

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

In the Matter of the Accusation  
Against:

Yoon Sung Min, M.D.

Physician's and Surgeon's  
Certificate No. A 64832

Case No.: 800-2018-045462

Respondent.

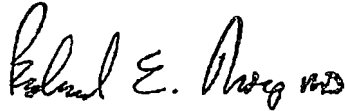
DECISION

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 March 2, 2023.

IT IS SO ORDERED: January 31, 2023.

MEDICAL BOARD OF CALIFORNIA



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Richard E. Thorp, M.D., Chair  
Panel B

1 ROB BONTA  
Attorney General of California  
2 JUDITH T. ALVARADO  
Supervising Deputy Attorney General  
3 TAN N. TRAN  
Deputy Attorney General  
4 State Bar No. 197775  
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*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:  
13 **YOON SUNG MIN, M.D.**  
21060 Centre Pointe Parkway  
14 Santa Clarita, CA 91350  
15 **Physician's and Surgeon's Certificate**  
No. A 64832,  
16  
17 Respondent.

Case No. 800-2018-045462  
OAH No. 2021120260  
**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

18  
19 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
20 entitled proceedings that the following matters are true:

21 **PARTIES**

22 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of  
23 California (Board). He brought this action solely in his official capacity and is represented in this  
24 matter by Rob Bonta, Attorney General of the State of California, by Tan N. Tran, Deputy  
25 Attorney General.

26 2. Respondent Yoon Sung Min, M.D. (Respondent) is represented in this proceeding by  
27 attorney Raymond J. McMahon, Esq., Doyle Schafer McMahon, LLP, 5440 Trabuco Road,  
28 Irvine, California 92620.

1 3. On or about April 10, 1998, the Board issued Physician's and Surgeon's Certificate  
2 No. A 64832 to Yoon Sung Min, M.D. (Respondent). The Physician's and Surgeon's Certificate  
3 was in full force and effect at all times relevant to the charges brought in Accusation No. 800-  
4 2018-045462, and will expire on September 30, 2023, unless renewed.

5 **JURISDICTION**

6 4. Accusation No. 800-2018-045462 was filed before the Board, and is currently  
7 pending against Respondent. The Accusation and all other statutorily required documents were  
8 properly served on Respondent on June 28, 2021. Respondent timely filed his Notice of Defense  
9 contesting the Accusation.

10 5. A copy of Accusation No. 800-2018-045462 is attached as Exhibit A and  
11 incorporated herein by reference.

12 **ADVISEMENT AND WAIVERS**

13 6. Respondent has carefully read, fully discussed with counsel, and understands the  
14 charges and allegations in Accusation No. 800-2018-045462. Respondent has also carefully read,  
15 fully discussed with his counsel, and understands the effects of this Stipulated Settlement and  
16 Disciplinary Order.

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

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

25 **CULPABILITY**

26 9. Respondent understands that the charges and allegations in Accusation No. 800-2018-  
27 045462, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and  
28 Surgeon's Certificate.



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 the Respondent, issue and  
3 enter the following Disciplinary Order:

4 **DISCIPLINARY ORDER**

5 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 64832 issued  
6 to Respondent Yoon Sung Min, M.D. is revoked. However, the revocation is stayed and  
7 Respondent is placed on probation for thirty-five (35) months on the following terms and  
8 conditions:

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

18 A prescribing practices 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 Respondent shall submit a certification of successful completion to the Board or its  
24 designee not later than 15 calendar days after successfully completing the course, or not later than  
25 15 calendar days after the effective date of the Decision, whichever is later.

26 2. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective  
27 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in  
28 advance by the Board or its designee. Respondent shall provide the approved course provider

1 with any information and documents that the approved course provider may deem pertinent.  
2 Respondent shall participate in and successfully complete the classroom component of the course  
3 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully  
4 complete any other component of the course within one (1) year of enrollment. The medical  
5 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing  
6 Medical Education (CME) requirements for renewal of licensure.

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

12 Respondent shall submit a certification of successful completion to the Board or its  
13 designee not later than 15 calendar days after successfully completing the course, or not later than  
14 15 calendar days after the effective date of the Decision, whichever is later.

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

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

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

27 5. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules  
28 governing the practice of medicine in California and remain in full compliance with any court

1 ordered criminal probation, payments, and other orders.

2 6. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby  
3 ordered to reimburse the Board its costs of investigation and enforcement, including, but not  
4 limited to, expert review, amended accusations, legal reviews, joint investigations, and subpoena  
5 enforcement, as applicable, in the amount of \$22,000.00 (twenty-two thousand dollars). Costs  
6 shall be payable to the Medical Board of California. Failure to pay such costs shall be considered  
7 a violation of probation.

8 Any and all requests for a payment plan shall be submitted in writing by Respondent to the  
9 Board.

10 The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility  
11 to repay investigation and enforcement costs, including expert review costs (if applicable).

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

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

17 8. GENERAL PROBATION REQUIREMENTS.

18 Compliance with Probation Unit

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

20 Address Changes

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

26 Place of Practice

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

1 facility.

2 License Renewal

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

5 Travel or Residence Outside California

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

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

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

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



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

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

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

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

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

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

24 13. LICENSE SURRENDER. Following the effective date of this Decision, if  
25 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy  
26 the terms and conditions of probation, Respondent may request to surrender his or her license.  
27 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in  
28 determining whether or not to grant the request, or to take any other action deemed appropriate

1 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent  
2 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its  
3 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject  
4 to the terms and conditions of probation. If Respondent re-applies for a medical license, the  
5 application shall be treated as a petition for reinstatement of a revoked certificate.

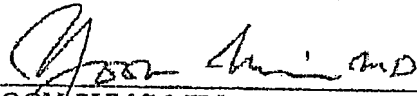
6 14. PROBATION MONITORING COSTS. Respondent shall pay the costs associated  
7 with probation monitoring each and every year of probation, as designated by the Board, which  
8 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of  
9 California and delivered to the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

11 15. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for  
12 a new license or certification, or petition for reinstatement of a license, by any other health care  
13 licensing action agency in the State of California, all of the charges and allegations contained in  
14 Accusation No. 800-2018-045462 shall be deemed to be true, correct, and admitted by  
15 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or  
16 restrict license.

17 ACCEPTANCE

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

23  
24 DATED: 7/18/2022

  
\_\_\_\_\_  
YOON SUNG MIN, M.D.  
Respondent


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1 I have read and fully discussed with Respondent Yoon Sung Min, 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: July 18, 2022


  
RAYMOND J. MCMAHON, ESQ.  
*Attorneys for Respondent*

7 **ENDORSEMENT**

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

11 DATED: 7/18/22

Respectfully submitted,  
ROB BONTA  
Attorney General of California  
JUDITH T. ALVARADO  
Supervising Deputy Attorney General

  
TAN N. TRAN  
Deputy Attorney General  
*Attorneys for Complainant*

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1 ROB BONTA  
Attorney General of California  
2 JUDITH T. ALVARADO  
Supervising Deputy Attorney General  
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5 300 South Spring Street, Suite 1702  
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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 In the Matter of the Accusation Against:

Case No. 800-2018-045462

13 **Yoon Sung Min, M.D.**  
14 **21060 Centre Pointe Parkway**  
**Santa Clarita, CA 91350**

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

15  
16 **Physician's and Surgeon's Certificate**  
**No. A64832,**

17 Respondent.  
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 April 10, 1998, the Medical Board issued Physician's and Surgeon's  
24 Certificate Number A64832 to Yoon Sung Min, 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 September 30, 2021, unless renewed.

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1 JURISDICTION

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

5 4. Section 2004 of the Code states:

6 The board shall have the responsibility for the following:

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

9 (b) The administration and hearing of disciplinary actions.

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

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

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

14 (f) Approving undergraduate and graduate medical education programs.

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

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

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

19 5. Section 2227 of the Code states:

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

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

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

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

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

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

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

### 8 STATUTORY PROVISIONS

9 6. Section 2234 of the Code, states:

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

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

15 (b) Gross negligence.

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

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

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

28 (d) Incompetence.

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

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

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

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,

1 prescription drugs or controlled substances.

2 (b) A physician and surgeon may prescribe, dispense, or administer prescription  
3 drugs or prescription controlled substances to an addict for purposes of maintenance  
4 on, or detoxification from, prescription drugs or controlled substances only as set  
5 forth in subdivision (c) or in Sections 11215, 11217, 11217.5, 11218, 11219, and  
6 11220 of the Health and Safety Code. Nothing in this subdivision shall authorize a  
7 physician and surgeon to prescribe, dispense, or administer dangerous drugs or  
8 controlled substances to a person he or she knows or reasonably believes is using or  
9 will use the drugs or substances for a nonmedical purpose.

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

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

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

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

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

24 (A) Impaired control over drug use,

25 (B) Compulsive use,

26 (C) Continued use despite harm.

27 (2) Notwithstanding paragraph (1), a person whose drug-seeking behavior is  
28 primarily due to the inadequate control of pain is not an addict within the meaning of  
this section or Section 2241.5.

8. Section 2242 of the Code states:

22 (a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section  
23 4022 without an appropriate prior examination and a medical indication, constitutes  
24 unprofessional conduct. An appropriate prior examination does not require a  
25 synchronous interaction between the patient and the licensee and can be achieved  
26 through the use of telehealth, including, but not limited to, a self-screening tool or a  
27 questionnaire, provided that the licensee complies with the appropriate standard of  
28 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

1 the absence of the patient's physician and surgeon or podiatrist, as the case may be,  
2 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.

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

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

7 (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.

8 (3) The licensee was a designated practitioner serving in the absence of the  
9 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  
10 medically indicated prescription for an amount not exceeding the original prescription  
in strength or amount or for more than one refill.

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

13 9. Section 2266 of the Code states:

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

16 10. Section 725 of the Code states:

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

21 (b) Any person who engages in repeated acts of clearly excessive prescribing or  
22 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  
23 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.

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

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

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1 | FIRST CAUSE FOR DISCIPLINE

2 | (Gross Negligence/Repeated Negligent Acts - Patient 1)

3 | 11. Respondent Yoon Sung Min, M.D. is subject to disciplinary action under section  
4 | 2234, subdivisions (b) and (c), of the Code for the commission of acts or omissions involving  
5 | gross negligence/repeated negligent acts in the care and treatment of Patient 1.<sup>1</sup> The  
6 | circumstances are as follows:

7 | Patient 1

8 | 12. Patient 1 (or "patient") is a 38-year-old female, who treated with Respondent from  
9 | approximately September 2016 through June 2018,<sup>2</sup> for various conditions including chronic  
10 | fatigue, insomnia, unspecified Systemic Lupus Erythematosus (SLE), anxiety disorder, and  
11 | dysthymic disorder. During the above dates, Respondent prescribed to Patient 1 benzodiazepines  
12 | with chronic opioids, including multiple medications like Norco, Bupropion, Zoloft  
13 | (antidepressant), Zolpidem (sleep aid), Armodafinil (for fatigue), Lorazepam (Ativan, for  
14 | anxiety), Alprazolam (Xanax), Oxycodone, Morphine Sulphate,<sup>3</sup> and Remicade (for SLE).

15 | 13. During his treatment of Patient 1, Respondent completed a medical history and  
16 | physical examination on Patient 1, but Respondent failed to perform an adequate psychological  
17 | evaluation to assess the risk of addictive disorders using a screening tool. There was no adequate  
18 | documentation that Respondent explored other modalities such as anti-epileptic medications and  
19 | non-pharmacologic therapies such as physical therapy to treat Patient 1's conditions. Moreover,  
20 | Respondent did not undertake urine drug testing, pill counting, nor did Respondent adequately  
21 | review CURES (Controlled Substance Utilization Review and Evaluation System, a drug  
22 | monitoring database for Schedule II through V controlled substances dispensed in California),  
23 |

24 | <sup>1</sup> The patient is identified by number to protect her privacy.

25 | <sup>2</sup> These are approximate dates based on the medical records which were available to the  
26 | Board. Patient 1 may have treated with Respondent before or after these dates. It should also be  
27 | noted that during the investigation, Respondent submitted multiple copies of medical records for  
28 | each patient named in this Accusation. The original set of records, as well as the "certified" set  
for each patient, contained different numbers of pages, and some pages in the original set were  
missing from the "certified" set of records.

<sup>3</sup> These medications are all controlled substances, with most having serious side effects  
and risk for addiction. They are also dangerous drugs pursuant to section 4022 of the Code.

1 that would have likely aided Respondent to recognize Patient 1's aberrant or drug-seeking  
2 behaviors.<sup>4</sup>

3 14. Respondent failed to adequately document the presumed etiology of Patient 1's claim  
4 of ongoing chronic pain and the need for changing opioid type and dosing. Respondent failed to  
5 adequately document in the patient's medical record whether Patient 1 was being followed  
6 consistently by a psychiatrist. Respondent did document that he provided some patient education  
7 to Patient 1 on controlled substance usage, but it does not appear that Naloxone (to treat narcotic  
8 overdose) was given to the patient, nor was there adequate documentation that education on  
9 Naloxone administration was given. Respondent failed to adequately document a risk assessment  
10 and an "exit strategy" for discontinuing opioid therapy for Patient 1.

11 15. Overall, Respondent's care and treatment of Patient 1, as outlined above, represents  
12 an extreme departure from the standard of care for excessively prescribing concomitant  
13 benzodiazepines with chronic opioids to Patient 1, an extreme departure from the standard of care  
14 in patient evaluation and risk stratification, and an extreme departure from the standard of care in  
15 Respondent's compliance monitoring of controlled substances that Respondent prescribed to  
16 Patient 1, who had signs of addiction, as well as repeated acts of negligence.

17 **SECOND CAUSE FOR DISCIPLINE**

18 **(Repeated Negligent Acts - 4 Patients)**

19 16. Respondent is subject to disciplinary action under section 2234, subdivision (c), of  
20 the Code in that he committed repeated negligent acts in his care of Patients 2, 3, 4 and 5. The  
21 circumstances are as follows:

22 17. Respondent also committed repeated negligent acts in his care of Patients 2, 3, 4 and  
23 5. The circumstances are as follows:

24 ///

25 ///

26 <sup>4</sup> Respondent informed the Board in an interview that he did not regularly check CURES  
27 on most of his patients during 2017 and 2018. During his treatment of Patient 1, Respondent  
28 would often adjust dosage or change medications at Patient 1's request. This is a "red flag" that  
the Patient 1 may be drug seeking.

1 **Patient 2**

2 18. Patient 2 (or "patient") is a 48-year-old female, was treated by Respondent from  
3 approximately July 2015 through July 2018,<sup>5</sup> for various conditions including seronegative  
4 rheumatoid arthritis (SNRA), lupus, undifferentiated connective tissue disease (UCTD), chronic  
5 pain secondary to rheumatoid arthritis, fibromyalgia, adrenal disease, vitamin D deficiency, and  
6 insomnia. Respondent prescribed to Patient 2 multiple medications (both benzodiazepines and  
7 chronic opioids) including a Duragesic patch, Oxycodone, Xanax, and Ambien,<sup>6</sup> as well as  
8 Prednisone, Methotrexate, and Hydroxychloroquine.

9 19. During Respondent's treatment of Patient 2, Respondent failed to document if a trial  
10 of benzodiazepines was ever attempted in Patient 2, who was also being prescribed chronic  
11 opioids. Respondent did document a medical history and physical exam, but he failed to  
12 adequately document any history or lack of history of substance abuse other than tobacco.  
13 Respondent failed to perform a psychological evaluation to assess risk of addictive disorders  
14 using a screening tool, and did not undertake urine drug testing for Patient 2. Although  
15 Respondent appeared to recommend that Patient 2 seek pain management from a specialist,  
16 Respondent failed to adequately follow up on the recommendation. As with Patient 1,  
17 Respondent failed to adequately document a risk assessment and an "exit strategy" for  
18 discontinuing opioid therapy for Patient 2.

19 20. Overall, Respondent's care and treatment of Patient 2, as outlined above, represents  
20 departures from the standard of care for the concomitant prescribing of benzodiazepines and  
21 chronic opioids, and for inadequate record-keeping.

22 **Patient 3**

23 21. Patient 3 (or "patient") is a 73-year-old female, who was treated by Respondent from  
24 approximately August 2015 to June 2018,<sup>7</sup> for various maladies including systemic lupus

25  
26 <sup>5</sup> Again, these are approximate dates based on the medical records which were available to  
the Board. Patient 2 may have treated with Respondent before or after these dates.

27 <sup>6</sup> These medications are all controlled substances with serious side effects and a potential  
for addiction. They are considered dangerous drugs pursuant to section 4022 of the Code.

28 <sup>7</sup> Again, these are approximate dates based on the medical records which were available to  
the Board. Patient 3 may have treated with Respondent before or after these dates.

1 erythematosus (SLE), chronic pain secondary to SLE, possible fibromyalgia, and osteoarthritis of  
2 the right knee. Patient 3 was also diagnosed with breast cancer and received chemotherapy.  
3 Patient 3 was prescribed multiple controlled medications (both opioids and benzodiazepines)  
4 including Oxycodone, Alprazolam (Xanax), Zolpidem, MS Contin, Tordol,<sup>8</sup>  
5 Hydroxychloroquine, Methotrexate, Prednisone, and Naproxen.

6 22. Although Respondent did complete a medical history and physical examination,  
7 Respondent failed to perform a psychological evaluation to assess risk of addictive disorders  
8 using a screening tool, and did not undertake urine drug testing for Patient 3. Similar to the  
9 aforementioned patients above, Respondent failed to adequately document a risk assessment and  
10 an "exit strategy" for discontinuing opioid therapy for Patient 3.

11 23. Overall, Respondent's care and treatment of Patient 3, as outlined above, represents  
12 departures from the standard of care for the concomitant prescribing of benzodiazepines and  
13 chronic opioids, and for inadequate record-keeping.

14 **Patient 4**

15 24. Patient 4 (or "patient") is a 41-year-old female, who was treated by Respondent from  
16 approximately August 2015 to June 2018,<sup>9</sup> for various maladies including systemic lupus  
17 erythematosus (SLE), rheumatoid arthritis, possible fibromyalgia, and avascular necrosis of the  
18 right knee. During this time period, Respondent prescribed to Patient 4 multiple medications  
19 including Alprazolam (Xanax), MS Contin,<sup>10</sup> Cymbalta, and other controlled medications,  
20 although the record was not always clear as to why certain medications were prescribed. Per the  
21 available records, Respondent prescribed to Patient 4 the same dose of Alprazolam (Xanax)  
22 throughout his treatment of Patient 4, and there was no documentation that Respondent attempted  
23 to taper the Xanax. Respondent also referred and recommended that Patient 4 undergo a sleep  
24

25  
26 <sup>8</sup> These medications are all controlled substances with serious side effects and a potential  
for addiction. They are dangerous drugs pursuant to section 4022 of the Code.

27 <sup>9</sup> Again, these are approximate dates based on the medical records which were available to  
the Board. Patient 4 may have treated with Respondent before or after these dates.

28 <sup>10</sup> These medications are all controlled substances with serious side effects and a potential  
for addiction. They are dangerous drugs pursuant to section 4022 of the Code.

1 study and receive neurofeedback, but there was no documentation that Respondent followed up  
2 on referrals for the sleep study and neurofeedback.

3 25. Although Respondent did complete a medical history and physical examination,  
4 Respondent failed to document Patient 4's past or present use of alcohol or other substance abuse  
5 other than tobacco. Respondent failed to perform a psychological evaluation to assess risk of  
6 addictive disorders using a screening tool, and did not undertake urine drug testing for Patient 4.  
7 Similar to the aforementioned patients above, Respondent also failed to document a risk  
8 assessment and an "exit strategy" for discontinuing opioid therapy for Patient 4.

9 26. Overall, Respondent's care and treatment of Patient 4, as outlined above, represents  
10 simple departures from the standard of care.

11 **Patient 5**

12 27. Patient 5 (or "patient") is a 62-year-old female, who was treated by Respondent from  
13 approximately January 2016 to July 2020,<sup>11</sup> for various conditions including undifferentiated  
14 connective tissue disease (UCTD), chronic pain, insomnia, depression, anxiety, sleep problems,  
15 bilateral knee osteoarthritis, and fibromyalgia. Respondent prescribed to Patient 5 multiple (and  
16 potentially addictive) controlled medications including Norco, Fentanyl patch(es), Opana, Xanax,  
17 Clonazepam, Zolpidem,<sup>12</sup> Hydroxychloroquine, Cymbalta, and Prednisone. The  
18 increase/decrease in the dosing of these medications, which were prescribed to Patient 5 by  
19 Respondent, were not always clearly documented, nor was the rationale behind such changing of  
20 dosage/medications, nor was the patient's reaction(s) or benefits from the medication(s)  
21 adequately documented, although Respondent did document that Patient 5 was noncompliant in  
22 his notes.

23 28. Although Respondent did complete a medical history and physical examination,  
24 Respondent failed to document Patient 5's past or present use of alcohol or other substance abuse  
25 other than tobacco. Respondent failed to perform a psychological evaluation to assess risk of  
26

27 <sup>11</sup> Again, these are approximate dates based on the medical records which were available  
to the Board. Patient 5 may have treated with Respondent before or after these dates.

28 <sup>12</sup> These medications are all controlled substances with serious side effects and a potential  
for addiction. They are dangerous drugs pursuant to section 4022 of the Code.

1 addictive disorders using a screening tool, and Respondent failed to undertake urine drug testing  
2 for Patient 5. Similar to the aforementioned patients above, Respondent also failed to document a  
3 risk assessment and an "exit strategy" for discontinuing opioid therapy for Patient 5. There was  
4 no documentation that Respondent considered referring Patient 5 to a behavioral health specialist,  
5 given Patient 5's underlying depression, anxiety, and sleep problems.

6 29. Overall, Respondent's care and treatment of Patient 5, as outlined above, represents  
7 departures from the standard of care for the concomitant prescribing of benzodiazepines with  
8 chronic opioids, and for inadequate record-keeping.

9 **THIRD CAUSE FOR DISCIPLINE**

10 **(Excessive Prescribing - 5 Patients)**

11 30. By reason of the facts and allegations set forth in the First and Second Causes for  
12 Discipline above, Respondent is subject to disciplinary action under section 725 of the Code, in  
13 that Respondent excessively prescribed dangerous drugs to Patients 1, 2, 3, 4, and 5 above.

14 **FOURTH CAUSE FOR DISCIPLINE**

15 **(Prescribing to an Addict - Patient 1)**

16 31. Respondent is subject to disciplinary action under section 2241 of the Code in that  
17 Respondent prescribed controlled substances to Patient 1 who had signs of addiction.

18 32. The facts and circumstances in the First Cause for Discipline, above, are incorporated  
19 by reference as if set forth in full herein.

20 **FIFTH CAUSE FOR DISCIPLINE**

21 **(Furnishing Dangerous Drugs without a Prior Examination or Medical Indication -**  
22 **5 Patients)**

23 33. By reason of the facts and allegations set forth in the First and Second Causes for  
24 Discipline above, Respondent is subject to disciplinary action under section 2242 of the Code, in  
25 that Respondent furnished dangerous drugs to Patients 1, 2, 3, 4, and 5, without conducting an  
26 appropriate prior examination and/or medical indication.

27 ///

28 ///

1 SIXTH CAUSE FOR DISCIPLINE

2 (Inadequate Records - 5 Patients)

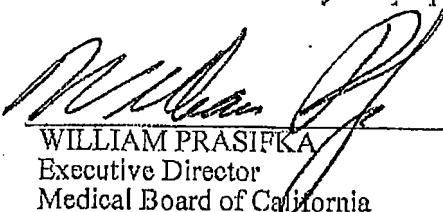
3 34. By reason of the facts and allegations set forth in the First and Second Causes for  
4 Discipline above, Respondent is subject to disciplinary action under section 2266 of the Code, in  
5 that Respondent failed to maintain adequate and accurate records of his care and treatment of  
6 Patients 1, 2, 3, 4, and 5, above.

7 PRAYER

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

- 10 1. Revoking or suspending Physician's and Surgeon's Certificate Number A64832,  
11 issued to Yoon Sung Min, M.D.;
- 12 2. Revoking, suspending or denying approval of Yoon Sung Min, M.D.'s authority to  
13 supervise physician assistants and advanced practice nurses;
- 14 3. Ordering Yoon Sung Min, M.D., if placed on probation, to pay the Board the costs of  
15 probation monitoring; and
- 16 4. Taking such other and further action as deemed necessary and proper.

17  
18 DATED: JUN 28 2021

19   
20 WILLIAM PRASIFKA  
21 Executive Director  
22 Medical Board of California  
23 Department of Consumer Affairs  
24 State of California  
25 Complainant

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