded to remain compliant with their health policies limiting prescriptions of certain medication such as Dilaudid, fentanyl patch, methadone, Phernergan with codeine syrup, Soma, and Stadol.

43. On or about January 24, 2018, when Patient A was no longer a patient at Respondent's health facility, Patient A received a prescription for methadone from Respondent on a script from that facility. Patient A had not had an exam at that facility in over two and half years.

44. From on or about May 25, 2015, to on or about March 25, 2018, Respondent continued prescribing controlled substances without associated progress notes from that health facility.

45. From on or about August 17, 2014, through on or about March 29, 2018, Respondent simultaneously treated Patient A at a separate health facility, Shalom Free Clinic. The medical notes from that clinic indicated Respondent tapered Patient A's prescription for methadone throughout that time period. However, the notes did not indicate Respondent ordered Patient A to

obtain a urine drug toxicology nor did Respondent order electrocardiogram while Patient A was on methadone.

46. On or about May 6, 2020, Respondent was interviewed by an investigator with the California Department of Consumer Affairs, Division of Investigation ("DOI"). Respondent was familiar with the treatment he provided to Patient A from 2012 through 2018. Respondent admitted he regularly prescribed Patient A medications but never "mathematically" calculated the morphine milligram equivalents of the drugs he prescribed. Although he was familiar that the California Medical Board set forth guidelines for prescribing controlled substances in 2007, and in 2014, he never studied those guidelines. Respondent now recognizes the mistake of prescribing a combination of benzodiazepines with opioids. Further, Respondent acknowledged he should have ordered Patient A to submit to urine toxicology screenings on a regular basis stating, "that would be something I should have been doing and, apparently, did not do." He admits he never monitored Patient A with EKG's and never referred Patient A to a pain management specialist.

47. During the period from January 4, 2015, through March 25, 2018, Respondent prescribed and Patient A filled the following controlled substances:

| Date filled | Drug Name | Dosage | Quantity | Days sup. | Schedule |
|---|---|---|---|---|---|
| 2015-01-04 | METHADONE HCL | 10 MG | 210 | 30 | II |
| 2015-01-04 | CLONAZEPAM | 0.5 MG | 90 | 30 | IV |
| 2015-01-20 | TESTOSTERONE CYPIONATE | 200 MG/1 ML | 2 | 30 | III |
| 2015-02-01 | METHADONE HCL | 10 MG | 210 | 30 | II |
| 2015-02-01 | ALPRAZOLAM | 0.5 MG | 60 | 15 | IV |
| 2015-02-22 | ALPRAZOLAM | 0.5 MG | 60 | 15 | IV |
| 2015-03-01 | METHADONE HCL | 10 MG | 210 | 30 | II |
| 2015-03-10 | TESTOSTERONE CYPIONATE | 200 MG/1 ML | 2 | 20 | III |
| 2015-03-14 | ALPRAZOLAM | 0.5 MG | 60 | 15 | IV |
| 2015-03-29 | METHADONE HCL | 10 MG | 210 | 30 | II |
| 2015-03-29 | ALPRAZOLAM | 0.5 MG | 60 | 15 | IV |

| Date Filled | Drug Name | Dosage | Qty | Days sup. | Schedule |
|---|---|---|---|---|---|
| 2015-04-10 | ALPRAZOLAM | 0.5 MG | 60 | 15 | IV |
| 2015-04-27 | METHADONE HCL | 10 MG | 210 | 30 | II |
| 2015-04-27 | ALPRAZOLAM | 0.5 MG | 60 | 15 | IV |
| 2016-03-27 | METHADONE HCL | 10 MG | 165 | 30 | II |
| 2016-03-27 | CLONAZEPAM | 0.5 MG | 90 | 30 | IV |
| 2016-04-13 | TESTOSTERONE CYPIONATE | 200 MG/1 ML | 2 | 28 | III |
| 2016-04-24 | METHADONE HCL | 10 MG | 160 | 30 | II |
| 2016-04-24 | CLONAZEPAM | 0.5 MG | 120 | 30 | IV |
| 2016-05-16 | TESTOSTERONE CYPIONATE | 200 MG/1 ML | 2 | 28 | III |
| 2016-05-22 | CLONAZEPAM | 0.5 MG | 120 | 30 | IV |
| 2016-05-22 | METHADONE HCL | 10 MG | 170 | 28 | II |
| 2016-06-26 | CLONAZEPAM | 0.5 MG | 120 | 30 | IV |
| 2016-06-26 | METHADONE HCL | 10 MG | 160 | 30 | II |
| 2016-06-29 | TESTOSTERONE CYPIONATE | 200 MG/1 ML | 2 | 28 | III |
| 2016-07-24 | CLONAZEPAM | 0.5 MG | 120 | 30 | IV |
| 2016-07-26 | METHADONE HCL | 10 MG | 170 | 30 | II |
| 2016-08-21 | METHADONE HCL | 10 MG | 170 | 30 | II |
| 2016-09-11 | TESTOSTERONE CYPIONATE | 200 MG/1 ML | 2 | 28 | III |
| 2016-09-12 | METHADONE HCL | 10 MG | 200 | 30 | II |
| 2016-10-09 | CLONAZEPAM | 0.5 MG | 120 | 30 | IV |
| 2016-10-10 | METHADONE HCL | 10 MG | 200 | 30 | II |
| 2016-10-30 | METHADONE HCL | 10 MG | 200 | 30 | II |
| 2016-11-23 | CLONAZEPAM | 0.5 MG | 120 | 30 | IV |
| 2016-11-24 | METHADONE HCL | 10 MG | 200 | 30 | II |
| 2016-11-28 | TESTOSTERONE CYPIONATE | 200 MG/1 ML | 2 | 28 | III |

| Date Filled | Drug Name | Dosage | Qty | Days sup. | Schedule |
|---|---|---|---|---|---|
| 2016-12-18 | METHADONE HCL | 10 MG | 180 | 30 | II |
| 2016-12-18 | CLONAZEPAM | 0.5 MG | 120 | 30 | IV |
| 2017-01-15 | CLONAZEPAM | 0.5 MG | 120 | 30 | IV |
| 2017-01-16 | TESTOSTERONE CYPIONATE | 200 MG/1 ML | 2 | 28 | |
| 2017-02-05 | ACETAMINOPHEN-HYDROCODONE BITARTRAT | 325 MG-10 MG | 30 | 5 | II |
| 2017-02-07 | METHADONE HCL | 10 MG | 175 | 30 | II |
| 2017-02-12 | CLONAZEPAM | 0.5 MG | 120 | 30 | IV |
| 2017-03-05 | METHADONE HCL | 10 MG | 175 | 30 | II |
| 2017-03-12 | CLONAZEPAM | 0.5 MG | 120 | 30 | IV |
| 2017-03-27 | TESTOSTERONE CYPIONATE | 200 MG/1 ML | 2 | 28 | III |
| 2017-03-27 | ACETAMINOPHEN-HYDROCODONE BITARTRAT | 325 MG-10 MG | 20 | 4 | II |
| 2017-03-27 | METHADONE HCL | 10 MG | 175 | 225 | II |
| 2017-04-14 | CLONAZEPAM | 0.5 MG | 120 | 30 | IV |
| 2017-04-23 | METHADONE HCL | 10 MG | 200 | 30 | II |
| 2017-05-13 | CLONAZEPAM | 0.5 MG | 90 | 22 | IV |
| 2017-05-23 | METHADONE HCL | 10 MG | 200 | 28 | II |
| 2017-06-25 | ACETAMINOPHEN-HYDROCODONE BITARTRAT | 325 MG-10 MG | 20 | 5 | II |
| 2017-06-25 | METHADONE HCL | 10 MG | 200 | 30 | II |
| 2017-06-25 | CLONAZEPAM | 0.5 MG | 42 | 28 | IV |
| 2017-07-23 | METHADONE HCL | 10 MG | 200 | 30 | II |
| 2017-07-23 | CLONAZEPAM | 0.5 MG | 20 | 20 | IV |
| 2017-08-13 | METHADONE HCL | 10 MG | 200 | 30 | II |
| 2017-09-18 | METHADONE HCL | 10 MG | 185 | 30 | II |
| 2017-10-17 | METHADONE HCL | 10 MG | 147 | 28 | II |

| Date Filled | Drug Name | Dosage | Qty | Days Sup. | Schedule |
|---|---|---|---|---|---|
| 2017-11-05 | METHADONE HCL | 10 MG | 165 | 25 | II |
| 2017-12-30 | METHADONE HCL | 10 MG | 135 | 30 | II |
| 2018-01-28 | METHADONE HCL | 10 MG | 120 | 30 | II |
| 2018-02-18 | OXYCODONE HCL | 20 MG | 20 | 10 | II |
| 2018-02-25 | METHADONE HCL | 10 MG | 120 | 30 | II |
| 2018-03-18 | OXYCODONE HCL | 20 MG | 50 | 30 | II |
| 2018-03-25 | METHADONE HCL | 10 MG | 77 | 28 | II |

48. Respondent committed gross negligence in his care and treatment of Patient A, which included, but is not limited to, the following:

49. Paragraphs 27 through 48, above, are hereby incorporated by reference and realleged as if fully set forth herein;

50. Respondent failed to order random urine toxicology screens to determine the presence or absence of diversion;

51. Respondent failed to order random urine toxicology screens to determine whether Patient A was exposed to illicit drugs that may have had adverse drug interactions with the medication prescribed.

**Patient B**

52. Patient B was a Physician Assistant at Ampla Health at the same time Respondent was employed at that location. Patient B approached Respondent and requested Respondent regularly refill his prescriptions for testosterone.

53. On or about February 18, 2016, Patient B consulted with Respondent. This was the only consultation in a 25-month period during which Respondent regularly wrote prescriptions for Patient B. During this consultation, Respondent noted Patient B's five-year history of hypotestosteronemia, where Patient B self-injected testosterone on a weekly basis. Respondent noted Patient B's original symptoms were fatigue, decreased libido, rise in body fat, and some cognitive issues. Respondent concluded Patient B was stable on his current dosage. Although the

treatment plan for Patient B included regular prescriptions for testosterone, Respondent did not mention whether or not Patient B had specific erectile dysfunction symptoms and quantifiable response. Respondent also did not address whether or not Patient B had any obstructive urinary symptoms while on testosterone replacement therapy. Certainly, Respondent did not even evaluate Patient B's prostate at the one and only visit.

54. When interviewed by DOI, Respondent admitted filling Patient B's prescription for testosterone. Respondent admitted Patient B was not one of his on-going patients; he was not involved with evaluating him for symptoms of low testosterone; and the dosing of the testosterone was done subjectively. This doctor/patient relationship started when Patient B approached Respondent and asked "him if he could be the prescriber of his testosterone." Ultimately, Respondent filled Patient B's prescriptions for approximately two years while never treating Patient B as he would normally treat any other patient. If Respondent ordered labs for Patient B it was at the behest of Patient B and not because Respondent consulted with him. Respondent regrets allowing Patient B to talk him into prescribing testosterone for him.

55. During the period from February 22, 2016, through March 25, 2018, Respondent prescribed Patient B the following prescriptions for testosterone:

| Date Filled | Drug Name | Strength | Qty | Days Sup. | Schedule |
|---|---|---|---|---|---|
| 2016-02-22 | TESTOSTERONE CYPIONATE | 200 MG/1 ML | 10 | 46 | III |
| 2016-04-12 | TESTOSTERONE CYPIONATE | 200 MG/1 ML | 10 | 46 | III |
| 2016-06-02 | TESTOSTERONE CYPIONATE | 200 MG/1 ML | 10 | 45 | III |
| 2016-07-14 | TESTOSTERONE CYPIONATE | 200 MG/1 ML | 10 | 45 | III |
| 2016-08-28 | TESTOSTERONE CYPIONATE | 200 MG/1 ML | 10 | 45 | III |
| 2016-10-13 | TESTOSTERONE CYPIONATE | 200 MG/1 ML | 10 | 45 | III |
| 2016-11-28 | TESTOSTERONE CYPIONATE | 200 MG/1 ML | 10 | 45 | III |
| 2017-01-25 | TESTOSTERONE CYPIONATE | 200 MG/1 ML | 10 | 66 | III |
| 2017-03-11 | TESTOSTERONE CYPIONATE | 200 MG/1 ML | 10 | 66 | III |
| 2017-04-24 | TESTOSTERONE CYPIONATE | 200 MG/1 ML | 10 | 46 | III |
| 2017-06-10 | TESTOSTERONE CYPIONATE | 200 MG/1 ML | 10 | 46 | III |
| 2017-07-26 | TESTOSTERONE CYPIONATE | 200 MG/1 ML | 10 | 46 | III |

| Date Filled | Drug Name | Strength | QTY | Days sup. | Schedule |
|---|---|---|---|---|---|
| 2017-09-11 | TESTOSTERONE CYPIONATE | 200 MG/1 ML | 10 | 46 | III |
| 2017-10-26 | TESTOSTERONE CYPIONATE | 200 MG/1 ML | 10 | 30 | III |
| 2018-01-23 | TESTOSTERONE CYPIONATE | 200 MG/1 ML | 10 | 30 | III |
| 2018-02-20 | TESTOSTERONE CYPIONATE | 200 MG/1 ML | 10 | 30 | III |
| 2018-03-25 | TESTOSTERONE CYPIONATE | 200 MG/1 ML | 10 | 30 | III |

56. Respondent committed gross negligence in his care and treatment of Patient B, which included, but is not limited to, the following:

57. Paragraphs 53 through 56, above, are hereby incorporated by reference and realleged as if fully set forth herein;

58. Respondent failed to safely prescribe and monitor Patient B's response to testosterone treatment;

59. Respondent failed to monitor the significant potential of adverse effects of testosterone;

60. Respondent failed to maintain adequate and accurate medical records regarding his care and treatment of Patient B, including the failure to document a detailed plan and rationale for prescriptions and dosage of testosterone.

**Patient C**

61. From on or about January 30, 2015, through February 3, 2017, Respondent provided care and treatment to Patient C for, among other things, neuropathy in the lower extremities, COPD, hepatitis C, cirrhosis, esophageal varices, thrombocytopenia, periodic hematuria, and blood clots. Records from that period indicate Respondent treated Patient C for pain management and prescribed high dosages of opioids, frequently in combination of benzodiazepines. There was no pain contract between Respondent and Patient C associated with these prescriptions.

62. On or about January 30, 2015, Patient C first consulted with Respondent. After that visit, Respondent prescribed fentanyl patches, lorazepam, oxycodone, and Ambien. The fentanyl

patches and the oxycodone represented a daily Morphine Equivalent Dose (MED) of approximately 790.5.[4]

63. Respondent met with Patient C approximately once a month throughout 2015. On or about February 27, 2015, Patient C went for a follow-up appointment with Respondent after being admitted into the emergency room two days prior. During that emergency room visit, the attending physician ordered a urine drug screening. While Respondent noted that Patient C had abnormal labs, there was no follow-up to determine the nature of the abnormalities. Patient C was again prescribed fentanyl and oxycodone, along with some benzodiazepines.

64. On or about March 27, 2015, Patient C reported having gone to the emergency room due to urinary issues. Respondent conducted a general assessment and then prescribed oxycodone along with some benzodiazepines.

65. On or about May 15, 2015, Patient C went to Respondent complaining of ongoing/chronic pain. Patient C admitted he was using oxycodone more often as he felt like his fentanyl patch was less effective. In fact, Patient C complained about running out of oxycodone one week early. Respondent ordered a urine drug screening after that patient visit.

66. On or about September 11, 2015, Patient C consulted with Respondent. Respondent noted he would attempt to obtain recent lab results from the hospital. Nevertheless, Respondent increased the fentanyl prescription because Patient C reported the patches were no longer staying on the full three days. In addition to the fentanyl, Respondent also prescribed oxycodone and benzodiazepines.

67. Respondent saw Patient C three additional times in 2015 for treatment of chronic pain. During each of those occasions, Respondent prescribed Patient C fentanyl, oxycodone, and benzodiazepines.

68. From on or about January 8, 2016, through on or about December 2, 2016, Respondent provided care and treatment to Patient C on approximately ten occasions.

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

69. On or about March 14, 2016, Patient C sought treatment from Respondent for urinary issues. Respondent ordered a urine screening but not a urine drug screening. Respondent also prescribed entanyl and oxycodone.

70. On or about November 4, 2016, Patient C continued to see Respondent for pain treatment. Patient C noted he had increased his use of daily oxycodone and was finding himself out of medication 2-3 days before he was due for his next refill. Respondent filled a prescription for fentanyl, Norco, and oxycodone.

71. Respondent treated Patient C beginning on or about January 5, 2017, through the end of 2017, however, there were only two medical notes for that year.

72. On or about January 5, 2017, Patient C reported his medications were stolen. Patient C reported increasing his use of oxycodone to quell the pain and asked about the potential for a morphine pump. Respondent gave Patient C a pain management referral, a palliative care referral, and continued Patient C on oxycodone.

73. On or about February 3, 2017, Patient C returned to see Respondent because the pain management clinic had not yet contacted him. Respondent ordered laboratory studies and prescribed oxycodone.

74. On or about March 30, 2017, Patient C saw Respondent for follow-up and medication refills. Patient C reported worsening pain on the ankles. Patient C advised the pain increased after being taken off fentanyl patches. Patient C noted running out of pain medication. Respondent described that the pain medication quantity increased with the last visit from # 240 to #270. After examing Patient C, Respondent ordered several lab tests. Respondent also prescribed oxycodone.

75. On or about August 10, 2017, Patient C saw Respondent for follow-up. They discussed the best way to alleviate Patient C's pain. Respondent reviewed the CURES[5] report for Patient C. Respondent prescribed oxycodone. Respondent also started tapering Patient C off of

[5] Controlled Substance Utilization Review and Evaluation System (CURES) is a database of Schedule II, III and IV Controlled Substance prescriptions dispensed in California serving the public health, regulatory oversight agencies, and law enforcement.

lorazepam because of opiate use and problems with potential respiratory depression if utilized in combination.

76. On or about September 1, 2017, Patient C saw Respondent for follow-up regarding pain in the extremities. Respondent ordered labs. Respondent also prescribed oxycodone.

77. On or about September 29, 2017, Patient C saw Respondent for follow-up regarding neuropathy pain. Respondent prescribed an increased dose of oxycodone and naloxone, to be used in the event of overdose from oxycodone. At this meeting, Respondent informed Patient C that he would no longer be working at the clinic beginning January 2018.

78. On or about November 16, 2017, Respondent saw Patient C for the last time at Ampla Haelth. Patient C wanted a refill for oxycodone. Respondent discussed tapering down oxycodone. Knowing that he would no longer be working at the clinic, Respondent gave Patient C oxycodone prescriptions for December 2017, 30 mg, #210, January 2018 30 mg, #180, and February 2018, 30 mg, # 150.

79. When interviewed by DOI, Respondent felt that Patient C manipulated him into prescribing controlled substances. Respondent knew that he was treating Patient C for neuropathy pain in his legs, however, Respondent admits never doing a nerve conduction study or referring Patient C a neurologist. Respondent also admits he did not have Patient C go to regular laboratory screenings nor did he refer to a pain management specialist early on in Patient C's treatment.

80. During the period from January 24, 2015 through November 11, 2018, Respondent prescribed the following to Patient C:

| Date Filled | Drug Name | Strength | Qty | Days Sup. | Schedule |
|---|---|---|---|---|---|
| 2015-01-24 | FENTANYL | 100 MCG/1 HR | 5 | 15 | II |
| 2015-01-30 | LORAZEPAM | 1 MG | 120 | 30 | IV |
| 2015-01-30 | OXYCODONE HCL | 30 MG | 220 | 18 | II |
| 2015-01-30 | ZOLPIDEM TARTRATE | 10 MG | 30 | 30 | IV |
| 2015-02-07 | FENTANYL | 100 MCG/1 HR | 10 | 30 | II |
| 2015-02-27 | ZOLPIDEM TARTRATE | 10 MG | 30 | 30 | IV |
| 2015-02-27 | OXYCODONE HCL | 30 MG | 220 | 18 | II |
| 2015-03-02 | FENTANYL | 100 MCG/1 HR | 10 | 30 | II |

| Date Filled | Drug Name | Strength | Qty | Days Sup. | Schedule |
|---|---|---|---|---|---|
| 2015-03-18 | DIAZEPAM | 2 MG | 56 | 14 | IV |
| 2015-03-19 | OXYCODONE HCL | 30 MG | 220 | 18 | II |
| 2015-03-30 | FENTANYL | 100 MCG/1 HR | 10 | 30 | II |
| 2015-03-30 | ZOLPIDEM TARTRATE | 10 MG | 30 | 30 | IV |
| 2015-04-01 | DIAZEPAM | 2 MG | 120 | 30 | IV |
| 2015-04-16 | OXYCODONE HCL | 30 MG | 220 | 30 | II |
| 2015-04-27 | FENTANYL TRANSDERMAL SYSTEM | 100 MCG/1 HR | 10 | 30 | II |
| 2015-04-27 | ZOLPIDEM TARTRATE | 10 MG | 30 | 30 | IV |
| 2015-05-05 | DIAZEPAM | 2 MG | 108 | 30 | IV |
| 2015-05-07 | DIAZEPAM | 2 MG | 12 | 3 | IV |
| 2015-05-15 | OXYCODONE HCL | 30 MG | 220 | 28 | II |
| 2015-05-26 | FENTANYL TRANSDERMAL SYSTEM | 100 MCG/1 HR | 10 | 30 | II |
| 2015-05-26 | ZOLPIDEM TARTRATE | 10 MG | 30 | 30 | IV |
| 2015-06-11 | DIAZEPAM | 2 MG | 108 | 30 | IV |
| 2015-06-15 | OXYCODONE HCL | 30 MG | 220 | 28 | II |
| 2015-06-24 | FENTANYL TRANSDERMAL SYSTEM | 100 MCG/1 HR | 10 | 30 | II |
| 2015-06-24 | ZOLPIDEM TARTRATE | 10 MG | 30 | 30 | IV |
| 2015-07-07 | DIAZEPAM | 2 MG | 120 | 40 | IV |
| 2015-07-10 | OXYCODONE HCL | 30 MG | 220 | 27 | II |
| 2015-07-29 | ZOLPIDEM TARTRATE | 10 MG | 30 | 30 | IV |
| 2015-08-10 | DIAZEPAM | 2 MG | 120 | 40 | IV |
| 2015-08-14 | OXYCODONE HCL | 30 MG | 220 | 27 | II |
| 2015-08-17 | FENTANYL TRANSDERMAL SYSTEM | 100 MCG/1 HR | 10 | 30 | II |
| 2015-09-03 | FENTANYL | 100 MCG/1 HR | 3 | 9 | II |
| 2015-09-11 | OXYCODONE HCL | 30 MG | 220 | 27 | II |
| 2015-09-11 | ZOLPIDEM TARTRATE | 10 MG | 30 | 30 | IV |
| 2015-09-11 | FENTANYL | 100 MCG/1 HR | 15 | 30 | II |
| 2015-09-14 | DIAZEPAM | 2 MG | 120 | 30 | IV |
| 2015-10-09 | OXYCODONE HCL | 30 MG | 270 | 22 | II |
| 2015-10-09 | ZOLPIDEM TARTRATE | 10 MG | 30 | 30 | IV |
| 2015-10-09 | FENTANYL TRANSDERMAL SYSTEM | 100 MCG/1 HR | 15 | 30 | II |
| 2015-10-11 | DIAZEPAM | 2 MG | 90 | 30 | IV |

| Date Filled | Drug Name | Strength | Qty | Days Sup. | Schedule |
|---|---|---|---|---|---|
| 2015-11-12 | FENTANYL TRANSDERMAL SYSTEM | 100 MCG/1 HR | 15 | 30 | II |
| 2015-11-12 | ZOLPIDEM TARTRATE | 10 MG | 30 | 30 | IV |
| 2015-11-12 | DIAZEPAM | 2 MG | 120 | 34 | IV |
| 2015-11-13 | OXYCODONE HCL | 30 MG | 270 | 22 | II |
| 2015-12-11 | ZOLPIDEM TARTRATE | 10 MG | 30 | 30 | IV |
| 2015-12-11 | FENTANYL TRANSDERMAL SYSTEM | 100 MCG/1 HR | 15 | 30 | II |
| 2015-12-11 | OXYCODONE HCL | 30 MG | 270 | 22 | II |
| 2015-12-11 | DIAZEPAM | 2 MG | 120 | 34 | IV |
| 2016-01-08 | FENTANYL TRANSDERMAL SYSTEM | 100 MCG/1 HR | 15 | 30 | II |
| 2016-01-08 | ZOLPIDEM TARTRATE | 10 MG | 30 | 30 | IV |
| 2016-01-08 | OXYCODONE HCL | 30 MG | 270 | 22 | II |
| 2016-01-26 | DIAZEPAM | 2 MG | 120 | 30 | IV |
| 2016-02-05 | ZOLPIDEM TARTRATE | 10 MG | 30 | 30 | IV |
| 2016-02-05 | FENTANYL TRANSDERMAL SYSTEM | 100 MCG/1 HR | 15 | 30 | II |
| 2016-02-05 | OXYCODONE HCL | 30 MG | 270 | 22 | II |
| 2016-03-04 | OXYCODONE HCL | 30 MG | 270 | 22 | II |
| 2016-03-04 | FENTANYL TRANSDERMAL SYSTEM | 100 MCG/1 HR | 15 | 30 | II |
| 2016-03-04 | ZOLPIDEM TARTRATE | 10 MG | 30 | 30 | IV |
| 2016-03-25 | DIAZEPAM | 2 MG | 120 | 34 | IV |
| 2016-04-01 | OXYCODONE HCL | 30 MG | 270 | 22 | II |
| 2016-04-02 | FENTANYL TRANSDERMAL SYSTEM | 100 MCG/1 HR | 15 | 30 | II |
| 2016-04-06 | ZOLPIDEM TARTRATE | 10 MG | 30 | 30 | IV |
| 2016-04-22 | OXYCODONE HCL | 30 MG | 270 | 30 | II |
| 2016-05-01 | FENTANYL TRANSDERMAL SYSTEM | 100 MCG/1 HR | 15 | 30 | II |
| 2016-05-05 | ZOLPIDEM TARTRATE | 10 MG | 30 | 30 | IV |
| 2016-05-06 | DIAZEPAM | 2 MG | 90 | 30 | IV |
| 2016-05-21 | OXYCODONE HCL | 30 MG | 270 | 30 | II |
| 2016-05-29 | FENTANYL TRANSDERMAL SYSTEM | 100 MCG/1 HR | 15 | 30 | II |
| 2016-06-02 | ZOLPIDEM TARTRATE | 10 MG | 30 | 30 | IV |
| 2016-06-05 | DIAZEPAM | 2 MG | 90 | 30 | IV |
| 2016-06-18 | OXYCODONE HCL | 30 MG | 270 | 30 | II |

| Date Filled | Drug Name | Strength | Qty | Days Sup. | Schedule |
|---|---|---|---|---|---|
| 2016-06-25 | ZOLPIDEM TARTRATE | 10 MG | 30 | 30 | IV |
| 2016-06-26 | FENTANYL TRANSDERMAL SYSTEM | 100 MCG/1 HR | 15 | 30 | II |
| 2016-07-16 | OXYCODONE HCL | 30 MG | 270 | 30 | II |
| 2016-07-23 | ZOLPIDEM TARTRATE | 10 MG | 30 | 30 | IV |
| 2016-07-24 | FENTANYL TRANSDERMAL SYSTEM | 100 MCG/1 HR | 15 | 30 | II |
| 2016-08-13 | OXYCODONE HCL | 30 MG | 270 | 30 | II |
| 2016-08-15 | DIAZEPAM | 2 MG | 90 | 30 | IV |
| 2016-08-21 | FENTANYL TRANSDERMAL SYSTEM | 100 MCG/1 HR | 15 | 30 | II |
| 2016-08-21 | ZOLPIDEM TARTRATE | 10 MG | 30 | 30 | IV |
| 2016-09-10 | OXYCODONE HCL | 30 MG | 270 | 30 | II |
| 2016-09-18 | FENTANYL TRANSDERMAL SYSTEM | 100 MCG/1 HR | 15 | 30 | II |
| 2016-09-18 | ZOLPIDEM TARTRATE | 10 MG | 30 | 30 | IV |
| 2016-10-06 | DIAZEPAM | 2 MG | 90 | 30 | IV |
| 2016-10-08 | OXYCODONE HCL | 30 MG | 270 | 30 | II |
| 2016-10-17 | FENTANYL TRANSDERMAL SYSTEM | 100 MCG/1 HR | 15 | 30 | II |
| 2016-10-17 | ZOLPIDEM TARTRATE | 10 MG | 30 | 30 | IV |
| 2016-11-05 | OXYCODONE HCL | 30 MG | 270 | 23 | II |
| 2016-11-13 | FENTANYL TRANSDERMAL SYSTEM | 12 MCG/1 HR | 15 | 30 | II |
| 2016-11-14 | FENTANYL TRANSDERMAL SYSTEM | 100 MCG/1 HR | 15 | 30 | II |
| 2016-11-14 | ZOLPIDEM TARTRATE | 10 MG | 30 | 30 | IV |
| 2016-12-02 | OXYCODONE HCL | 30 MG | 270 | 30 | II |
| 2016-12-12 | FENTANYL TRANSDERMAL SYSTEM | 100 MCG/1 HR | 15 | 30 | II |
| 2016-12-12 | ZOLPIDEM TARTRATE | 10 MG | 30 | 30 | IV |
| 2016-12-12 | FENTANYL TRANSDERMAL SYSTEM | 12 MCG/1 HR | 15 | 30 | II |
| 2016-12-23 | OXYCODONE HCL | 30 MG | 265 | 22 | II |
| 2017-01-04 | FENTANYL TRANSDERMAL SYSTEM | 12 MCG/1 HR | 15 | 30 | II |
| 2017-01-09 | ZOLPIDEM TARTRATE | 10 MG | 30 | 30 | IV |
| 2017-01-09 | FENTANYL TRANSDERMAL SYSTEM | 100 MCG/1 HR | 15 | 30 | II |
| 2017-01-12 | OXYCODONE HCL | 30 MG | 180 | 30 | II |
| 2017-01-20 | DIAZEPAM | 2 MG | 120 | 30 | |

| Date Filled | Drug Name | Strength | Qty | Days Sup. | Schedule |
|---|---|---|---|---|---|
| 2017-01-27 | OXYCODONE HCL | 30 MG | 20 | 3 | II |
| 2017-02-03 | OXYCODONE HCL | 30 MG | 240 | 20 | II |
| 2017-02-06 | ZOLPIDEM TARTRATE | 10 MG | 30 | 30 | IV |
| 2017-03-03 | OXYCODONE HCL | 30 MG | 270 | 30 | II |
| 2017-03-04 | DIAZEPAM | 2 MG | 120 | 30 | IV |
| 2017-03-06 | ZOLPIDEM TARTRATE | 10 MG | 30 | 30 | IV |
| 2017-03-23 | OXYCODONE HCL | 30 MG | 10 | 2 | II |
| 2017-03-31 | OXYCODONE HCL | 30 MG | 300 | 25 | II |
| 2017-04-04 | LORAZEPAM | 0.5 MG | 30 | 2 | IV |
| 2017-04-04 | TEMAZEPAM | 15 MG | 30 | 15 | IV |
| 2017-04-05 | ZOLPIDEM TARTRATE | 10 MG | 30 | 30 | IV |
| 2017-04-11 | LORAZEPAM | 0.5 MG | 30 | 5 | IV |
| 2017-05-03 | ZOLPIDEM TARTRATE | 10 MG | 30 | 30 | IV |
| 2017-05-04 | OXYCODONE HCL | 30 MG | 30 | 2 | II |
| 2017-05-04 | OXYCODONE HCL | 30 MG | 30 | 3 | II |
| 2017-05-08 | OXYCODONE HCL | 30 MG | 240 | 20 | II |
| 2017-06-18 | OXYCODONE HCL | 30 MG | 6 | 1 | II |
| 2017-08-10 | LORAZEPAM | 0.5 MG | 42 | 21 | IV |
| 2017-08-10 | OXYCODONE HCL | 30 MG | 180 | 30 | II |
| 2017-09-02 | OXYCODONE HCL | 30 MG | 180 | 30 | II |
| 2017-09-30 | OXYCODONE HCL | 30 MG | 240 | 20 | II |
| 2017-11-01 | OXYCODONE HCL | 30 MG | 240 | 30 | II |
| 2017-12-01 | OXYCODONE HCL | 30 MG | 210 | 30 | II |
| 2017-12-30 | OXYCODONE HCL | 30 MG | 132 | 22 | II |
| 2018-01-21 | OXYCODONE HCL | 30 MG | 48 | 8 | II |
| 2018-01-30 | OXYCODONE HCL | 30 MG | 150 | 25 | II |
| 2018-11-11 | OXYCODONE HCL | 20 MG | 120 | 30 | II |

81. Respondent committed gross negligence in his care and treatment of Patient C, which included, but is not limited to, the following:

82. Paragraphs 61 through 80, above, are hereby incorporated by reference and realleged as if fully set forth herein;

83. Respondent failed to use a controlled substance agreement or other similar agreement;

84. Respondent failed to maintain adequate and accurate medical notes regarding his care and treatment of Patient C;

85. Respondent failed to prescribe opiates in a safe manner including:

A. Failure to properly assess Patient C's aberrant behavior for the presence or absence of diversion;

B. Failure to structure tapering or reduction of prescribed opiates during the initial time Patient C was under Respondent's care and treatment;

C. Failure to offer alternative or replacement pain medication;

D. Failure to use a urine toxicology screen.

**SECOND CAUSE FOR DISCIPLINE**

**(Repeated Negligent Acts)**

86. Respondent has further subjected his Physician's and Surgeon's Certificate No. G 50800 to disciplinary action under section 2227 and 2234, as defined by 2234, subdivision (c), of the Code, in that he committed repeated negligent acts during his care and treatment of Patients A, B, and C, as more particularly alleged in paragraphs 27 through 85, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

87. Respondent committed the additional following negligent acts during the care and treatment of Patient A, which are referenced in paragraphs 27 through 51, and are hereby incorporated by reference and realleged as if fully set forth herein including, but not limited to:

A. Respondent failed to prescribe opiates in a safe manner by failing to properly assess Patient A's aberrant behavior for the presence or absence of diversion; and

B. Respondent failed to prescribe opiates in a safe manner by failing to order and interpret regular physical examinations and missing opportunities to order EKG's on Patient A while Patient A was on methadone.

**THIRD CAUSE FOR DISCIPLINE**

**(Excessive Prescribing)**

88. Respondent has further subjected his Physician's and Surgeon's Certificate No. G 50800 to disciplinary action under section 2227, 2234, and 725, of the Code, in that he engaged in excessive prescribing of controlled substances and dangerous drugs to Patients A, B, and C, as more particularly alleged in paragraphs 27 through 85, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

**FOURTH CAUSE FOR DISCIPLINE**

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

89. Respondent has further subjected his Physician's and Surgeon's Certificate No. G 50800 to disciplinary action under section 2227 and 2234, as defined by 2266, of the Code, in that he failed to maintain adequate and accurate medical records in his care and treatment of Patients B, and C, as more particularly alleged in paragraphs 52 through 85, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

**FIFTH CAUSE FOR DISCIPLINE**

**(General Unprofessional Conduct)**

90. Respondent has further subjected his Physician's and Surgeon's Certificate No. G 50800 to disciplinary action under sections 2227 and 2234 of the Code, in that he has engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 27 through 85, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

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## PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number G 50800, issued to Respondent Kenneth Dale Logan, M.D.;

2. Revoking, suspending or denying approval of Respondent Kenneth Dale Logan, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent Kenneth Dale Logan, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

4. Taking such other and further action as deemed necessary and proper.

DATED: OCT 12 2021

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

SA2020303141
First Amended Accusation.docx