

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

**In the Matter of the Accusation
Against:**

Christopher Chew Wong, M.D.

**Physician's and Surgeon's
Certificate No. A 99051**

Case No.: 800-2019-055992

Respondent.

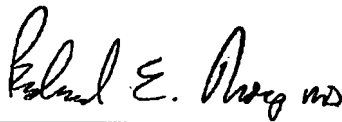
DECISION

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 June 16, 2023.

IT IS SO ORDERED: May 17, 2023.

MEDICAL BOARD OF CALIFORNIA



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

1 ROB BONTA
Attorney General of California
2 STEVE MUNI
Supervising Deputy Attorney General
3 JANNSEN TAN
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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. 800-2019-055992

13 **CHRISTOPHER CHEW WONG, M.D.**
14 **2100 Webster St. Ste. 207**
15 **San Francisco CA 94115**

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

16 **Physician's and Surgeon's Certificate No. A**
17 **99051**

18 Respondent.

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

23 **PARTIES**

24 1. Reji Varghese (Complainant) is the Interim Executive Director of the Medical Board
25 of California (Board). He brought this action solely in his official capacity and is represented in
26 this matter by Rob Bonta, Attorney General of the State of California, by Jannsen Tan, Deputy
27 Attorney General.
28

2. Respondent Christopher Chew Wong, M.D. (Respondent) is represented in this proceeding by attorney Adam Glen Slote, whose address is: 50 California Street, 34th Floor San Francisco, CA 94111.

3. On or about February 23, 2007, the Board issued Physician's and Surgeon's Certificate No. A 99051 to Christopher Chew Wong, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2019-055992, and will expire on December 31, 2024, unless renewed.

JURISDICTION

4. Accusation No. 800-2019-055992 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on May 4, 2022. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2019-055992 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2019-055992. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

///

1 **CULPABILITY**

2 9. Respondent understands and agrees that the charges and allegations in Accusation
3 No. 800-2019-055992, if proven at a hearing, constitute cause for imposing discipline upon his
4 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 Accusation, and that Respondent hereby gives up his right
7 to contest those charges.

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

11 **RESERVATION**

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

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 his counsel. By signing the
21 stipulation, Respondent understands and agrees that he may not withdraw his 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 he ever petitions for early termination or modification of
28 probation, or if an accusation and/or petition to revoke probation is filed against him before the

1 Board, all of the charges and allegations contained in Accusation No. 800-2019-055992 shall be
2 deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any
3 other licensing proceeding involving Respondent in the State of California.

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

7 16. This Stipulated Settlement and Disciplinary Order is intended by the parties to be an
8 integrated writing representing the complete, final, and exclusive embodiment of the agreements
9 of the parties in this matter.

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

13 **DISCIPLINARY ORDER**

14 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 99051 issued
15 to Respondent CHRISTOPHER CHEW WONG, M.D. is revoked. However, the revocation is
16 stayed and Respondent is placed on probation for 35 months on the following terms and
17 conditions:

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

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

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

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

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

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

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

24 3. MONITORING - PRACTICE/BILLING. Within 30 calendar days of the effective
25 date of this Decision, Respondent shall submit to the Board or its designee for prior approval as a
26 practice monitor(s), the name and qualifications of one or more licensed physicians and surgeons
27 whose licenses are valid and in good standing, and who are preferably American Board of
28 Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or

1 personal relationship with Respondent, or other relationship that could reasonably be expected to
2 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
3 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
4 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

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

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

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

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

27 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
28 such resignation or unavailability, submit to the Board or its designee, for prior approval, the

1 name and qualifications of a replacement monitor who will be assuming that responsibility within
2 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
3 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
4 notification from the Board or its designee to cease the practice of medicine within three (3)
5 calendar days after being so notified. Respondent shall cease the practice of medicine until a
6 replacement monitor is approved and assumes monitoring responsibility.

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

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

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

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

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

27 7. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
28 ordered to reimburse the Board its costs of investigation and enforcement, including, but not

1 limited to, expert review, amended accusations, legal reviews, investigation(s), and subpoena
2 enforcement, as applicable, in the amount of \$13,726 (thirteen thousand seven hundred twenty six
3 dollars). Costs shall be payable to the Medical Board of California. Failure to pay such costs
4 shall be considered a violation of probation.

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

9 The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to
10 repay investigation and enforcement costs, including expert review costs.

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

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

16 9. GENERAL PROBATION REQUIREMENTS.

17 Compliance with Probation Unit

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

19 Address Changes

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

25 Place of Practice

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

1 License Renewal

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

4 Travel or Residence Outside California

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

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

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

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

28 In the event Respondent's period of non-practice while on probation exceeds 18 calendar

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

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

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

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

11 12. COMPLETION OF PROBATION. Respondent shall comply with all financial
12 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
13 completion of probation. This term does not include cost recovery, which is due within 30
14 calendar days of the effective date of the Order, or by a payment plan approved by the Medical
15 Board and timely satisfied. Upon successful completion of probation, Respondent's certificate
16 shall be fully restored.

17 13. 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 14. 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 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its designee and Respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If Respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

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

16. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2019-055992 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.

ACCEPTANCE

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

DATED: 03 / 06 / 2023

Christopher Wong, MD

CHRISTOPHER CHEW WONG, M.D.
Respondent

1 I have read and fully discussed with Respondent Christopher Chew Wong, M.D. the terms
2 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary
3 Order. I approve its form and content.

4 DATED: 03 / 06 / 2023

Adam Slote

ADAM GLEN SLOTE
Attorney 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.

10 DATED: 3/21/2023

11 Respectfully submitted,

12 ROB BONTA
13 Attorney General of California
14 STEVE MUNI
15 Supervising Deputy Attorney General

Jannsen Tan

16 JANNSEN TAN
17 Deputy Attorney General
18 *Attorneys for Complainant*

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Exhibit A

Accusation No. 800-2019-055992

1 ROB BONTA
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2 JANE ZACK SIMON
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3 LAWRENCE MERCER
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Attorneys for Complainant

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

12 In the Matter of the Accusation Against:

Case No. 800-2019-055992

13 **Christopher Chew Wong, M.D.**
14 **2100 Webster St., Ste. 207**
San Francisco, CA 94115

A C C U S A T I O N

15 **Physician's and Surgeon's Certificate**
16 **No. A 99051,**

17 Respondent.

18
19 **PARTIES**

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

24 2. On or about February 23, 2007, the Medical Board issued Physician's and Surgeon's
25 Certificate Number A 99051 to Christopher Chew Wong, M.D. (Respondent). The Physician's
26 and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
27 herein and will expire on December 31, 2022, unless renewed.
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2 **FIRST CAUSE FOR DISCIPLINE**

3 **(Repeated Negligent Acts/Inadequate Records)**

4 **(Patient 1)**

5 7. Respondent Christopher Chew Wong, M.D. is subject to disciplinary action under
6 sections 2234 and/or 2234(c) and/or 2266 in that Respondent engaged in unprofessional conduct
7 and repeated acts of negligence in his care and treatment of Patient 1.¹ The circumstances are as
8 follows:

9 8. Patient 1, a 43-year old female, was first seen by Respondent on January 24, 2018.
10 Patient 1 had been under the care of a different physician in the same clinic for several years and
11 was being treated for multiple chronic conditions, including neck and knee pain, migraine
12 headaches and anxiety. At her first visit with Respondent, he noted that her current medications
13 included alprazolam (a benzodiazepine used to treat anxiety), 2 mg, QD, Norco (a short-acting
14 opioid medication used to treat moderate to severe pain), 10/325 mg, 1-2 Q 4-6 hours, and
15 Percocet (a short-acting opioid medication used to treat moderate to severe pain), 10/325 mg, 1-2
16 Q 4-6 hours. Over the next twenty-six months, Respondent prescribed opioids and
17 benzodiazepines to Patient 1 in increasing dosages.

18 9. At all relevant times during Respondent's care and treatment of the patient, the
19 standard of care for prescribing controlled substances for chronic pain was to adhere to generally
20 accepted guidelines, including those published by the Centers for Disease Control and Prevention
21 (CDC) and the Medical Board of California.

22 10. In his records and at a subsequent interview with the Board's investigator,
23 Respondent noted that Norco was prescribed to Patient 1 for treatment of knee pain and Percocet
24 was prescribed for pain related to the patient's migraine headaches. However, musculoskeletal
25 pain and pain related to migraines are not drug-specific and combinations of two or more short-
26 acting opioids increase the risk of overuse and dependency. An examination of the knees is not
27 documented and no abnormalities were found on examination of the neck and back over the

28 ¹ Patient names are withheld to protect privacy interests.

1 course of treatment, so that the medical indication for long-term opioid therapy is not explained in
2 Respondent's documentation. Respondent did not perform and/or did not document a risk
3 stratification of the patient's opioid addiction risks albeit she had several indicators of elevated
4 addiction potential. On September 13, 2018, Respondent increased the monthly prescription for
5 Norco to 90 tablets, apparently based on the patient's telephone request for that amount "because
6 she takes more." Respondent prescribed the Morphine Milligram Equivalent (MME) of 60
7 mg/day, and this level of opioid medication placed the patient at risk for drug toxicity and
8 medication abuse. Respondent maintained Patient 1 on opioid treatment for her chronic migraine
9 headaches despite information from her treating neurologist that the medication might be causing
10 rebound headaches.

11 11. From the outset of treatment the patient complained to Respondent of increased stress
12 because a seriously ill relative had moved in to live with her and Respondent agreed to increase
13 her alprazolam from QD to BID, so that she would be taking 4 mg daily. Respondent did not
14 perform and/or did not document a comprehensive evaluation of the patient's anxiety. Ten
15 months later, on October 15, 2018, the patient again complained to Respondent of increased
16 stressors at home and Respondent increased the dosage to 2 mg TID, so that she would be taking
17 6 mg daily. Respondent did not perform and/or did not document a comprehensive evaluation of
18 the patient's anxiety. On January 14, 2019, Respondent added a second benzodiazepine,
19 clonazepam, 1 mg, HS. Respondent increased the dosage of clonazepam in February and again in
20 March 2019, so that the patient was receiving clonazepam, 1 mg, TID, or 3 milligrams/day. In
21 prescribing benzodiazepines to a patient on long-term opioid therapy, Respondent placed the
22 patient at significant risk of overdose and respiratory failure.

23 12. Respondent is guilty of unprofessional conduct and Respondent's certificate is subject
24 to discipline pursuant to Sections 2234 and/or 2234(c) and/or 2266 in that Respondent failed to
25 follow generally accepted guidelines for prescribing controlled substances including, but not
26 limited to the following:

27 A. Respondent failed to appropriately evaluate multiple chronic conditions, including
28 musculoskeletal pain and anxiety;

1 B. Respondent inappropriately prescribed chronic opioid therapy in high dosages and
2 without performing a risk stratification for potential addiction or appropriately managing the
3 patient's use to prevent overuse and abuse;

4 C. Respondent inappropriately prescribed multiple concurrent short-acting opioids and
5 multiple benzodiazepines, as well as combinations of opioids and benzodiazepines;

6 D. Respondent failed to document a rationale for his prescribing, consideration of non-
7 opioid therapies, medication monitoring or informed consent.

8 **SECOND CAUSE FOR DISCIPLINE**

9 **(Repeated Negligent Acts/Inadequate Records)**

10 **(Patient 2)**

11 13. Respondent Christopher Chew Wong, M.D. is subject to disciplinary action under
12 sections 2234 and/or 2234(c) and/or 2266 in that Respondent engaged in unprofessional conduct
13 and repeated acts of negligence in his care and treatment of Patient 2. The circumstances are as
14 follows:

15 14. Complainant incorporates Paragraph 9, above.

16 15. Patient 2, a 40-year old female, came under Respondent's care in 2015 for multiple
17 chronic conditions including porphyria (a painful disorder of the blood), fibromyalgia, migraine
18 headaches, depression and anxiety. Patient 2 had been prescribed the opioid medications MS
19 Contin, 60 mg, BID, hydromorphone, 2 mg, TID, and a benzodiazepine, lorazepam, 1 mg, TID,
20 by her hematologist, who turned over responsibility for prescribing to the patient at the end of
21 2016. In early 2017, Patient 2 was evaluated for her chronic opioid dependence by pain
22 management specialists at UCSF, who recommended a taper of the opioid therapy. Respondent
23 was aware of the recommendations to taper the patient's opioid medications, but he decided to
24 maintain her on opioid therapy until her psychiatric issues were better controlled.

25 16. Respondent maintained Patient 2 on a high dose opioid regimen and at an MME
26 (greater than 100 MME daily) exceeding guidelines for maximum MME for several years. During
27 this time, he did not consider and/or did not document consideration of non-opioid treatment for
28 the patient's fibromyalgia, such as non-addictive medications and physical therapy. Respondent

1 did not perform and/or did not document a risk stratification of the patient's opioid addiction risks
2 albeit she had several indicators of elevated addiction potential, nor did Respondent document
3 informed consent or monitor the patient's medication use. Overall, Respondent's charting was
4 inadequate in that clinic notes were all template and appeared similar from visit to visit. He also
5 maintained Patient 2 on benzodiazepines concurrent with her high opioid medication, placing her
6 at elevated risk for overdose and respiratory arrest.

7 17. Respondent is guilty of unprofessional conduct and Respondent's certificate is subject
8 to discipline pursuant to Sections 2234 and/or 2234(c) and/or 2266 in that Respondent failed to
9 follow generally accepted guidelines for prescribing controlled substances including, but not
10 limited to the following:

11 A. Respondent initiated high dose opioid therapy without performing a risk stratification
12 of the patient or recommending non-opioid treatment of her fibromyalgia;

13 B. Respondent prescribed chronic opioid medications at an MME exceeding
14 recommended maximum dosages;

15 C. Respondent inappropriately prescribed a combination of opioids and
16 benzodiazepines;

17 D. Respondent failed to maintain adequate and accurate records, including informed
18 consent, the rationale for maintaining the patient on high dose opioid therapy or consideration of
19 non-opioid treatments.

20 **THIRD CAUSE FOR DISCIPLINE**

21 **(Repeated Negligent Acts/Inadequate Records)**

22 **(Patient 3)**

23 18. Respondent Christopher Chew Wong, M.D. is subject to disciplinary action under
24 sections 2234 and/or 2234(c) and/or 2266 in that Respondent engaged in unprofessional conduct
25 and repeated acts of negligence in his care and treatment of Patient 3. The circumstances are as
26 follows:

27 19. Complainant incorporates Paragraph 9, above.

1 20. Patient 3, a female patient, was under Respondent's care and treatment since as early
2 as 2009, when she was 34-years old. Based on his clinical examinations in the office, Respondent
3 diagnosed her with cervical radiculopathy and low back pain. Respondent prescribed an opioid,
4 Percocet, 10/325, which was switched to oxycodone, 15 mg, TID in October 2010; at that time,
5 the patient complained that three Percocet several times a day were not controlling her pain and
6 she requested oxycodone. From that point until 2019, Respondent prescribed oxycodone to
7 Patient 3 without evaluating her neck and back pain by radiologic examination or specialty
8 consultation. Respondent did not consider and/or did not document consideration of non-opioid
9 treatments, nor did he perform a risk stratification to assess the patient's opioid addiction risks.
10 Respondent's records lack documented informed consent, urine toxicology screens or
11 consideration of non-opioid multidisciplinary management of the patient's pain.

12 21. Over the period between 2010 and 2019, Respondent continued to prescribe
13 oxycodone without performing a thorough evaluation of the patient's conditions. According to
14 Respondent's records, between 2014 and 2018, Patient 3 was seen only occasionally, and
15 possibly as few as six times, while she was prescribed potent opioids. In 2018, Respondent
16 increased the dosage from 60 to 90 tablets per month. In a subsequent interview with the Board's
17 investigator, Respondent acknowledged that he inappropriately deferred to Patient 3, who was a
18 nurse, regarding her pain levels and pain medication needs.

19 22. Although Respondent did periodically check CURES reports, he failed to note that,
20 between 2013 and 2019, the patient was at various times seeing other physicians and obtaining
21 Suboxone and buprenorphine -- drugs in the class of opioid agonist-antagonists -- apparently to
22 treat opioid abuse. In a subsequent interview with the Board, Respondent acknowledged that he
23 should have looked more closely at the CURES reports he had available to him.

24 23. In 2016, Respondent began prescribing a benzodiazepine, lorazepam, to address the
25 patient's anxiety. He did so without conducting a complete evaluation of her generalized anxiety
26 and, of significance given her ongoing opioid therapy, without considering other safer anxiolytics
27 such as selective serotonin reuptake inhibitors (SSRI) antidepressant medications. Similarly,
28

Respondent also treated the patient's insomnia symptomatically, prescribing the hypnotic zolpidem, despite the risk of sleep medication in addition to her opioid and benzodiazepines.

24. Respondent is guilty of unprofessional conduct and Respondent's certificate is subject to discipline pursuant to Sections 2234 and/or 2234(c) and/or 2266 in that Respondent failed to follow generally accepted guidelines for prescribing controlled substances including, but not limited to the following:

A. Respondent failed to conduct a full evaluation of the patient's neck and back pain and failed to consider non-opioid treatment options;

B. Respondent failed to perform risk stratification to assess the patient's addiction risk and allowed her to control her dosage, resulting in the patient's drug dependence and use of opioid agonists-antagonists that were obtained from other physicians;

C. Respondent prescribed potent opioid medications without seeing and evaluating the patient regularly between 2014 and 2018;

D. Respondent failed to document appropriate evaluation and monitoring of the patient's opioid use;

E. Respondent failed to evaluate and manage the patient's anxiety and insomnia and prescribed medications that increased the patient's risk of overdose and respiratory failure.

FOURTH CAUSE FOR DISCIPLINE

(Repeated Negligent Acts/Inadequate Records)

(Patient 4)

25. Respondent Christopher Chew Wong, M.D. is subject to disciplinary action under sections 2234 and/or 2234(c) and/or 2266 in that Respondent engaged in unprofessional conduct and repeated acts of negligence in his care and treatment of Patient 4. The circumstances are as follows:

26. Complainant incorporates Paragraph 9, above.

27. Patient 4, a female, was 71-years of age at her first patient encounter with Respondent on December 8, 2014. This elderly patient had multiple medical issues, including COPD, diabetes, peripheral neuropathy and lupus. She also suffered from osteoarthritis of the knees and

1 had been on an opioid medication regimen, including oxycodone, 40 mg, BID, before she came
2 under Respondent's care. Respondent did not re-evaluate and/or did not document a re-evaluation
3 of high dose opioid therapy in an elderly patient with comorbidities, but continued the patient on
4 oxycodone, with a daily MME of 120 mg. Respondent did not consider and/or did not document
5 non-opioid alternative medications or referrals for orthopedic care through 2016, when the
6 patient's knee pain increased to a level requiring hospitalization. In the hospital, the patient's
7 opioid dosage was increased to 160 mg daily, with an MME of 240 mg. At a subsequent
8 interview with the Board's investigator, Respondent stated that he was actively trying to
9 transition the patient to an orthopedic surgeon and pain management specialist, but the records
10 available do not include consultations and CURES reports show that Patient 4 was maintained on
11 extremely high dose opioid therapy through 2019. Additional inadequacies in Respondent's
12 records include failure to document a detailed knee examination, failure to document opioid
13 monitoring and failure to document informed consent to high dose opioid therapy.

14 28. Respondent is guilty of unprofessional conduct and Respondent's certificate is subject
15 to discipline pursuant to Sections 2234 and/or 2234(c) and/or 2266 in that Respondent failed to
16 follow generally accepted guidelines for prescribing controlled substances including, but not
17 limited to the following:

18 A. Respondent failed to re-evaluate high dose opioid therapy in an elderly patient with
19 multiple comorbidities and failed to consider and/or to document alternative therapies and
20 appropriate consultations to reduce the patient's opioid use;

21 B. Respondent failed to keep adequate records of evaluations of the patient's
22 osteoarthritis of the knees, risk stratification or informed consent and monitoring of the high dose
23 opioid therapy.

24 PRAYER

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

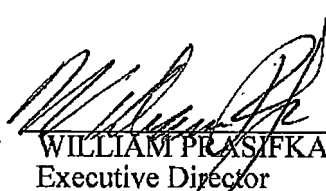
27 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 99051,
28 issued to Christopher Chew Wong, M.D.;

1 2. Revoking, suspending or denying approval of Christopher Chew Wong, M.D.'s
2 authority to supervise physician assistants and advanced practice nurses;

3 3. Ordering Christopher Chew Wong, M.D., to pay the Board the costs of the
4 investigation and enforcement of this case, and if placed on probation, the costs of probation
5 monitoring; and

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

7
8 DATED: **MAY 04 2022**



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

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