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

ROB BONTA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General
VLADIMIR SHALKEVICH
Deputy Attorney General
State Bar No. 173955
300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
Telephone: (213) 269-6538
Facsimile: (916) 731-2117
Attorneys for Complainant

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. c/o ALTAMED 9436 Slauson Avenue Pico Rivera, CA 90660-4748 Physician's and Surgeon's Certificate A 137398, Respondent.	Case No. 800-2018-049165 OAH No. 2022040014 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

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

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2. Respondent Marie Elizabeth Sharp Flores, M.D. (Respondent) is represented in this proceeding by attorney Peter R. Osinoff of Bonne, Bridges, Mueller, O'Keefe and Nichols, of 355 South Grand Avenue, Suite 1750, Los Angeles, California 90071.

3. On July 1, 2015, the Board issued Physician's and Surgeon's Certificate No. A 137398 to Marie Elizabeth Sharp Flores, M.D. (Respondent). That license was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2018-049165, and will expire on July 31, 2023, unless renewed.

JURISDICTION

4. A First Amended Accusation in Case No. 800-2018-049165 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 February 1, 2023. Respondent timely filed her Notice of Defense contesting the First Amended Accusation.

5. A copy of the First Amended Accusation is attached as Exhibit A and is incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2018-049165. Respondent has also carefully read, fully discussed with her counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of her legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against her; the right to present evidence and to testify on her 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 and agrees that the charges and allegations in First Amended Accusation No. 800-2018-049165, if proven at a hearing, constitute cause for imposing discipline upon her Physician's and Surgeon's Certificate.

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

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

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

CONTINGENCY

13. 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 her counsel. By signing the stipulation, Respondent understands and agrees that she may not withdraw her 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.

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

15. 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.

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

1. 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.

2. 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.

3. 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.

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

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

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

5. 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 First Amended Accusation No. 800-2018-049165 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.

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

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

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Peter R. Osinoff. 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. I also fully understand and agree that any failure to comply with the terms and conditions of the Disciplinary Order set forth above shall constitute unprofessional conduct and will subject my Physician and Surgeon's Certificate No. A 137398 to disciplinary action.

DATED: 02/10/2023

MARIE ELIZABETH SHARP FLORES, M.D.
Respondent

I have read and fully discussed with Respondent Marie Elizabeth Sharp Flores, 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: 2/12/2023

PETER R. OSINOFF
Attorney for Respondent

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ENDORSEMENT

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

DATED: 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

ROB BONTA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General
VLADIMIR SHALKEVICH
Deputy Attorney General
State Bar No. 173955
California Department of Justice
300 South Spring Street, Suite 1702
Los Angeles, CA 90013
Telephone: (213) 269-6538
Facsimile: (916) 731-2117
Attorneys for Complainant

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.** **Altamed** **9436 Slauson Avenue** **Pico Rivera, CA 90660-4748** **Physician's and Surgeon's Certificate No. A 137398,** Respondent.	Case No. 800-2018-049165 **FIRST AMENDED ACCUSATION**

PARTIES

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

2. On or about July 1, 2015, the Board issued Physician's and Surgeon's Certificate Number A 137398 to Marie Elizabeth Sharp Flores, 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.

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 2004 of the Code states:

The board shall have the responsibility for the following:

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

(b) The administration and hearing of disciplinary actions.

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

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

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

(f) Approving undergraduate and graduate medical education programs.

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

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

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

5. Section 2227 of the Code states:

(a) A licensee whose matter has been heard by an administrative law judge of 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 into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

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

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

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

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

(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.

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

STATUTORY PROVISIONS

6. 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.

(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 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

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

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

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

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

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

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

(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.

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

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

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

FIRST CAUSE FOR DISCIPLINE

(Repeated Negligent Acts – 5 Patients)

9. Respondent Marie Elizabeth Sharp Flores, M.D. is subject to disciplinary action under section 2234, subdivision (c), of the Code for the commission of acts or omissions involving repeated negligent acts in the care and treatment of Patients 1, 2, 3, 4, and 5.[2] The circumstances are as follows:

Patient 1

10. Patient 1 (or "patient") is a thirty-nine-year-old male, who was treated by Respondent from approximately 2017 to 2021.[3] Patient 1 had a history of chronic Hepatitis C, morbid obesity, chronic back and shoulder pain, hypertension, anxiety, gastroesophageal reflux disease (GERD), asthma, and cigarette smoking. Per Respondent, Patient 1 was initially compliant with his controlled substance agreement, but became increasingly unavailable/unreliable (e.g. missed appointments, legal problems, etc.) as treatment progressed. Per Respondent, around June 2020, Respondent became suspicious that Patient 1 had not been compliant with the new controlled substance agreement, and therefore Respondent informed the patient that she [Respondent] could no longer prescribe to him [Patient 1] controlled substances for his pain, but that she would continue to treat him with non-controlled medication.

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

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

[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.

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

12. Despite prescribing to Patient 1 opioids concurrently with benzodiazepines, Respondent failed to adequately document a specific medical indication for said combination, as well as failed to adequately document that the risks and benefits of said medications were explained to the patient. Also, although Respondent frequently ordered drug testing and consulted CURES on Patient 1, Respondent failed to adequately implement routine countermeasures to manage Patient 1's potential misuse of controlled substances because she utilized a urine toxicology test, which failed to adequately detect all the medications that Patient 1 was being prescribed. As a result, Respondent failed to detect Patient 1's misuse of drugs earlier, until a urine drug screen evidenced possible tampering. Also, Respondent failed to update a medication/informed consent agreement to inform the patient about the risks and benefits whenever Respondent changed the patient's medication regimen. Moreover, Respondent did not adequately document a treatment plan/objectives for Patient 1 during the period from about 2017 through 2020.[5]

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

Patient 2

14. Patient 2 (or "patient") is a seventy-two-year-old female, who was treated by Respondent from approximately 2017 through 2021.[6] Patient 2 had a complicated health history

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

[5] Respondent may have documented treatment plan objectives for Patient 1 prior to 2017, but if she did, then the treatment plan objectives should have been referenced in subsequent visits (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.

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

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

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

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

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[7] Similar to Patient 1, Respondent may have also documented treatment plan objectives 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.

Patient 3

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

19. Similar to her treatment of the above patients, Respondent prescribed to Patient 3 an opioid concurrently with a benzodiazepine, but Respondent failed to adequately document a specific medical indication for said combination. Respondent also failed to adequately document that she explained the risks and benefits of said medications to Patient 3. Moreover, Respondent did not adequately document a treatment plan/objectives[9] for Patient 3, and Respondent failed to document that she considered providing Patient 3 with a prescription for Narcan (an opiate "antidote" used in case of overdose).

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

Patient 4

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

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

[9] Again, Respondent may have documented a treatment plan/objectives for Patient 3 in 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.

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

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

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

Patient 5

24. Patient 5 (or "patient") is a sixty-one-year-old male, who treated with Respondent from approximately 2017 to 2020[12] for various conditions including hypertension, chronic pain, cardiac and renal problems, epilepsy, cervical and lumbar problems, bereavement, and prediabetes. Respondent prescribed to Patient 5 controlled substances including lorazepam, tramadol (narcotic pain killer), oxycodone, as well as Gabapentin (nerve pain medication), Baclofen (muscle relaxant), methadone, blood pressure medication, and cholesterol medication.[13]

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

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

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

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

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

SECOND CAUSE FOR DISCIPLINE

(Inadequate Records – 5 Patients)

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

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 A 137398, issued to Respondent Marie Elizabeth Sharp Flores, M.D.;

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

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

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

DATED: FEB 0 1 2023

Reji Varghese
Deputy Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant