

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

In the Matter of the First Amended
Accusation Against:

Marie Elizabeth Sharp Flores, M.D.

Physician's & Surgeon's
Certificate No. A 137398

Respondent.

Case No. 800-2018-049165

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 May 5, 2023.

IT IS SO ORDERED: April 5, 2023.

MEDICAL BOARD OF CALIFORNIA



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

1 ROB BONTA
Attorney General of California
2 ROBERT MCKIM BELL
Supervising Deputy Attorney General
3 VLADIMIR SHALKEVICH
Deputy Attorney General
4 State Bar No. 173955
300 So. Spring Street, Suite 1702
5 Los Angeles, CA 90013
Telephone: (213) 269-6538
6 Facsimile: (916) 731-2117
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 First Amended Accusation
13 Against:

14 MARIE ELIZABETH SHARP FLORES,
15 M.D. c/o ALTAMED
9436 Slauson Avenue
16 Pico Rivera, CA 90660-4748

17 Physician's and Surgeon's Certificate A 137398,
Respondent.

Case No. 800-2018-049165

OAH No. 2022040014

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

18
19 **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. This matter was commenced by William Prasifka (Complainant) the former
23 Executive Director of the Medical Board of California (Board) who brought bought this action
24 solely in his official capacity and is represented in this matter by Rob Bonta, Attorney General of
25 the State of California, by Vladimir Shalkevich, Deputy Attorney General.

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1 CULPABILITY

2 9. Respondent understands and agrees that the charges and allegations in First Amended
3 Accusation No. 800-2018-049165, if proven at a hearing, constitute cause for imposing discipline
4 upon her Physician's and Surgeon's Certificate.

5 10. Respondent agrees that, at a hearing, Complainant could establish a prima facie case
6 or factual basis for the charges in the First Amended Accusation, and that Respondent hereby
7 gives up her right to contest those charges.

8 11. Respondent does not contest that, at an administrative hearing, complainant could
9 establish a prima facie case with respect to the charges and allegations in First Amended
10 Accusation No. 800-2018-049165, a true and correct copy of which is attached hereto as Exhibit
11 A, and that she has thereby subjected her Physician's and Surgeon's Certificate, No. A 137398 to
12 disciplinary action.

13 12. Respondent agrees that her Physician's and Surgeon's Certificate is subject to
14 discipline and she agrees to be bound by the Board's terms as set forth in the Disciplinary Order
15 below.

16 CONTINGENCY

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

27 14. Respondent agrees that if an accusation is filed against her before the Board, all of the
28 charges and allegations contained in First Amended Accusation No. 800-2018-049165 shall be

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

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

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

9 **DISCIPLINARY ORDER**

10 **IT IS HEREBY ORDERED THAT** Marie Elizabeth Sharp Flores, M.D., Physician's and
11 Surgeon's Certificate No. A 137398, is publically reprimanded pursuant to California Business
12 and Professions Code section 2227, subdivision (a)(4). This public reprimand is issued in
13 connection with the charges and allegations contained in the First Amended Accusation in Case
14 No. 800-2018-049165. Respondent is further ordered to comply with the following:

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

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

1 Respondent shall submit a certification of successful completion to the Board or its
2 designee not later than 15 calendar days after successfully completing the course, or not later than
3 15 calendar days after the effective date of the Decision, whichever is later.

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

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

18 Respondent shall submit a certification of successful completion to the Board or its
19 designee not later than 15 calendar days after successfully completing the course, or not later than
20 15 calendar days after the effective date of the Decision, whichever is later.

21 3. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of
22 the effective date of this Decision, Respondent shall enroll in a professionalism program, that
23 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.
24 Respondent shall participate in and successfully complete that program. Respondent shall
25 provide any information and documents that the program may deem pertinent. Respondent shall
26 successfully complete the classroom component of the program not later than six (6) months after
27 Respondent's initial enrollment, and the longitudinal component of the program not later than the
28 time specified by the program, but no later than one (1) year after attending the classroom

1 component. The professionalism program shall be at Respondent's expense and shall be in
2 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

11 4. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
12 ordered to reimburse the Board its costs of investigation and enforcement, in the amount of
13 \$16,662.50 (sixteen thousand six hundred sixty-two dollars and fifty cents). Costs shall be
14 payable to the Medical Board of California. Failure to pay such costs shall be considered a
15 violation of this Order.

16 Payment must be made in full within 30 calendar days of the effective date of the Order, or
17 by a payment plan approved by the Medical Board of California. Any and all requests for a
18 payment plan shall be submitted in writing by respondent to the Board. Failure to comply with
19 the payment plan shall be considered a violation of this Order.

20 The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to
21 repay investigation and enforcement costs.

22 5. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
23 a new license or certification, or petition for reinstatement of a license, by any other health care
24 licensing action agency in the State of California, all of the charges and allegations contained in
25 First Amended Accusation No. 800-2018-049165 shall be deemed to be true, correct, and
26 admitted by Respondent for the purpose of any Statement of Issues or any other proceeding
27 seeking to deny or restrict license.

28 6. VIOLATION OF THIS ORDER: Failure to comply with all of the terms and

1 conditions of this Disciplinary Order, including failure to pay cost recovery, shall constitute
2 unprofessional conduct in violation of Business and Professions Code section 2234, and will
3 subject Respondent's Physician and Surgeon's Certificate No. A 137398 to disciplinary action.

4 ACCEPTANCE

5 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
6 discussed it with my attorney, Peter R. Osinoff. I understand the stipulation and the effect it will
7 have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and
8 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
9 Decision and Order of the Medical Board of California. I also fully understand and agree that any
10 failure to comply with the terms and conditions of the Disciplinary Order set forth above shall
11 constitute unprofessional conduct and will subject my Physician and Surgeon's Certificate No. A
12 137398 to disciplinary action.

13
14 DATED: 02/10/2023



15 MARIE ELIZABETH SHARP FLORES, M.D.
Respondent

16 I have read and fully discussed with Respondent Marie Elizabeth Sharp Flores, M.D. the
17 terms and conditions and other matters contained in the above Stipulated Settlement and
18 Disciplinary Order. I approve its form and content.

19 DATED: 2/12/2023



20 PETER R. OSINOFF
Attorney for Respondent

21 ///

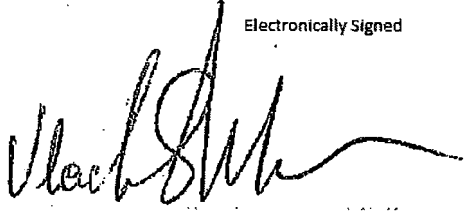
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ENDORSEMENT

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

DATED: February 13, 2023

Respectfully submitted,
ROB BONTA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General

Electronically Signed

VLADIMIR SHALKEVICH
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2018-049165

1 ROB BONTA
Attorney General of California
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7 *Attorneys for Complainant*

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

13 In the Matter of the First Amended Accusation
Against:

Case No. 800-2018-049165

14 **MARIE ELIZABETH SHARP FLORES, M.D.**
15 **Altamed**
16 **9436 Slauson Avenue**
17 **Pico Rivera, CA 90660-4748**

FIRST AMENDED ACCUSATION

18 **Physician's and Surgeon's Certificate**
19 **No. A 137398,**

Respondent.

20 **PARTIES**

21 1. Reji Varghese (Complainant) brings this First Amended Accusation solely in his
22 official capacity as the Deputy Director of the Medical Board of California, Department of
23 Consumer Affairs (Board).

24 2. On or about July 1, 2015, the Board issued Physician's and Surgeon's Certificate
25 Number A 137398 to Marie Elizabeth Sharp Flores, M.D. (Respondent). The Physician's and
26 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
27 herein and will expire on July 31, 2023, unless renewed.
28

1 JURISDICTION

2 3. This First Amended Accusation is brought before the Board, under the authority of
3 the following laws. All section references are to the Business and Professions Code (Code)
4 unless otherwise 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
22 Code, or whose default has been entered, and who is found guilty, or who has entered
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
2 probation, as the board or an administrative law judge may deem proper.

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

6 STATUTORY PROVISIONS

7 6. Section 2234 of the Code, states:

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

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

13 (b) Gross negligence.

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

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

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

26 (d) Incompetence.

27 (e) The commission of any act involving dishonesty or corruption that is
28 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 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.

COST RECOVERY

1
2 8. Effective on January 1, 2022, section 125.3 of the Code provides:

3 (a) Except as otherwise provided by law, in any order issued in resolution of a
4 disciplinary proceeding before any board within the department or before the
5 Osteopathic Medical Board, upon request of the entity bringing the proceeding, the
6 administrative law judge may direct a licensee found to have committed a violation or
7 violations of the licensing act to pay a sum not to exceed the reasonable costs of the
8 investigation and enforcement of the case.

9 (b) In the case of a disciplined licensee that is a corporation or a partnership, the
10 order may be made against the licensed corporate entity or licensed partnership.

11 (c) A certified copy of the actual costs, or a good faith estimate of costs where
12 actual costs are not available, signed by the entity bringing the proceeding or its
13 designated representative shall be prima facie evidence of reasonable costs of
14 investigation and prosecution of the case. The costs shall include the amount of
15 investigative and enforcement costs up to the date of the hearing, including, but not
16 limited to, charges imposed by the Attorney General.

17 (d) The administrative law judge shall make a proposed finding of the amount
18 of reasonable costs of investigation and prosecution of the case when requested
19 pursuant to subdivision (a). The finding of the administrative law judge with regard to
20 costs shall not be reviewable by the board to increase the cost award. The board may
21 reduce or eliminate the cost award, or remand to the administrative law judge if the
22 proposed decision fails to make a finding on costs requested pursuant to subdivision
23 (a).

24 (e) If an order for recovery of costs is made and timely payment is not made as
25 directed in the board's decision, the board may enforce the order for repayment in any
26 appropriate court. This right of enforcement shall be in addition to any other rights
27 the board may have as to any licensee to pay costs.

28 (f) In any action for recovery of costs, proof of the board's decision shall be
conclusive proof of the validity of the order of payment and the terms for payment.

(g) (1) Except as provided in paragraph (2), the board shall not renew or
reinstate the license of any licensee who has failed to pay all of the costs ordered
under this section.

(2) Notwithstanding paragraph (1), the board may, in its discretion,
conditionally renew or reinstate for a maximum of one year the license of any
licensee who demonstrates financial hardship and who enters into a formal agreement
with the board to reimburse the board within that one-year period for the unpaid
costs.

1 (h) All costs recovered under this section shall be considered a reimbursement for costs
2 incurred and shall be deposited in the fund of the board recovering the costs
to be available upon appropriation by the Legislature.

3 (i) Nothing in this section shall preclude a board from including the recovery of
4 the costs of investigation and enforcement of a case in any stipulated settlement.

5 (j) This section does not apply to any board if a specific statutory provision in
6 that board's licensing act provides for recovery of costs in an administrative
disciplinary proceeding.¹

7 **FIRST CAUSE FOR DISCIPLINE**

8 **(Repeated Negligent Acts – 5 Patients)**

9 9. Respondent Marie Elizabeth Sharp Flores, M.D. is subject to disciplinary action
10 under section 2234, subdivision (c), of the Code for the commission of acts or omissions
11 involving repeated negligent acts in the care and treatment of Patients 1, 2, 3, 4, and 5.² The
12 circumstances are as follows:

13 **Patient 1**

14 10. Patient 1 (or "patient") is a thirty-nine-year-old male, who was treated by Respondent
15 from approximately 2017 to 2021.³ Patient 1 had a history of chronic Hepatitis C, morbid
16 obesity, chronic back and shoulder pain, hypertension, anxiety, gastroesophageal reflux disease
17 (GERD), asthma, and cigarette smoking. Per Respondent, Patient 1 was initially compliant with
18 his controlled substance agreement, but became increasingly unavailable/unreliable (e.g. missed
19 appointments, legal problems, etc.) as treatment progressed. Per Respondent, around June 2020,
20 Respondent became suspicious that Patient 1 had not been compliant with the new controlled
21 substance agreement, and therefore Respondent informed the patient that she [Respondent] could
22 no longer prescribe to him [Patient 1] controlled substances for his pain, but that she would
23 continue to treat him with non-controlled medication.

24
25 ¹ Effective January 1, 2022, subdivision (k) of Section 125.3, which exempted physicians
26 and surgeons from seeking recovery of the costs of investigation and prosecution by the
Board, was repealed.

27 ² The patients are identified by number to protect their privacy.

28 ³ These are approximate dates. The patient may have treated with Respondent prior to
2017. The records reviewed by the Medical Board were from approximately May 2017 through
June 2020.

1 11. Per CURES (Controlled Substance Utilization Review and Evaluation System, a drug
2 monitoring database for Schedule II through V controlled substances dispensed in California),
3 Respondent prescribed to Patient 1 Norco (an opiate painkiller), lorazepam (a benzodiazepine),
4 clonazepam (a benzodiazepine), zolpidem (a sleep aid/benzodiazepine), and oxycodone (an
5 opioid).⁴

6 12. Despite prescribing to Patient 1 opioids concurrently with benzodiazepines,
7 Respondent failed to adequately document a specific medical indication for said combination, as
8 well as failed to adequately document that the risks and benefits of said medications were
9 explained to the patient. Also, although Respondent frequently ordered drug testing and consulted
10 CURES on Patient 1, Respondent failed to adequately implement routine countermeasures to
11 manage Patient 1's potential misuse of controlled substances because she utilized a urine
12 toxicology test, which failed to adequately detect all the medications that Patient 1 was being
13 prescribed. As a result, Respondent failed to detect Patient 1's misuse of drugs earlier, until a
14 urine drug screen evidenced possible tampering. Also, Respondent failed to update a
15 medication/informed consent agreement to inform the patient about the risks and benefits
16 whenever Respondent changed the patient's medication regimen. Moreover, Respondent did not
17 adequately document a treatment plan/objectives for Patient 1 during the period from about 2017
18 through 2020.⁵

19 13. Respondent's care and treatment of Patient 1 as outlined in paragraphs 10, 11 and 12,
20 constitutes a departure from the standard of care.

21 **Patient 2**

22 14. Patient 2 (or "patient") is a seventy-two-year-old female, who was treated by
23 Respondent from approximately 2017 through 2021.⁶ Patient 2 had a complicated health history

24 ⁴ These medications are controlled substances, and have serious side effects and risk for
25 addiction. They are also dangerous drugs pursuant to section 4022 of the Code.

26 ⁵ Respondent may have documented treatment plan objectives for Patient 1 prior to 2017,
27 but if she did, then the treatment plan objectives should have been referenced in subsequent visits
28 (i.e. visits during 2017 through 2020), and no such references to any prior treatment plan(s) were
identified in the subsequent visits.

⁶ These are approximate dates. Like Patient 1, Patient 2 may have treated with
Respondent prior to 2017. The records reviewed by the Medical Board were from approximately
May 2017 through June 2020.

1 including restrictive lung disease and respiratory issues, hypertension, alcoholism, pulmonary
2 nodules, chronic obstructive pulmonary disease, chronic back pain/problems, osteoporosis,
3 anxiety, obesity, insomnia and other sleep issues, sciatica, and depression.

4 15. Per Respondent, Patient 2 was initially prescribed Gabapentin (nerve pain
5 medication) and Cyclobenzaprine (muscle relaxant). Per CURES, Patient 2 was also receiving
6 regular prescriptions for Norco (an opiate painkiller), and the patient was also receiving
7 occasional prescriptions for zolpidem (a sleep aid), lorazepam (a benzodiazepine/sedative used to
8 alleviate anxiety), and alprazolam (a.k.a. Xanax, which is another benzodiazepine).

9 16. Similar to her treatment of Patient 1, Respondent prescribed to Patient 2 opioids
10 concurrently with benzodiazepines, but she failed to adequately document a specific medical
11 indication for said combination, and she failed to adequately document that the risks and benefits
12 of said medications were explained to the patient. Also, throughout her treatment of Patient 2,
13 Respondent often made changes to Patient 2's medication regimen (e.g. change in dosage, change
14 in the type of benzodiazepine, etc.), but Respondent failed to adequately document the exact
15 medical reason for the change, or that she had a discussion with the patient regarding the risks
16 and benefits of such a change. Furthermore, Respondent failed to have Patient 2 sign an updated,
17 written informed consent agreement, whenever Respondent made changes to Patient 2's
18 medication regimen. Moreover, Respondent did not adequately document a treatment
19 plan/objectives for Patient 2 during the period from about 2017 through 2020,⁷ and failed to
20 adequately perform a periodic review of her treatment of Patient 2 during 2017 through 2020 (e.g.
21 lab reports, drug testing, etc.). Also, Respondent failed to document that she considered
22 providing Patient 2 with a prescription for Narcan (an opiate "antidote" used in case of overdose).

23 17. Respondent's care and treatment of Patient 2 as outlined in paragraphs 14, 15 and 16,
24 constitutes a departure from the standard of care.

25 //

26 ///

27 ⁷ Similar to Patient 1, Respondent may have also documented treatment plan objectives
28 for Patient 2 prior to 2017, but if she did, then the treatment plan objectives should have been
referenced in subsequent visits, which Respondent failed to do.

1 **Patient 3**

2 18. Patient 3 (or “patient”) is a forty-seven-year-old male, who treated with Respondent
3 from approximately 2015 through 2019. Patient 3 initially presented to Respondent for treatment
4 of chronic headaches, and also had depression due to the passing of his wife. Patient 3 was
5 initially on Gabapentin (nerve pain medication) for his chronic pain. Patient 3 also had a history
6 of tobacco and marijuana use, brain vascular malformation, fatigue, pulmonary nodules, leg pain,
7 hyperlipidemia (high levels of fat particles in the blood), and anxiety. Per CURES, Respondent
8 prescribed to Patient 3 Percocet (an opioid painkiller) and lorazepam (a.k.a. Ativan, a
9 benzodiazepine used to relieve anxiety), with regular consistency.⁸

10 19. Similar to her treatment of the above patients, Respondent prescribed to Patient 3 an
11 opioid concurrently with a benzodiazepine, but Respondent failed to adequately document a
12 specific medical indication for said combination. Respondent also failed to adequately document
13 that she explained the risks and benefits of said medications to Patient 3. Moreover, Respondent
14 did not adequately document a treatment plan/objectives⁹ for Patient 3, and Respondent failed to
15 document that she considered providing Patient 3 with a prescription for Narcan (an opiate
16 “antidote” used in case of overdose).

17 20. Respondent’s care and treatment of Patient 3 as outlined in paragraphs 18 and 19,
18 constitutes a departure from the standard of care.

19 **Patient 4**

20 21. Patient 4 (or “patient”) is a sixty-three-year-old female, who treated with Respondent
21 from approximately 2016 through 2017. Patient 4 reported already taking lorazepam and Norco
22 before she started treatment with Respondent, who continued the patient on that treatment plan.
23 Patient 4 was wheelchair bound and had a complicated history which included diabetes, chronic
24 pain, hypertension, obesity, and depression. In addition to the Norco and lorazepam which

25 ⁸ These medications are also controlled substances, and have serious side effects and risk
26 for addiction. They are also dangerous drugs pursuant to section 4022 of the Code.

27 ⁹ Again, Respondent may have documented a treatment plan/objectives for Patient 3 in
28 2015, when Respondent first saw Patient 3, but if Respondent did initially document said
plan/objectives(s), then the treatment plan objectives should have been referenced in subsequent
visits, which Respondent failed to do.

1 Patient 4 was already taking, Respondent also prescribed to Patient 4 tramadol (an opiate
2 narcotic), zolpidem (a sleep aid), Gabapentin, Cyclobenzaprine, and antidepressants (Seroquel
3 and Cymbalta).¹⁰

4 22. Despite Patient 4 already taking a combination of lorazepam (a benzodiazepine) and
5 Norco (an opiate pain medication), Respondent added tramadol and alprazolam (two more
6 benzodiazepines) to the patient's medication regimen, without adequately documenting a clear
7 justification for said additions, and without adequately documenting receiving the patient's
8 informed consent. Also, Respondent failed to adequately document a treatment plan/objectives
9 for Patient 4, and failed to adequately perform a periodic review of the course of treatment Patient
10 4 was receiving.¹¹

11 23. Respondent's care and treatment of Patient 4 as outlined in paragraphs 21 and 22,
12 constitutes a departure from the standard of care.

13 **Patient 5**

14 24. Patient 5 (or "patient") is a sixty-one-year-old male, who treated with Respondent
15 from approximately 2017 to 2020¹² for various conditions including hypertension, chronic pain,
16 cardiac and renal problems, epilepsy, cervical and lumbar problems, bereavement, and
17 prediabetes. Respondent prescribed to Patient 5 controlled substances including lorazepam,
18 tramadol (narcotic pain killer), oxycodone, as well as Gabapentin (nerve pain medication),
19 Baclofen (muscle relaxant), methadone, blood pressure medication, and cholesterol medication.¹³

20 25. Respondent committed a simple departure from the standard of care in her treatment
21 of Patient 5 by failing to adequately document her treatment plan/objectives for Patient 5, and by
22 failing to reference said plan(s) in subsequent visits. Respondent also committed a simple

23 ¹⁰ These medications are also controlled substances, and have serious side effects and risk
24 for addiction. They are also dangerous drugs pursuant to section 4022 of the Code.

25 ¹¹ For example, although Respondent inherited Patient 4 when the patient was already
26 taking a combination of lorazepam and Norco, Respondent failed to adequately document the
27 medical justification to explain why she [Respondent] should continue that course of treatment
28 first started by a previous physician.

¹² These are approximate dates based on the records received by the Medical Board.
Patient 5 could have treated with Respondent prior to and after these dates.

¹³ Patient 5 may have also been on Norco, but Respondent asserts that the Norco was
prescribed by a different provider, although at least one of Respondent's progress notes
mentioned Respondent's plan to include Norco for pain management.

1 departure by failing to adequately follow up on an aberrant toxicology test result, which was
2 taken on September 14, 2017.

3 26. Respondent's care and treatment of Patient 5 as outlined in paragraphs 24 and 25,
4 constitutes a departure from the standard of care.

5 **SECOND CAUSE FOR DISCIPLINE**

6 **(Inadequate Records – 5 Patients)**

7 27. By reason of the facts and allegations set forth in the First Cause for Discipline above,
8 Respondent is subject to disciplinary action under section 2266 of the Code, in that Respondent
9 failed to maintain adequate and accurate records of her care and treatment of Patients 1, 2, 3, 4,
10 and 5 above.

11 **PRAYER**

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

14 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 137398,
15 issued to Respondent Marie Elizabeth Sharp Flores, M.D.;

16 2. Revoking, suspending or denying approval of Respondent Marie Elizabeth Sharp
17 Flores, M.D.'s authority to supervise physician assistants and advanced practice nurses;

18 3. Ordering Respondent Marie Elizabeth Sharp Flores, M.D., to pay the Board the costs
19 of the investigation and enforcement of this case, and if placed on probation, the costs of
20 probation monitoring; and

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

22
23 DATED: FEB 01 2023

24 
25 _____
26 Reji Varghese
27 Deputy Director
28 Medical Board of California
Department of Consumer Affairs
State of California
Complainant