

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

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

**Daniel Quoc Le, M.D.**

**Physician's and Surgeon's  
Certificate No. G 71070**

**Respondent.**

**Case No.: 800-2019-058361**

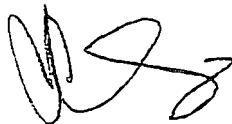
**DECISION**

**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 July 26, 2023.**

**IT IS SO ORDERED: June 26, 2023.**

**MEDICAL BOARD OF CALIFORNIA**



---

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

1 ROB BONTA  
Attorney General of California  
2 MATTHEW M. DAVIS  
Supervising Deputy Attorney General  
3 JASON J. AHN  
Deputy Attorney General  
4 State Bar No. 253172  
600 West Broadway, Suite 1800  
5 San Diego, CA 92101  
P.O. Box 85266  
6 San Diego, CA 92186-5266  
Telephone: (619) 738-9433  
7 Facsimile: (619) 645-2061

8 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:  
14 **DANIEL QUOC LE, M.D.**  
15 **280 S MAIN ST STE 200**  
16 **ORANGE CA 92868-3852**  
17 **Physician's and Surgeon's**  
**Certificate No. G 71070**  
18 Respondent.

Case No. 800-2019-058361  
OAH No. 2022080867  
**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

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). Then Executive Director William Prasifka previously brought this action  
26 solely in his official capacity. Complainant is represented in this matter by Rob Bonta, Attorney  
27 General of the State of California, by Jason J. Ahn, Deputy Attorney General.

28 ///



1 CULPABILITY

2 Respondent does not contest that, at an administrative hearing, Complainant could  
3 establish a *prima facie* case with respect to the charges and allegations contained in First  
4 Amended Accusation No. 800-2019-058361, a copy of which is attached hereto as Exhibit A, and  
5 that he has thereby subjected his Physician's and Surgeon's Certificate No. G 71070 to  
6 disciplinary action.

7 9. Respondent agrees that if an accusation is ever filed against him before the Medical  
8 Board of California, all of the charges and allegations contained in First Amended Accusation  
9 No. 800-2019-058361 shall be deemed true, correct, and fully admitted by Respondent for  
10 purposes of that proceeding or any other licensing proceeding involving Respondent in the State  
11 of California.

12 10. Respondent agrees that his Physician's and Surgeon's Certificate No. G 71070 is  
13 subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth  
14 in the Disciplinary Order below.

15 CONTINGENCY

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

26 ///

27 ///

28 ///



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

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

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

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

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

26 ///

27 ///

28 ///

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

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

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

13          5. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby  
14 ordered to reimburse the Board its costs of investigation and enforcement, including, but not  
15 limited to, expert review, legal reviews, and investigation(s), in the amount of \$25,000.00  
16 (twenty-five thousand dollars). Costs shall be payable to the Medical Board of California. Failure  
17 to pay such costs shall be considered a violation of probation.

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

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

24        ///

25        ///

26        ///

27        ///

28        ///

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

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

6           7.    GENERAL PROBATION REQUIREMENTS.

7           Compliance with Probation Unit

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

9           Address Changes

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

15          Place of Practice

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

19          License Renewal

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

22          Travel or Residence Outside California

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

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



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

4           9.    NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or  
5 its designee in writing within 15 calendar days of any periods of non-practice lasting more than  
6 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is  
7 defined as any period of time Respondent is not practicing medicine as defined in Business and  
8 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct  
9 patient care, clinical activity or teaching, or other activity as approved by the Board. If  
10 Respondent resides in California and is considered to be in non-practice, Respondent shall  
11 comply with all terms and conditions of probation. All time spent in an intensive training  
12 program which has been approved by the Board or its designee shall not be considered non-  
13 practice and does not relieve Respondent from complying with all the terms and conditions of  
14 probation. Practicing medicine in another state of the United States or Federal jurisdiction while  
15 on probation with the medical licensing authority of that state or jurisdiction shall not be  
16 considered non-practice. A Board-ordered suspension of practice shall not be considered as a  
17 period of non-practice.

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

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

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

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

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

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

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

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



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

**ENDORSEMENT**

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

DATED: April 25, 2023

Respectfully submitted,  
ROB BONTA  
Attorney General of California  
MATTHEW M. DAVIS  
Supervising Deputy Attorney General



JASON J. AHN  
Deputy Attorney General  
*Attorneys for Complainant*

SD2022800620  
Stip Settlement and Disc Order - MBC-Osteopathic.docx

**Exhibit A**  
**Accusation No. 800-2019-058361**

1 ROB BONTA  
Attorney General of California  
2 MATTHEW M. DAVIS  
Supervising Deputy Attorney General  
3 JASON J. AHN  
Deputy Attorney General  
4 State Bar No. 253172  
600 West Broadway, Suite 1800  
5 San Diego, CA 92101  
P.O. Box 85266  
6 San Diego, CA 92186-5266  
Telephone: (619) 738-9433  
7 Facsimile: (619) 645-2061  
8 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:

Case No. 800-2019-058361

14 **DANIEL QUOC LE, M.D.**  
15 **280 S MAIN ST, STE 200**  
**ORANGE, CA 92868-3852**

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

16 **Physician's and Surgeon's**  
17 **Certificate No. G 71070,**

Respondent.

21 **PARTIES**

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

25 2. On or about April 8, 1991, the Medical Board issued Physician's and Surgeon's  
26 Certificate No. G 71070 to Daniel Quoc Le, M.D. (Respondent). The Physician's and Surgeon's  
27 Certificate was in full force and effect at all times relevant to the charges brought herein and will  
28 expire on September 30, 2022, unless renewed.

1 **JURISDICTION**

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

5 4. Section 2227 of the Code states:

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

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

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

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

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

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

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

27 5. Section 2234 of the Code, states:

28 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

1 appropriate for that negligent diagnosis of the patient shall constitute a single  
negligent act.

2 (2) When the standard of care requires a change in the diagnosis, act, or  
3 omission that constitutes the negligent act described in paragraph (1), including, but  
4 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.

5 "...

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

9 7. Unprofessional conduct under Business and Professions Code section 2234 is conduct  
10 which breaches the rules or ethical code of the medical profession, or conduct which is  
11 unbecoming a member in good standing of the medical profession, and which demonstrates an  
12 unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564,  
13 575.)

#### 14 COST RECOVERY

15 8. Section 125.3 of the Code states:

16 (a) Except as otherwise provided by law, in any order issued in resolution of a  
17 disciplinary proceeding before any board within the department or before the  
18 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  
19 violations of the licensing act to pay a sum not to exceed the reasonable costs of the  
investigation and enforcement of the case.

20 (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.

21 (c) A certified copy of the actual costs, or a good faith estimate of costs where  
22 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  
23 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  
24 limited to, charges imposed by the Attorney General.

25 (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  
26 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  
27 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  
28 (a).



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

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

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

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

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

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

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

### 23 FIRST CAUSE FOR DISCIPLINE

#### 24 (Gross Negligence)

25 9. Respondent has subjected his Physician's and Surgeon's Certificate No. G 71070 to  
26 disciplinary action under section 2227 and 2234, subdivision (b), of the Code, in that he  
27 committed gross negligence in his care and treatment of Patient A,<sup>1</sup> as more particularly alleged  
28 hereinafter:

10. In or around 2000,<sup>2</sup> Patient A presented to Respondent for chronic low back pain. At  
that time, Patient A, a female, was approximately nineteen (19) years old.

///

///

///

<sup>1</sup> The patient herein is identified as Patient A in order to maintain patient confidentiality.

<sup>2</sup> Conduct occurring more than seven (7) years from the filing date of this Accusation is for informational purposes only and is not alleged as a basis for disciplinary action.

1           11. On or about June 3, 2016, Patient A returned to Respondent. Patient A reported  
2 recurrent pain after right L5-S1 epidural<sup>3</sup> and bilateral sacroiliac ligament injections<sup>4</sup> under  
3 fluoroscopy<sup>5</sup> in January 2016. Patient A reported 80% relief after the injection. Respondent  
4 reviewed MRI<sup>6</sup> from September 2011 and noted to be significant for facet arthropathy<sup>7</sup> at L4-5  
5 and L5-S1, interbody fusion<sup>8</sup> at L5-S1, mild disc protrusion at L4-5, and no central stenosis<sup>9</sup> at  
6 either L4-5 or L5-S1. Respondent prescribed Patient A Lyrica<sup>10</sup> 50 mg BID<sup>11</sup>, Phenergan<sup>12</sup> 25 mg

7  
8  
9  
10  
11  
12           <sup>3</sup> Epidural is a procedure that injects a local anesthetic in to the space around spinal nerves  
in your lower back.

13           <sup>4</sup> A sacroiliac joint injection is used to diagnose or treat lower back pain that comes from  
14 your sacroiliac joint.

15           <sup>5</sup> Fluoroscopy is an imaging technique that uses X-rays to obtain real-time moving images  
16 of the interior of an object.

17           <sup>6</sup> Magnetic Resonance Imaging (MRI) is a medical imaging technique used in radiology to  
18 form pictures of the anatomy and the physiological processes of the body.

19           <sup>7</sup> Facet arthropathy (FA) is a painful, arthritic condition of the facet joints.

20           <sup>8</sup> An interbody fusion is a type of spinal fusion that involves removing the intervertebral  
21 disk.

22           <sup>9</sup> Central stenosis occurs when the central spinal canal is constricted with enlarged  
ligament and bony overgrowth, causing compression of the spinal cord and cauda equine. Cauda  
23 equine is the sack of nerve roots (the nerves that leave the spinal cord between spaces in the  
24 bones of the spine to connect to other parts of the body) at the lower end of the spinal cord.  
25 These nerve roots provide the ability to move and feel sensation in the legs and the bladder.

26           <sup>10</sup> Lyrica® (pregabalin) is a Schedule V controlled substance pursuant to Health and  
27 Safety Code section 11058, subdivision (b), and a dangerous drug pursuant to Business and  
28 Professions Code section 4022. When properly prescribed and indicated, Lyrica® is used for,  
among other things, the treatment of neuropathic pain associated with spinal cord injury and/or  
the management of fibromyalgia or seizures. Caution must be exercised when prescribing  
Lyrica® to patients with a history of depression, suicidal thoughts, drug and/or alcohol addiction.

<sup>11</sup> BID, abbreviation for “bis in die” (Latin), means two times a day.

<sup>12</sup> Phenergan (Promethazine) is an antihistamine and antiemetic, which can be used as a  
sedative before and after surgery and medical procedures.

1 PR,<sup>13</sup> Ambien<sup>14</sup> 10- mg at night, Dilaudid<sup>15</sup> 4 mg Q6 hours prn<sup>16</sup>, and liquid Tylenol.<sup>17</sup> The  
2 physical examination was significant for tenderness to palpation over the SI joints<sup>18</sup> and negative  
3 SLR.<sup>19</sup> Patient A underwent trigger point injections, proper biomechanics were reviewed, and  
4 Patient A was instructed to follow up in two (2) months. Before initiating opioid therapy with  
5 Patient A, Respondent failed to obtain a pain management agreement with Patient A.

6 12. On or about August 5, 2016, Patient A returned to Respondent. Patient A reported  
7 continued low back pain that was more on the right and radiating to the posterior right thigh.  
8 Patient A also reported 60% relief with the trigger point injections. Patient A requested repeat  
9 L5-S1 epidural steroid injection with sacral trigger point injection. The plan was to proceed with  
10 a series of two (2) injections.

11 ///

---

12  
13 <sup>13</sup> PR means (per rectum), which means by or through the rectum.

14 <sup>14</sup> Zolpidem Tartrate (Ambien®), a centrally acting hypnotic-sedative, is a Schedule IV  
15 controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a  
16 dangerous drug pursuant to Business and Professions Code section 4022. When properly  
17 prescribed and indicated, it is used for the short-term treatment of insomnia characterized by  
18 difficulties with sleep initiation.

19 <sup>15</sup> Hydromorphone (Dilaudid®), an opioid analgesic, is a Schedule II controlled substance  
20 pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug  
21 pursuant to Business and Professions Code section 4022. When properly prescribed and  
22 indicated, it is used for the treatment of moderate to severe pain. The Drug Enforcement  
23 Administration (DEA) has identified hydromorphone, such as Dilaudid®, as a drug of abuse.  
24 (Drugs of Abuse, DEA Resource Guide (2011 Edition), at p. 37.) The Food and Drug  
25 Administration (FDA) has issued black box warnings for Dilaudid® which warn about, among  
26 other things, addiction, abuse and misuse, and the possibility of life-threatening respiratory  
27 distress. The warnings also caution about the risks associated with concomitant use of Dilaudid®  
28 with benzodiazepines or other central nervous system (CNS) depressants.

<sup>16</sup> PRN stands for "pro re nata," which means that the administration of medication is not  
scheduled. Instead, the prescription is taken as needed.

<sup>17</sup> Tylenol (acetaminophen) is an analgesic, which can be used to treat minor aches and  
pains, and reduces fever.

<sup>18</sup> The sacroiliac joint (SI joint) is the joint between the sacrum and the ilium bones of the  
pelvis, which are connected by strong ligaments.

<sup>19</sup> In a Single Leg Raise (SLR) test, positive results indicate that while performing the  
straight leg test on the unaffected leg, the symptoms/pain are reproduced on the opposite (affected  
leg). Negative results mean that no symptoms/pain are felt on the opposite leg.

1           13. On or about September 29, 2016, Patient A returned to Respondent. Patient A  
2 reported no change in symptoms or pain. Patient A underwent L5-S1 sacral trigger point  
3 injection, performed on or about September 30, 2016 under intravenous conscious sedation.

4           14. On or about October 18, 2016, Patient A returned to Respondent. Patient A reported  
5 50% pain relief with the injections. Patient A also reported right buttock pain radiating to the  
6 posterior side of the right leg to the right heel and bottom of the right foot, with similar but less  
7 severe symptoms on her left side. The plan was to repeat a lumber MRI and proceed with  
8 bilateral SI transforaminal epidural steroid injections<sup>20</sup>. On or about October 31, 2016, Patient A  
9 underwent the MRI.

10           15. On or about December 22, 2016, Patient A returned to Respondent for a review of the  
11 MRI taken on December 21, 2016. Respondent noted L4-5 mild disc protrusion, no central  
12 stenosis, mild facet arthropathy, L5-S1 interbody fusion with titanium cage, possible epidural  
13 fibrosis touching the S1 nerve root, and no central stenosis. The plan was to proceed with  
14 bilateral S1 transforaminal epidural steroid injection and add-on bilateral sacroiliac ligament  
15 injections.

16           16. On or about January 27, 2017, Patient A underwent bilateral S1 tf-epidural steroid  
17 injection under intravenous conscious sedation. Patient A followed up on February 20, 2017,  
18 reporting 70% relief in her pain. The plan was to continue Dilaudid and refer her to physical  
19 therapy.

20           17. On or about April 17, 2017, Patient A returned to Respondent, reporting continued  
21 low back pain. Patient A also reported that she had recently lost her employment and was unable  
22 to continue physical therapy since she lost her insurance. The plan was to continue Dilaudid 4  
23 mg QID. Respondent reviewed with Patient A proper posture and body mechanics.

24           18. On or about June 9, 2017, Patient A returned to Respondent and Respondent  
25 continued Dilaudid for pain control.

26 ///

27 \_\_\_\_\_  
28           <sup>20</sup> Transforaminal injection can help relieve pain in your lower back, legs, and feet caused  
by sciatica, herniated discs or other back problems.

1           19. On or about September 8, 2017, Patient A returned to Respondent, reporting  
2 worsening low back pain that radiated to the posterior side of the legs. Patient A also reported  
3 that she had recently started a new job, which entails sitting down for twelve (12) hours.  
4 Respondent noted that most of Patient A's pain was coming from the sacroiliac joints. Patient A  
5 underwent trigger point injections. The plan was to refer Patient A to physical therapy and  
6 proceed with bilateral S1 injections under fluoroscopy.

7           20. On or about October 5, 2017, Patient A presented to Respondent, reporting no new  
8 complaints. Respondent determined that Patient A was a candidate for the bilateral S1  
9 tranformanial epidural steroid injections and bilateral sacral ligament trigger point injections,  
10 which Patient A underwent on October 6, 2017, under intravenous conscious sedation.

11           21. On or about November 9, 2017, Patient A returned to Respondent, reporting 80%  
12 pain relief with injections. Patient A also reported that she fell forward on the floor, leading to  
13 increased low back pain, left knee pain, and left foot numbness. The plan was to start topical  
14 NSAIDs (Voltaren)<sup>21</sup> for pain, follow-up in clinic in one (1) week for trigger point injections, and  
15 to order a new lumbar MRI to evaluate for new disc protrusion given increased back pain and left  
16 foot numbness.

17           22. On or about February 23, 2018, Patient A returned to Respondent, reporting that her  
18 low back pain after the fall in November 2017 had subsided. Patient A requested repeat epidural  
19 steroid injection and sacroiliac joint injections prior to her wedding. The plan was to repeat the  
20 procedure. A urine drug screen was performed that day.

21           23. On or about April 20, 2018, Patient A returned to Respondent, reporting that her low  
22 back pain was a 4 ~ 5 out of a ten point scale, with medication. Patient A also reported  
23 compliance with physical therapy and stretching. Patient A was unable to repeat injections due to  
24 her busy schedule. The plan was to repeat the injections.

25 ///

26 \_\_\_\_\_  
27 <sup>21</sup> NSAID (Nonsteroidal anti-inflammatory drugs) are medicines that are widely used to  
28 relieve pain, reduce inflammation, and to bring down a high temperature. Voltaren (Diclofenac)  
is a nonsteroidal anti-inflammatory drug, which can be used to treat pain, migraines, and arthritis  
in oral form.

1           24. On or about May 18, 2018, Patient A returned to Respondent, reporting that her pain  
2 level is 6 ~ 7 out of a ten point scale, with pain medication. The plan was to repeat the bilateral  
3 S1 transformanial epidural and bilateral sacroiliac ligament injections, which were performed  
4 under intravenous conscious sedation and fluoroscopy, on or about May 25, 2018.

5           25. On or about July 13, 2018, Patient A returned to Respondent, reporting 60 ~ 80%  
6 relief with the injections she received on or about May 25, 2018. Patient A reported that her pain  
7 level was a two out of the ten point scale in the morning, but increases to 6 out of 10 at the end of  
8 the day. The plan was to continue Dilaudid, Lyrica, Ambien, and Zofran. Patient A was also  
9 instructed to continue physical therapy and core strengthening exercises and educated about  
10 proper posture at work.

11           26. On or about October 1, 2018, Patient A returned to Respondent, reporting that the  
12 pain had started to return. Patient A also reported being able to reduce her allotted pain  
13 medication, and that Zofran was less effective for nausea than Phenergan. The plan was to  
14 continue Dilaudid and Lyrica for pain control, Ambien for insomnia, and start Phenergan for  
15 nausea.

16           27. On or about November 1, 2018, Respondent drafted a memo in the medical records  
17 indicating that he spoke with the pharmacist regarding Patient A filling prescriptions for Norco<sup>22</sup>  
18 (7.5 mg #20 on or about October 2, 2018, 10 mg #12 on or about October 11, 2018, 10 mg # 12  
19

20           <sup>22</sup> Hydrocodone APAP (Vicodin®, Lortab® and Norco®) is a hydrocodone combination  
21 of hydrocodone bitartrate and acetaminophen which was formerly a Schedule III controlled  
22 substance pursuant to Health and Safety Code section 11056, subdivision (e), and a dangerous  
23 drug pursuant to Business and Professions Code section 4022. On August 22, 2014, the DEA  
24 published a final rule rescheduling hydrocodone combination products (HCPs) to schedule II of  
25 the Controlled Substances Act, which became effective October 6, 2014. Schedule II controlled  
26 substances are substances that have a currently accepted medical use in the United States, but also  
27 have a high potential for abuse, and the abuse of which may lead to severe psychological or  
28 physical dependence. When properly prescribed and indicated, it is used for the treatment of  
moderate to severe pain. In addition to the potential for psychological and physical dependence  
there is also the risk of acute liver failure which has resulted in a black box warning being issued  
by the FDA. The FDA black box warning provides that "Acetaminophen has been associated  
with cases of acute liver failure, at times resulting in liver transplant and death. Most of the cases  
of liver injury are associated with use of the acetaminophen at doses that exceed 4000 milligrams  
per day, and often involve more than one acetaminophen containing product."

1 on or about October 16, 2018, and 10 mg # 12 on or about October 19, 2018) from her dentist.

2 Respondent noted that he would discuss this with Patient A and that Patient A should only receive  
3 pain medication from Respondent. Respondent also noted that Patient A should use only one (1)  
4 pharmacy per the [purported] pain management contract with him.

5 28. On or about November 1, 2018, Respondent drafted another memo in the medical  
6 records stating that insurance only covered # 84 tablets for 21 days and Patient A was expected to  
7 pay for the balance of the prescriptions using cash. Respondent [purportedly] refused to write a  
8 new prescription as Patient A had received additional opiate medication from her dentist(s).

9 29. On or about November 12, 2018, Patient A returned to Respondent, reporting new  
10 onset pain after a fall, one month ago. Patient A reported that the pain radiated in the right L4  
11 dermatome<sup>23</sup> to the anterior thigh and anterior lower leg. Respondent recommended MRI and  
12 repeat right L4 and bilateral L5-S1 epidural steroid injection. Patient A declined due to financial  
13 concerns. Respondent continued prescribing Dilaudid, Lyrica (for pain control), Ambien for  
14 insomnia, and Phenergan for nausea. A urine drug screen on Patient A was performed on this  
15 day, which showed positive for clonazepam,<sup>24</sup> negative for hydromorphone, and negative for  
16 Ambien. The notes on the specimen indicate possible sample dilution with recommendation to  
17 recollect specimen with direct observation.

18 30. On or about December 3, 2018, Patient A returned to Respondent. There were no  
19 changes in her symptoms and no changes in the medical plan. On or about December 4, 2018,  
20 Patient A underwent a right L4 and bilateral L5-S1 transoframinal epidural steroid injections  
21 under intravenous conscious sedation.

22 <sup>23</sup> The L4 dermatome is an area of skin that receives sensations through the L4 spinal  
23 nerve and includes parts of the thigh, knee, leg, and foot.

24 <sup>24</sup> Klonopin® (clonazepam), a benzodiazepine, is a centrally acting hypnotic-sedative that  
25 is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057,  
26 subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.  
27 When properly prescribed and indicated, it is used to treat seizure disorders and panic disorders.  
28 Concomitant use of Klonopin® with opioids “may result in profound sedation, respiratory  
depression, coma, and death.” The Drug Enforcement Administration (DEA) has identified  
benzodiazepines, such as Klonopin®, as drugs of abuse. (Drugs of Abuse, DEA Resource Guide  
(2011 Edition), at p. 53.)

1           31. On or about December 11, 2018, Patient A returned to Respondent, reporting 50%  
2 pain relief along the right L4 dermatome and 60% relief of low back pain. The plan was to repeat  
3 the procedure.

4           32. On or about December 26, 2018, Patient A returned to Respondent, reporting no  
5 changes in her symptoms. On or about December 28, 2018, Patient A underwent a second right  
6 L4 and bilateral L5-S1 transforaminal epidural steroid injections (with sacroiliac ligament  
7 injections) under intravenous conscious sedation.

8           33. On or about January 25, 2019, Patient A returned to Respondent, reporting 70% relief  
9 with the injection. The plan was to continue the Dilaudid medication, as needed.

10           34. On or about February 21, 2019, Patient A returned to Respondent. The history  
11 section of the medical records noted frequent vomiting from taking hormone injections for  
12 infertility. The plan was to continue Dilaudid as needed for pain control and follow up in one (1)  
13 month.

14           35. On or about March 21, 2019, Patient A returned to Respondent. Patient A was  
15 recently diagnosed with diabetes insipidus<sup>25</sup> and was undergoing fertility treatment. Patient A's  
16 low back and leg pain were unchanged. The plan was to continue Dilaudid, as needed, for pain  
17 control.

18           36. On or about April 18, 2019, Patient A returned to Respondent, reporting increased  
19 stress after euthanizing her cat. Patient A also reported increased low back and leg pain. The  
20 plan was to continue Dilaudid, Soma,<sup>26</sup> and Lyrica.

21 \_\_\_\_\_  
22           <sup>25</sup> Diabetes insipidus is a disorder of salt and water metabolism marked by intense thirst  
and heavy urination.

23           <sup>26</sup> Soma® (carisoprodol) is a Schedule IV controlled substance pursuant to Health and  
24 Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and  
25 Professions Code section 4022. When properly prescribed and indicated, it is used for the short-  
term treatment of acute and painful musculoskeletal conditions. Soma® is commonly used by  
26 those who abuse opioids to potentiate the euphoric effect of opioids, to create a better "high."  
27 According to the DEA, Office of Diversion Control, "[c]arisoprodol abuse has escalated in the  
last decade in the United States. According to Diversion Drug Trends, published by the DEA on  
28 the trends in diversion of controlled and noncontrolled pharmaceuticals, carisoprodol continues to  
be one of the most commonly diverted drugs. Diversion and abuse of carisoprodol is prevalent  
throughout the country. As of March 2011, street prices for [carisoprodol] Soma® ranged from



1           37. On or about May 16, 2019, Patient A returned to Respondent, reporting mild  
2 increased low back and leg pain. The medical records noted, among other things, that Patient A  
3 wanted to repeat lumbar epidural steroid injection<sup>27</sup> in June [2019] and possibly stem cell  
4 injections in August [2019]. Patient A reported 2~3 out of a 10 point pain scale for her leg and 7  
5 out of 10 for her low back pain. The plan was to continue Dilaudid, Soma, and Lyrica and  
6 proceed with the requested injections.

7           38. On or about June 13, 2019, Patient A returned to Respondent, reporting low back pain  
8 radiating to both legs with new onset radiating right anterior thigh and right lower leg pain along  
9 the L4 dermatome. The plan was to proceed with right L4 and L5-S1 epidural steroid injections.  
10 Patient A underwent a Urine Drug Screen on this day.

11           39. On or about June 21, 2019, Patient A returned to Respondent. There were no changes  
12 in Patient A's symptoms and no changes in the medical plan. Patient A underwent right L4 and  
13 L5-S1 epidural steroid injections (with sacroiliac ligament injections).

14           40. On or about July 1, 2019, Patient A returned to Respondent, reporting 60% pain relief  
15 and overtaking Dilaudid and Soma, secondary to abdominal pain and vomiting. Patient A also  
16 reported pelvic pain, was diagnosed with sever uterine prolapse,<sup>28</sup> and planned to have  
17 hysterectomy<sup>29</sup> in two (2) to four (4) weeks. Respondent counseled Patient A and the medication  
18 was refilled early.

19 ///

20 ///

21 ///

22 ///

23 \_\_\_\_\_  
24 \$1 to \$5 per tablet. Diversion methods include doctor shopping for the purposes of obtaining  
multiple prescriptions and forging prescriptions.”

25           <sup>27</sup> Lumbar epidural steroid injection (LESI) is an injection of corticosteroids into the space  
26 just outside the covering (dura) of the spinal cord in your lower back.

27           <sup>28</sup> Uterine prolapse occurs when the muscles and tissue in your pelvis weaken.

28           <sup>29</sup> Hysterectomy is the surgical removal of the uterus.

1           41. On or about July 31, 2019, Patient A returned to Respondent, reporting an episode of  
2 trouble with speaking four (4) weeks prior. Patient A [purportedly] went to a hospital where a  
3 stroke was ruled out with a brain MRI. Since the episode of dysarthria,<sup>30</sup> Patient A reported a  
4 drop right wrist.<sup>31</sup> The plan was to continue medication and request a repeat right L4 and L5-S1  
5 epidural steroid injections. Respondent refilled Dilaudid and Soma. On or about August 9, 2019,  
6 Patient A underwent right L4-5 and L5-S1 epidural steroid injection.

7           42. On or about August 29, 2019, Patient A returned to Respondent, reporting that she  
8 recently fell and fractured her left foot (minimally displaced left 5th metatarsal fracture). The  
9 fracture was managed without an operation by an orthopedic surgeon with a boot. Patient A  
10 reported 70% pain relief with the August 9, 2019 epidural steroid injection. The plan was to  
11 reduce Dilaudid to 2 mg QID and hold the repeat epidural steroid injection, given the recent foot  
12 fracture.

13           43. On or about September 4, 2019, Patient A returned to Respondent, reporting no  
14 changes in symptoms. Patient A's hysterectomy was delayed until November 2019.

15           44. On or about October 3, 2019, Patient A returned to Respondent. Patient A was  
16 evaluated for a repeat epidural steroid injection and was found to be a good candidate.

17           45. On or about October 15, 2019, Patient A underwent a bilateral L5-S1 transforaminal  
18 epidural steroid injections.

19           46. On or about October 21, 2019, Respondent had a discussion with Patient A's  
20 psychiatrist, Dr. S.G., regarding Patient A's slurred speech and missed appointment. Respondent  
21 was [purportedly] concerned about Patient A's medication overuse and planned to discontinue  
22 Ambien and Soma. Dr. S.G. planned to discontinue amitriptyline,<sup>32</sup> reduce Cymbalta,<sup>33</sup> and keep  
23

---

24           <sup>30</sup> Dysarthria refers to the weakness in the muscles used for speech, which often causes  
25 slowed or slurred speech.

26           <sup>31</sup> A wrist drop refers to the inability to actively extend the hand at the wrist.

27           <sup>32</sup> Amitriptyline is an antidepressant and nerve pain medication.

28           <sup>33</sup> Cymbalta (Duloxetine) is an antidepressant and nerve pain medication.

1 clonazepam and Wellbutrin.<sup>34</sup>

2 47. On or about October 31, 2019, Patient A returned to Respondent, reporting 40% relief  
3 with injections received on or about October 15, 2019. Patient A's left foot was healing well with  
4 minimal pain. The plan was to decrease Dilaudid 4 mg tablets from QID to TID,<sup>35</sup> reduce Soma  
5 to 2 pills a day [rest of the current month] and 1 pill a day, thereafter, and gradually discontinuing  
6 Ambien 10 mg over the next two (2) months.

7 48. On or about November 22, 2019, Patient A returned to Respondent. Patient A was  
8 evaluated for increased right side low back pain after a fall in the shower approximately three (3)  
9 weeks prior. Patient A [purportedly] weaned off of Soma. Dilaudid was decreased to 4 mg BID,  
10 Ambien was gradually reduced, and a lumbar flex/ex films<sup>36</sup> were ordered to assess her fall.

11 49. On or about December 20, 2019, Patient A returned to Respondent, who evaluated  
12 her for low back pain radiating into the legs mostly along the L5 dermatome. Patient A's pain  
13 was worse with prolonged sitting. Patient A had stopped taking Elavil,<sup>37</sup> Soma, and Ambien.  
14 Patient A had been continuing HEP (home exercise program) and physical therapy. Respondent  
15 noted drug seeking behavior by Patient A and had a peer-to-peer consultation with Patient A's  
16 psychiatrist, Dr. G., with a plan to discontinue Soma, Ambien, and reduce Dilaudid. Patient A  
17 was prescribed Dilaudid 2 mg TID and Lyrica 50 mg BID. The medical records noted, among  
18 other things, that Patient A underwent x-ray examination(s), but the results were not noted.

19 50. On or about February 5, 2020, Patient A returned to Respondent, reporting continued  
20 low back pain following a L5-S1 fusion. Respondent noted that Patient A had a past psychiatric  
21 history of depression, which was managed by her psychiatrist. The history section of the medical  
22 records noted that Patient A continued to see her psychiatrist and that Patient A was off of Elavil  
23 and Ambien. The physical examination section of the medical records noted bilateral sacroiliac

---

24 <sup>34</sup> Wellbutrin (Bupropion) is an antidepressant and smoking cessation aid.

25 <sup>35</sup> Ter in die (TID) means three times a day.

26 <sup>36</sup> A lumbar spine flexion and extension views images of the lumbar spine, which consists  
27 of five vertebrae.

28 <sup>37</sup> Elavil (Amitriptyline) is an antidepressant and nerve pain medication.

1 joint tenderness, low back pain with extension, decreased ROM (range of motion), decreased  
2 sensation in the right S1 dermatome, and negative straight leg raise.

3 51. During the time period that Respondent prescribed controlled substances to Patient A,  
4 in or around June 3, 2016 through February 5, 2020, Respondent failed to adequately utilize a  
5 pain management agreement with Patient A.

6 52. Respondent committed gross negligence in his care and treatment of Patient A which  
7 included, but was not limited to, the following:

8 (a) Respondent failed to properly monitor Patient A while prescribing  
9 controlled substances to her by failing to properly and/or adequately utilize  
10 CURES<sup>38</sup> and/or urine drug screens.

11 **SECOND CAUSE FOR DISCIPLINE**

12 **(Repeated Negligent Acts)**

13 53. Respondent has further subjected his Physician's and Surgeon's Certificate No. G  
14 71070 to disciplinary action under sections 2227 and 2234, as defined by section 2234,  
15 subdivision (c), of the Code, in that Respondent committed repeated negligent acts in his care and  
16 treatment of Patient A, Patient B, and Patient C, as more particularly alleged herein.

17 **Patient A**

18 54. Respondent committed repeated negligent acts in his care and treatment of  
19 Patient A, including, but not limited to:

20 55. Paragraphs 9 through 52, above, are hereby incorporated by reference and  
21 realleged as if fully set forth herein.

22 (a) Respondent failed to properly monitor Patient A while prescribing  
23 controlled substances to her by failing to properly and/or adequately utilize CURES  
24 and/or urine drug screens;

25 (b) Respondent concurrently prescribed opiate(s) and benzodiazepines to  
26 Patient A without adequate medical justification, and

27 <sup>38</sup> CURES is the Controlled Substances Utilization Review and Evaluation System  
28 (CURES), a database of schedule II, III, and IV controlled substance prescriptions dispensed in  
California, serving the public health, regulatory oversight agencies, and law-enforcement.

1 (c) Respondent failed to obtain a pain management agreement prior to  
2 initiating opioid therapy on Patient A and/or failed to adequately utilize a pain  
3 management agreement while prescribing controlled substances to Patient A.

4 **Patient B**

5 56. On or about April 4, 2016, Patient B, a fifty-six (56) year-old woman who  
6 suffered from chronic neck pain and chronic low back pain, both secondary to  
7 degenerative disc disease and radiculitis,<sup>39</sup> presented to Respondent. Patient B had  
8 contracted HIV<sup>40</sup> from a transfusion. Respondent prescribed Xarelto<sup>41</sup> and Robaxin<sup>42</sup> to  
9 Patient B.

10 57. On or about May 2, 2016, Patient B returned to Respondent. Respondent  
11 prescribed Oxycodone for Patient B's breakthrough pain. Before initiating opioid  
12 therapy with Patient B, Respondent failed to obtain a pain management agreement with  
13 Patient B.

14 58. On or about May 26, 2016, Patient B returned to Respondent and her  
15 medications were continued with no changes, including, but not limited to, OxyContin 40  
16 mg and Oxycodone 10 mg.

17 59. On or about June 24, 2016, Patient B returned to Respondent, reporting  
18 unchanged moderate neck pain radiating to the right arm and low back pain radiating to  
19 the leg. Patient B also reported right shoulder and hip pain. MRI of Patient B was  
20 significant for labral tears.<sup>43</sup>

21 <sup>39</sup> Radiculitis refers to pain that radiates along the nerve caused by inflammation at the  
22 root of its connection to the spinal column.

23 <sup>40</sup> Human Immunodeficiency Virus (HIV) is a virus that attacks the body's immune  
24 system.

24 <sup>41</sup> Xarelto (Rivaroxaban) is a blood thinner, which can treat and prevent blood clots.

25 <sup>42</sup> Robaxin (Methocarbamol) is a muscle relaxant, which can be used to treat muscle  
26 spasms and pain.

27 <sup>43</sup> A labral tear is an injury to the tissue that holds the ball and socket parts of the hip  
28 together.

1           60. On or about July 22, 2016, Patient B returned to Respondent. Patient B was  
2 following up with her neurologist about a new nerve conduction study to evaluate new  
3 onset right arm radiculopathy.<sup>44</sup>

4           61. On or about August 22, 2016, Patient B returned to Respondent. The plan  
5 was to review new cervical MRI and EMG, once available. The subjective portion of the  
6 medical record notes that Patient B was prescribed Norco, but Oxycodone was prescribed  
7 in the plan section of the medical plan.

8           62. On or about September 19, 2016, Patient B returned to Respondent and there  
9 were no changes, including, but not limited to, Respondent prescribing OxyCodone 10mg  
10 and Oxycontin 40 mg to Patient B.

11           63. On or about October 17, 2016, Patient B returned to Respondent. Patient B  
12 had undergone a right ulnar nerve block<sup>45</sup> and her medications were continued, including,  
13 but not limited to, OxyCodone 10 mg and OxyContin 40 mg.

14           64. On or about November 14, 2016, Patient B returned to Respondent, reporting  
15 almost complete relief of her elbow pain radiating to the ulnar aspect of her right hand  
16 and fingertips, after an ulnar nerve block. Patient B's medications were refilled with no  
17 changes, including, but not limited to, OxyCodone 10 mg and OxyContin 40 mg.

18           65. On or about December 12, 2016, Patient B returned to Respondent, reporting  
19 worsening neck pain and headache over the past two (2) weeks. Patient B reported  
20 radicular pain down to the right forearm and hand. The plan was to proceed with CESI<sup>46</sup>  
21 and refill Patient B's medications without changes, including, but not limited to,  
22 OxyCodone 10 mg and OxyContin 40 mg.

23 ///

24 \_\_\_\_\_  
25 <sup>44</sup> Radiculopathy is a disease of the root of a nerve, such as from pinched nerve or tumor.

26 <sup>45</sup> Ulnar nerve block anesthetizes both the volar and dorsal surfaces of the hypothenar half  
27 of the hand. Hypothenar refers to the group of muscles that control the movement of the little  
28 finger.

<sup>46</sup> A cervical epidural steroid injection (CESI) is an injection of corticosteroids (similar to  
cortisone) into the space just outside the covering (the dura) of the spinal cord in your lower back.

1           66. On or about December 21, 2016, Patient B's urine drug screen results  
2 showed, among other things, a positive for Oxycodone and Barbiturates/Butalbital.

3           67. On or about January 9, 2017, Patient B returned to Respondent, after  
4 undergoing a C4-5 CESI, reporting 80% relief in her neck and arm pain. Her  
5 medications were refilled without changes, including, but not limited to, OxyCodone 10  
6 mg and OxyContin 40 mg. Respondent failed to discuss and/or failed to document  
7 having discussed Patient B's urine drug screen results from her December 21, 2016 urine  
8 drug screen.

9           68. On or about February 6, 2017, Patient B returned to Respondent, reporting  
10 that her sinus surgery had improved her headache pain. Patient B's medications were  
11 refilled without changes, including, but not limited to, OxyCodone 10 mg and OxyContin  
12 40 mg.

13           69. On or about March 7, 2017, Patient B returned to Respondent, reporting  
14 unchanged chronic neck and low back pain. Patient B's medications were refilled  
15 without changes, including, but not limited to, OxyCodone 10 mg and OxyContin 40 mg.

16           70. On or about April 3, 2017, Patient B underwent a urine drug screen. Patient  
17 B's medications were refilled without changes, including, but not limited to, OxyCodone  
18 10 mg and OxyContin 40 mg.

19           71. On or about April 5, 2017, the results from Patient B's April 3, 2017 urine  
20 drug screen showed positive for Oxycodone and negative for Soma.

21           72. On or about May 1, 2017, Patient B returned to Respondent, requesting a  
22 repeat ulnar nerve block at the elbow. Patient B had previously undergone a nerve  
23 conduction study at University of California at Irvine showing right ulnar neuropathy at  
24 the elbow. Respondent noted that nortriptyline and gabapentin were being given by  
25 another physician. Respondent failed to discuss and/or failed to document having  
26 discussed the April 3, 2017 urine drug screen results with Patient B. Patient B's  
27 medications were refilled without changes, including, but not limited to, OxyCodone 10  
28 mg and OxyContin 40 mg.

1           73. On or about June 26, 2017, Patient B returned to Respondent, reporting  
2 worsening neck and back pain secondary to positioning requirements following retina  
3 detachment surgery. Soma was added as a muscle relaxant. Oxycodone and Oxycontin  
4 were continued without change.

5           74. On or about August 21, 2017, Patient B returned to Respondent, reporting no  
6 changes to her neck and back pain.

7           75. On or about September 18, 2017, Patient B returned to Respondent, reporting  
8 no changes to her neck and back pain.

9           76. On or about October 16, 2017, Patient B returned to Respondent, reporting no  
10 changes to her neck and back pain. Patient B reported that she requires additional eye  
11 surgery to address retinal bleeding. Patient B's medications were refilled, including, but  
12 not limited to, OxyCodone 10 mg and OxyContin 40 mg. Patient B underwent a urine  
13 drug screen, which showed positive for Oxycodone and negative for all other substances.

14           77. On or about November 13, 2017, Patient B returned to Respondent,  
15 requesting a CESI to address increasing neck pain and headache. The plan was to  
16 proceed with CESI. Patient B's medications were filled without changes, including, but  
17 not limited to, OxyCodone 10 mg and OxyContin 40 mg.

18           78. On or about December 11, 2017, Patient B returned to Respondent. Patient B  
19 had sinus surgery and planned to undergo cataract surgery. Patient B requested CESI to  
20 address increasing neck pain and headache. The plan was to proceed with CESI. The  
21 medical records state, among other things, "the patient [B] will call to schedule when she  
22 is ready." Patient B's medications were filled without changes, including, but not limited  
23 to, OxyCodone 10 mg and OxyContin 40 mg.

24           79. On or about January 11, 2018, Patient B returned to Respondent. Patient B's  
25 medications were refilled without changes, including, but not limited to, OxyCodone 10  
26 mg and OxyContin 40 mg.

27 ///

28 ///



1           80. On or about February 9, 2018, Patient B returned to Respondent, reporting  
2 that she had been taking ibuprofen 400 mg TID after “she claimed she needed more pain  
3 relief since I changed Norco to Oxycodone.” There was a discussion about a repeat of  
4 CESI, but Patient B proceeded with eye surgery first.

5           81. On or about March 12, 2018, Patient B returned to Respondent, reporting  
6 radicular neck and back pain. Patient B’s medications were refilled without changes,  
7 including, but not limited to, OxyCodone 10 mg and OxyContin 40 mg. Patient B was  
8 instructed to stop ibuprofen to avoid kidney injury.

9           82. On or about April 9, 2018, Patient B returned to Respondent, requesting a  
10 repeat CESI to address radicular neck pain. Patient B’s medications were refilled,  
11 including, but not limited to, OxyCodone 10 mg and OxyContin 40 mg. The plan was for  
12 Patient B to call for cervical or lumbar epidural injections when she is ready.

13           83. On or about May 7, 2018, Patient B returned to Respondent, requesting a  
14 repeat Epidural Steroid Injection (ESI) to address radicular low back pain. The plan was  
15 to have Patient B discontinue Xarelto, bridge with Lovenox,<sup>47</sup> and proceed with the ESI.  
16 Patient B’s medications were refilled without any additional changes, including, but not  
17 limited to, OxyCodone 10 mg and OxyContin 40 mg.

18           84. On or about June 4, 2018, Patient B followed up with Respondent after a  
19 right L4-5 ESI on May 18, 2018, reporting complete relief of the right leg pain and 75%  
20 relief of the low back pain. Patient B’s medications were refilled without changes,  
21 including, but not limited to, OxyCodone 10 mg and OxyContin 40 mg.

22           85. On or about July 2, 2018, Patient B returned to Respondent, reporting low  
23 back pain radiating to the left leg. The plan was to assess the complaint with an updated  
24 lumbar MRI as her symptoms were previously right-sided. Patient B’s medications were  
25 continued without changes, including, but not limited to, OxyCodone 10 mg and  
26 OxyContin 40 mg.

27 ///

28 <sup>47</sup> Lovenox (Enoxaparin) is a medication used to prevent and treat harmful blood clots.

1           86. On or about August 2, 2018, Patient B presented to Respondent for her  
2 medication refill to manage her chronic low back and neck pain. Her medications were  
3 refilled without changes, including, but not limited to, OxyCodone 10 mg and OxyContin  
4 40 mg.

5           87. On or about August 31, 2018, Patient B presented to Respondent for her  
6 medication refill to manage her chronic low back and neck pain. Her medications were  
7 refilled without changes, including, but not limited to, OxyCodone 10 mg and OxyContin  
8 40 mg.

9           88. On or about October 1, 2018, Patient B presented to Respondent for her  
10 medication refill to manage her chronic low back and neck pain. Her medications were  
11 refilled without changes, including, but not limited to, OxyCodone 10 mg and OxyContin  
12 40 mg.

13           89. On or about October 3, 2018, Patient B underwent a urine drug screen, which  
14 showed positive for Oxycodone and negative for all other substances tested.

15           90. On or about October 29, 2018, Patient B returned to Respondent for an  
16 evaluation of her low back pain. The plan was to proceed with an ESI. Patient B's MRI  
17 from October 22 2018 was significant for moderate lateral recess stenosis and foraminal  
18 stenosis at L4-5. Patient B's medications were refilled, including, but not limited to,  
19 OxyCodone 10 mg and OxyContin 40 mg. A thoracic MRI was ordered to assess mid  
20 back pain.

21           91. On or about November 26, 2018, Patient B returned to Respondent, following  
22 up after a left L4 and left L5 transforaminal ESI on November 16, 2018. Patient B  
23 reported 90% pain relief in the left leg. Patient B reported continued pain in the right leg.  
24 Patient B previously underwent a right L4-5 ESI on May 18, 2018, with complete relief  
25 of the right leg pain and 75% relief of the low back pain for two (2) months. The plan  
26 was to repeat right L4 and left L5 transforaminal ESI and refill medication, including, but  
27 not limited to, OxyCodone 10 mg and OxyContin 40 mg. The subjective section of the  
28 medical records noted that the "patient [B] also complains of moderate severe

1 exacerbation of left mid back pain below the left scapula.” The report from the newly  
2 obtained thoracic MRI was added to the medical records, but no interpretation was made  
3 in the medical records.

4 92. On or about December 21, 2018, Patient B returned to Respondent, after a  
5 hospitalization for pneumonia. Patient B reported radicular neck and radicular low back  
6 pain. The plan was to obtain a new cervical MRI, consider CESI, and consider LESI.  
7 Patient B’s medications were refilled without changes, including, but not limited to,  
8 OxyCodone 10 mg and OxyContin 40 mg.

9 93. On or about January 22, 2019, Patient B’s medications were refilled without  
10 changes, including, but not limited to, OxyCodone 10 mg and OxyContin 40 mg. There  
11 was no change from the treatment plan from December 2018.

12 94. On or about February 18, 2019, Patient B returned to Respondent after  
13 having undergone a sinuplasty.<sup>48</sup> Patient B reported upper back pain between the  
14 scapula. The medical records noted, among other things, “She [Patient B] has kidney  
15 insufficiency from HIV medications and hypertension” with kidney function at 38%.  
16 Patient B’s medications were refilled, including, but not limited to, OxyCodone 10 mg  
17 and OxyContin 40 mg. At this time, a new cervical MRI was pending.

18 95. On or about March 18, 2019, Patient B returned to Respondent, reporting  
19 back pain with radiation to the left shoulder and arm. Patient B underwent a right L4-5  
20 ESI on May 18, 2018, with complete pain relief of the right leg pain and 75% pain relief  
21 of the low back for two (2) months. Patient B reported that the radicular low back pain  
22 had returned. Previously Patient B underwent a bilateral L4-5 tf-ESI in 2015 with three  
23 (3) years of pain relief. Patient B’s medications were refilled without changes, including,  
24 but not limited to, OxyCodone 10 mg and OxyContin 40 mg.

25 ///

26 ///

27 \_\_\_\_\_  
28 <sup>48</sup> Balloon sinuplasty is a minimally invasive technique that is used to treat chronic or  
recurrent sinusitis or sinus infections when medical therapy has not provided adequate relief.

1           96. On or about April 15, 2019, Patient B returned to Respondent, reporting neck  
2 pain radiating to the left arm. Patient B underwent a left C6-7 ESI on April 12, 2019,  
3 with 90% relief of her headache and 80% relief of her neck and shoulder pain. The plan  
4 was to proceed with a right sided C4-5 ESI to address the symptoms. The cervical MRI  
5 from February 20, 2019 listed in the chart was significant for right C5 nerve root  
6 impingement<sup>49</sup> and right anterior cord impingement.

7           97. On or about May 3, 2019, Patient B underwent a left C6-7 cervical epidural  
8 steroid injection under fluoroscopic guidance.

9           98. On or about May 13, 2019, Patient B returned to Respondent. Patient B's  
10 medications were refilled without changes, including, but not limited to, OxyCodone 10  
11 mg and OxyContin 40 mg. The plan was to proceed with CESI #2.

12           99. On or about June 10, 2019, Patient B returned to Respondent regarding her  
13 right upper neck pain and headache. Patient B underwent a right C4-5 ESI on May 31,  
14 2019, and reported good relief for headache, but not shoulder pain. Patient B's  
15 medications were refilled without changes, including, but not limited to, OxyCodone 10  
16 mg and OxyContin 40 mg.

17           100. On or about July 8, 2019, Patient B returned to Respondent. In the medical  
18 records, it was noted that Patient B saw her orthopedic surgeon regarding left knee pain  
19 and the orthopedic surgeon recommended left knee CST injection. Patient B's  
20 medications were refilled without changes, including, but not limited to, OxyCodone 10  
21 mg and OxyContin 40 mg.

22           101. On or about September 30, 2019, Patient B returned to Respondent. The  
23 medical records for this visit state, among other things, that Patient B's left knee pain was  
24 doing well and that she did not need a CST injection. Respondent refilled Patient B's  
25 medications without changes, including, but not limited to, OxyCodone 10 mg and  
26 OxyContin 40 mg.

27           <sup>49</sup> Impingement refers to a painful condition caused by rubbing or pressure on a tendon,  
28 nerve, etc., by adjacent structures.

1           102. On or about November 25, 2019, Patient B returned to Respondent. The  
2 medical records for this visit state, among other things, that Patient B's kidney biopsy  
3 showed no disease. It is also noted that Patient B's neurologist thought Patient B's  
4 kidney disease was secondary to poor perfusion from Congestive Heart Failur.<sup>50</sup> Patient  
5 B's medications were refilled without changes, including, but not limited to, OxyCodone  
6 10 mg and OxyContin 40 mg.

7           103. On or about December 23, 2019, Patient B returned to Respondent. Patient B  
8 was evaluated for her neck and back pain. Patient B previously underwent right C4-5  
9 ESI, with good relief for headache, but not shoulder pain. Patient B also had a left C6-7  
10 CESI on April 12, 2019 with 90% relief of her headache and 80% relief of her neck and  
11 left shoulder pain. Respondent discussed with Patient B about pursuing a lumber ESI  
12 after her work-up for CHF was completed. Patient B's medications were refilled without  
13 changes, including, but not limited to, OxyCodone 10 mg and OxyContin 40 mg.

14           104. On or about January 21, 2020, Patient B returned to Respondent, reporting  
15 neck and low back pain. Patient B's medications were refilled without changes,  
16 including, but not limited to, OxyCodone 10 mg and OxyContin 40 mg. Patient B  
17 reported her pain was under control with medication and that she planned to undergo an  
18 echocardiogram<sup>51</sup> to evaluate her for CHF.

19           105. On or about February 27, 2020, Patient B returned to Respondent, reporting  
20 partial pain relief and no effects with medication. Patient B's medications were refilled  
21 without changes, including, but not limited to, OxyCodone 10 mg and OxyContin 40 mg.

22           106. On or about April 15, 2020, Patient B was seen virtually by Respondent.  
23 Patient B underwent echocardiogram with no evidence of CHF. Patient B's neck and low  
24 back pain were unchanged. Patient B's medications were refilled without changes,

25 \_\_\_\_\_  
26 <sup>50</sup> Congestive heart failure (CHF) is a condition in which the heart has trouble pumping  
blood through the body.

27 <sup>51</sup> An echocardiogram checks how your heart's chambers and valves are pumping blood  
28 through your heart.

1 including, but not limited to, OxyCodone 10 mg and OxyContin 40 mg.

2 107. On or about May 12, 2020, Patient B was seen virtually by Respondent.  
3 Patient B was on Lasix<sup>52</sup> secondary to stage 3 renal insufficiency.<sup>53</sup> Respondent  
4 reviewed with Patient B safety precautions against COVID-19, as Patient B was at high  
5 risk for complications. Patient B's medications were refilled without changes, including,  
6 but not limited to, OxyCodone 10 mg and OxyContin 40 mg.

7 108. On or about June 16, 2020, Patient B returned to Respondent, reporting  
8 unchanged pain. Patient B's medications were refilled without changes, including, but  
9 not limited to, OxyCodone 10 mg and OxyContin 40 mg.

10 109. On or about August 11, 2020, Patient B returned to Respondent, reporting  
11 low back pain with radicular symptoms down the bilateral legs. Respondent prescribed  
12 Xarelto for hypercoagulation<sup>54</sup> with a plan to bridge with lovenox, prior to her ESI  
13 procedure.

14 110. On or about September 8, 2020, Patient B returned to Respondent, reporting  
15 left sided radicular low back pain. Patient B underwent a right L4-5 ESI on August 27,  
16 2020 and reported resolution of her radicular pain. Respondent discussed with Patient B  
17 about left sided ESI. Patient B's medications were refilled without changes, including,  
18 but not limited to, OxyCodone 10 mg and OxyContin 40 mg.

19 ///

20 ///

21 ///

22 ///

23 ///

24

25 <sup>52</sup> Lasix (Furosemide) is a diuretic, which can be used to treat fluid retention (edema) and  
26 swelling caused by congestive heart failure, liver disease, kidney disease, and other medical  
conditions. A diuretic is any substance that promotes diuresis, the increased production of urine.

27 <sup>53</sup> Renal insufficiency refers to kidney failure, a condition in which the kidneys lose the  
ability to remove waste and balance fluids.

28 <sup>54</sup> Hypercoagulation is a condition that causes your blood to clot more easily than normal.

1 111. On or about October 5, 2020, Patient B returned to Respondent, reporting low  
2 back pain radiating down the left lateral calf along the L5 dermatome. Patient B  
3 previously underwent a successful LESI in August 2020 that led to a resolution of her  
4 radicular pain on the right. The medical records noted, among other things, that Patient  
5 B's viral count is undetectable due to a new antiviral medication. According to the  
6 medical records, Respondent [purportedly] reviewed CURES report,<sup>55</sup> ordered a urine  
7 drug screen, and considered a repeat LESI and imaging. Patient B's medications were  
8 refilled without changes, including, but not limited to, OxyCodone 10 mg and OxyContin  
9 40 mg.

10 112. On or about November 2, 2020, Patient B returned to Respondent  
11 complaining of radicular low back pain down the left leg. Patient B had groin pain that  
12 was worked-up by her Primary Care Physician (PCP). The medical records state, among  
13 other things, "urine drug test reviewed showed that she is compliant."

14 113. On or about November 30, 2020, Patient B returned to Respondent, reporting  
15 low back pain with radicular symptoms down the left leg and bilateral lower extremity  
16 numbness. The physical examination was significant for lumbar paraspinal tenderness  
17 and slight weakness at the left EHL at 4+/5. Patient B was diagnosed with lumbar  
18 stenosis, lumbar radiculopathy, and lumbar disc protrusion. Patient B was prescribed  
19 Oxycontin 40 mg TID and Oxycodone TID (MEDD = 225 mg). There was no indication  
20 in the medical record that Respondent reviewed CURES report(s) or checked a urine drug  
21 screen. A lumbar MRI was pending.

22 114. On or about December 29, 2020, Patient B returned to Respondent,  
23 requesting a new MRI to address low back pain radiating to the left lateral leg and calf.  
24 Patient B's medications were refilled without changes, including, but not limited to,  
25 OxyCodone 10 mg and OxyContin 40 mg.

26 <sup>55</sup> CURES is the Controlled Substances Utilization Review and Evaluation System  
27 (CURES), a database of schedule II, III, and IV controlled substance prescriptions dispensed in  
28 California, serving the public health, regulatory oversight agencies, and law-enforcement.

1 115. On or about January 25, 2021, Patient B returned to Respondent, reporting  
2 low back pain with radiation to the left lower extremity. A new MRI from January 2021  
3 was reviewed, which revealed L4-5 anterolisthesis<sup>56</sup> and L5-S1 moderate to severe  
4 foraminal stenosis. Physical examination was significant for negative SLR [straight leg  
5 raise] and slightly decreased motor function at the left EHL<sup>57</sup> at 4+/5. The plan was to  
6 proceed with a left L4-5 and left L5 transforaminal epidural steroid injection. Patient B's  
7 medications were refilled without changes, including, but not limited to, OxyCodone 10  
8 mg and OxyContin 40 mg.

9 116. During the time period that Respondent prescribed controlled substances to  
10 Patient B, in or around April, 2016 through January 25, 2021, Respondent failed to  
11 adequately utilize a pain management agreement with Patient B.

12 117. During the time period that Respondent prescribed controlled substances to  
13 Patient B, in or around April, 2016 through January 25, 2021, Respondent failed to  
14 adequately check CURES reports and/or adequately utilize urine drug screens and/or  
15 adequately discuss the results of urine drug screens with Patient B.

16 118. Before initiating opioid therapy with Patient B, Respondent failed to obtain a  
17 pain management agreement with Patient B.

18 ///

19 ///

20 ///

21 ///

22 ///

23 ///

24 ///

25 \_\_\_\_\_  
26 <sup>56</sup> In anterolisthesis, the upper vertebral body is positioned abnormally compared to the  
vertebral body below it.

27 <sup>57</sup> The exterior hallucis longus (EHL) is a thin muscle, situated between the Tibialis  
28 anterior and the Extensor Digitorum Longus in the anterior compartment of the lower leg.



1 119. Respondent committed repeated negligent acts in his care and treatment of  
2 Patient B, including, but not limited to:

3 (a) Paragraphs 56 through 118, above, are hereby incorporated by  
4 reference and realleged as if fully set forth herein;

5 (b) Respondent failed to obtain a pain management agreement prior to  
6 initiating opioid therapy on Patient B and/or failed to adequately utilize a pain  
7 management agreement while prescribing controlled substances to Patient B;

8 (c) Respondent inappropriately prescribed controlled substance(s) with  
9 Morphine Equivalent Dosage (MED) in excess of 80 mg per day and/or Morphine  
10 Milligram Equivalents (MME) in excess of 90 mg per day; and

11 (d) Respondent failed to adequately check CURES reports and/or  
12 adequately utilize urine drug screens and/or adequately discuss the results of urine  
13 drug screens with Patient B.

14 **Patient C**

15 120. Patient C first began treatment with Respondent in 1994.<sup>58</sup> Patient C suffered  
16 from chronic pain following lumbar fusion after she fell off a cliff and fractured her  
17 spine. Patient C suffered from Complex Regional Pain Syndrome (CRPS)<sup>59</sup> following  
18 her right foot fracture.

19 121. On or about June 9, 2016, Patient C returned to Respondent, reporting stable  
20 and unchanged low back pain. Respondent prescribed MS Contin 60 mg, Neurontin 300  
21 mg oral capsule, Norco 10 mg 325 mg oral tablet, and Soma 350 mg oral tablet to Patient  
22 C. The lumber MRI from 2007 showed posterior pedicle screw fusion at L4-5. There  
23 was disc degeneration at L3-4 and L5-S1. There was no spinal stenosis,  
24 spondylolisthesis, or multi-level lumbar facet arthropathy.

25 ///

26 <sup>58</sup> Conduct occurring more than seven (7) years from the filing date of this Accusation is  
27 for informational purposes only and is not alleged as a basis for disciplinary action.

28 <sup>59</sup> Complex Regional Pain Syndrome (CRPS) refers to chronic arm or leg pain developing  
after injury, surgery, stroke, or heart attack.

1 122. On or about August 5, 2016, Patient C returned to Respondent, reporting  
2 increased low back pain for walking up and down the stairs at a friend's house where she  
3 was looking after a pet. Patient C's medications were refilled without changes, including,  
4 but not limited to, Norco 10 mg-325 mg, MS Contin 60 mg, Soma 450 mg, and  
5 Neurontin 300 mg.

6 123. On or about October 28, 2016, Patient C returned to Respondent, after  
7 fracturing 3 right foot metatarsals in August 2016. Patient C was wearing a boot and  
8 complained of ongoing burning and hypersensitivity in the foot. Patient C planned to  
9 look for a physician within [insurance] network to undergo a lumbar sympathetic block<sup>60</sup>  
10 and she was referred for acupuncture.

11 124. On or about January 19, 2017, Patient C returned to Respondent, reporting  
12 improved burning and hypersensitivity in her right foot with acupuncture. Patient C's  
13 medications were refilled without changes, including, but not limited to, MS Contin 60  
14 mg QID, Norco 10 mg-325 mg QID, Gabapentin 300 mg TID, and Soma.

15 125. On or about March 17, 2017, Patient C returned to Respondent. Patient C's  
16 medications were refilled without changes, including, but not limited to, MS Contin 60  
17 mg, Norco 10 mg-325 mg, Neurontin 300 mg, Soma 350 mg.

18 126. On or about May 12, 2017, Patient C returned to Respondent, reporting  
19 concern about undergoing surgery as it would exacerbate her CRPS. The plan was to  
20 continue her medication and to follow-up with acupuncture for CRPS.

21 ///

22 ///

23 ///

24 ///

25 ///

26 ///

---

27  
28 <sup>60</sup> A lumbar sympathetic block is an injection of medication that helps relieve lower back  
or leg pain.

1           127. On or about August 4, 2017, Patient C returned to Respondent, reporting that  
2 she was using a bone stimulator for her 3rd metatarsal fracture, which was not healing.  
3 Patient C's medications were refilled without changes, including, but not limited to, MS  
4 Contin 60 mg, Soma 350 mg, Neurontin 300 mg, Norco 10 mg.

5           128. On or about September 28, 2017, Patient C underwent a left saphenous nerve  
6 block<sup>61</sup> under ultrasound guidance and a left sciatic nerve block<sup>62</sup> under ultrasound  
7 guidance.

8           129. On or about December 19, 2017 Patient C returned to Respondent, after right  
9 foot surgery for non-healing foot fracture, suffered on September 22, 2017. The medical  
10 records indicate that Patient C's CRPS pain resolved after six (6) sessions of acupuncture.  
11 The plan was to continue her medications without change, including, but not limited to,  
12 MS Contin 60 mg, Soma 350 mg, Norco 10 mg – 325 mg, and Neurontin 300 mg.

13           130. On or about February 12, 2018, Patient C returned to Respondent,  
14 complaining of 8/10 pain with MS Contin since surgery. The plan was to continue  
15 medications without change.

16           131. On or about April 6, 2018, Patient C returned to Respondent. The medical  
17 records indicate, among other things, that Patient C would be undergoing a lumbar  
18 sympathetic block from her HMO physician. The plan was to continue her medication.

19           132. On or about April 6, 2018, Patient C underwent a urine drug screen, which  
20 was positive for gabapentin, morphine, and hydromorphone.<sup>63</sup>

21           133. On or about May 31, 2018, Patient C returned to Respondent, reporting mild  
22 right foot pain. Patient C obtained a CT, which showed that her right foot fracture had  
23 not healed after fracturing the 3rd metatarsal bone after a fall in August 2016. The MS

24  
25 <sup>61</sup> The saphenous nerve block is indicated whenever the need exists for anesthesia of the  
26 lower leg or foot along its neural distribution. It is commonly used in conjunction with a  
27 popliteal sciatic nerve block to provide complete anesthesia of the lower leg for various surgical  
28 and non-surgical procedures.

<sup>62</sup> A sciatic nerve block is a nerve block that uses local anesthetic to achieve analgesia in  
the leg.  
<sup>63</sup> Hydromorphone is a narcotic, which can be used to treat moderate to severe pain.

1 Contin was reduced from 60 mg QID to 60 mg TID.

2 134. On or about July 25, 2018, Patient C returned to Respondent, reporting mild  
3 right foot pain. Patient C's medications were refilled without changes, including, but not  
4 limited to, MS Contin 60 mg, Norco 10 mg – 325 mg, Soma 350 mg, and Gabapentin 300  
5 mg. Respondent recommended acupuncture.

6 135. On or about September 20, 2018, Patient C returned to Respondent, reporting  
7 mild right foot pain.

8 136. On or about November 15, 2018, Patient C returned to Respondent, reporting  
9 unchanged low back and leg pain. Patient C's medications were continued without  
10 changes, including, but not limited to, MS Contin 60 mg, Norco 10 mg – 325 mg, Soma  
11 350 mg, and gabapentin 300 mg.

12 137. On or about January 10, 2019, Patient C returned to Respondent, reporting  
13 unchanged low back and leg pain. Patient C's medications were continued without  
14 changes, including, but not limited to, MS Contin 60 mg, Norco 10 mg – 325 mg, Soma  
15 350 mg, and gabapentin 300 mg.

16 138. On or about February 7, 2019, Patient C returned to Respondent, reporting  
17 unchanged low back and leg pain. Patient C's medications were continued without  
18 changes, including, but not limited to, MS Contin 60 mg, Norco 10 mg – 325 mg, Soma  
19 350 mg, and gabapentin 300 mg. MEDD at this time was 240 mg per day.

20 139. On or about April 4, 2019, Patient C fell at home and reported increased low  
21 back and shoulder pain. Patient C's primary care physician ordered x-ray examination(s).  
22 Patient C's medications were continued without changes, including, but not limited to,  
23 MS Contin 60 mg, Norco 10 mg – 325 mg, Soma 350 mg, and gabapentin 300 mg.

24 140. On or about June 3, 2019, Patient C returned to Respondent, reporting  
25 unchanged low back and leg pain. Patient C's medications were continued without  
26 changes, including, but not limited to, MS Contin 60 mg, Norco 10 mg – 325 mg, Soma  
27 350 mg, and gabapentin 300 mg. Patient C's urine drug screen from this date was  
28 positive for gabapentin, morphine, and hydromorphone.

1 141. On or about July 31, 2019, Patient C returned to Respondent, reporting  
2 unchanged low back and leg pain. Patient C's medications were continued without  
3 changes.

4 142. On or about October 9, 2019, Patient C returned to Respondent, reporting  
5 unchanged low back and leg pain. Trigger point injections were performed on Patient C.  
6 Patient C's medications were continued without changes.

7 143. On or about December 18, 2019, Patient C returned to Respondent, reporting  
8 unchanged low back and leg pain. Patient C had not obtained her x-ray examinations or  
9 lumbar MRI at that time. Patient C reported pain in her right buttock, radiating to the  
10 posterior lateral right leg that was worse with sitting. Patient C reports that she "does not  
11 want to go to pain management physician in her HMO [insurance network] since they  
12 want her to go to counseling." Patient C had a past medical history of L4-5 fusion.  
13 Respondent prescribed MS Contin 60 mg TID, Norco 10 TID, Neurontin 300 mg BID,  
14 and Soma 350 mg BID (MEDD = 210 mg). Respondent's physical examination of  
15 Patient C was significant for marked tenderness with extension, tenderness with palpation  
16 of the lumbar paraspinal muscles, right foot slightly darker discoloration, warm to touch,  
17 decreased ROM (range of motion), and hypersensitivity to light touch. Patient C was  
18 diagnosed with lumbar facet arthropathy, lumbar disc protrusion, lumbar radiculopathy,  
19 and CRPS. The plan was to continue her MS Contin and Norco medications, wean off of  
20 Soma (although same quantity was prescribed as the previous month), continue  
21 Neurontin, await new lumbar imaging, and consider epidural steroid injection (ESI).

22 144. On or about February 13, 2020, Patient C returned to Respondent, reporting  
23 exacerbation of her chronic low back pain. Patient C's primary care physician ordered a  
24 CT scan of Patient C's lumbar spine. Patient C was unable to obtain an MRI as she had  
25 an implanted bone stimulator. Respondent reviewed the CT scan results, which was  
26 significant for intact hardware at L4-5 and Degenerative Disk Disease<sup>64</sup> at L3-4 and L5-

27 \_\_\_\_\_  
28 <sup>64</sup> Degenerative Disk Disease is when normal changes that take place in the disks of your  
spine cause pain.

1 S1. According to the medical records, Respondent discussed with Patient C that Patient  
2 C should follow up with a spine surgeon to remove bone stimulator and to follow up with  
3 a provider in her HMO insurance network for Epidural Steroid Injection.

4 145. On or about April 9, 2020, Patient C was evaluated virtually by Respondent.  
5 Patient C reported tolerating weaning off of MS Contin and Norco. MS Contin was  
6 reduced from 60 mg BID to 30 mg TID. Norco was decreased from BID to 1 pill daily.  
7 MEDD was now 100 mg.

8 146. On or about June 9, 2020, Patient C returned to Respondent and received  
9 trigger point injections. Patient C's medications were refilled without changes, including,  
10 but not limited to, MS Contin 30 mg three (3) times a day and Norco 10 mg – 325 mg  
11 once a day.

12 147. On or about July 9, 2020, Patient C returned to Respondent, reporting that  
13 trigger point injections were successful with pain management. Patient C's medications  
14 were refilled without changes, including, but not limited to, MS Contin 30 mg q.8h. and  
15 Norco 10 mg – 325 mg daily p.r.n.

16 148. On or about August 6, 2020, Patient C returned to Respondent, reporting no  
17 change in her low back pain. Patient C's medications were refilled without changes,  
18 including, but not limited to, MS Contin 30 mg #90 and Norco 10 mg – 325 mg # 30.

19 149. On or about September 3, 2020, Patient C returned to Respondent, reporting  
20 no change in her low back pain. Patient C's medications were refilled without changes,  
21 including, but not limited to, MS Contin 30 mg # 90 and Norco 10 mg – 325 mg once a  
22 day.

23 150. On or about October 1, 2020, Patient C returned to Respondent, reporting that  
24 she was unable to find a spine surgeon who was willing to remove her bone stimulator.  
25 Patient C's medications were refilled without changes, including, but not limited to, MS  
26 Contin 30 mg # 90 and Norco 10 mg – 325 mg once a day. Patient C underwent a urine  
27 drug screening.

28 ///

1 151. On or about October 30, 2020, Patient C returned to Respondent, reporting no  
2 change in her low back pain. Patient C's medications were refilled without changes,  
3 including, but not limited to, MS Contin 30 mg #90 and Norco 10 mg – 325 mg, once a  
4 day, #30.

5 152. On or about November 30, 2020, Patient C returned to Respondent, reporting  
6 no change in her low back pain. Patient C's medications were refilled without changes,  
7 including, but not limited to, MS Contin 30 mg, three (3) times per day, Norco 10 mg –  
8 325 mg, once a day, and gabapentin 300 mg, twice a day #60.

9 153. On or about December 30, 2020, Patient C returned to Respondent, reporting  
10 unchanged pain. Patient C did not have melanoma surgery as the surgery center was  
11 closed due to Covid-19 pandemic. Patient C's medications were refilled without  
12 changes, including, but not limited to, MS Contin 30 mg q.8.h. #90 and Norco 10 mg –  
13 325 mg, daily, p.r.n.

14 154. During the time period that Respondent prescribed controlled substances to  
15 Patient C, in or around June 9, 2016 through December 30, 2020, Respondent failed to  
16 adequately utilize a pain management agreement with Patient C.

17 155. During the time period that Respondent prescribed controlled substances to  
18 Patient C, in or around June 9, 2016 through December 30, 2020, Respondent failed to  
19 adequately check CURES reports and/or adequately utilize urine drug screens and/or  
20 adequately discuss the results of urine drug screens with Patient C.

21 156. Before initiating opioid therapy with Patient C, Respondent failed to obtain a  
22 pain management agreement with Patient C.

23 157. During the time period that Respondent prescribed controlled substances to Patient C,  
24 between in or around June 9, 2016 to May 31, 2018, Respondent prescribed to Patient C, MS  
25 Contin 60 mg q.i.d., Norco 10 mg – 325 mg q.i.d., for MED of 260 mg daily. Between May 31,  
26 2018 to April 8, 2020, Respondent prescribed to Patient C, MS Contin 60 mg t.i.d., and between  
27 April 9, 2020 through December 30, 2020, Respondent prescribed to Patient C, MS Contin 30 mg  
28 t.i.d., and Norco 1 pill per day, for a MED of 100 mg.

1 158. Respondent committed repeated negligent acts in his care and treatment of  
2 Patient C, including, but not limited to:

3 (a) Paragraphs 120 through 157, above, are hereby incorporated by  
4 reference and realleged as if fully set forth herein.

5 (b) Respondent failed to obtain a pain management agreement prior to  
6 initiating opioid therapy on Patient C and/or failed to adequately utilize a pain  
7 management agreement while prescribing controlled substances to Patient C;

8 (c) Respondent inappropriately prescribed controlled substance(s) with  
9 Morphine Equivalent Dosage (MED) in excess of 80 mg per day and/or Morphine  
10 Milligram Equivalents (MME) in excess of 90 mg per day; and

11 (d) Respondent failed to adequately check CURES reports and/or  
12 adequately utilize urine drug screens and/or adequately discuss the results of urine  
13 drug screens with Patient C.

14 **THIRD CAUSE FOR DISCIPLINE**

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

16 159. Respondent has further subjected his Physician's and Surgeon's Certificate No. G  
17 71070 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the  
18 Code, in that he failed to maintain adequate and accurate records in his care and treatment of  
19 Patient A, Patient B, and Patient C, as more particularly alleged in paragraphs 9 through 158,  
20 above, which are hereby incorporated by reference and realleged as if fully set forth herein.

21 **FOURTH CAUSE FOR DISCIPLINE**

22 **(General Unprofessional Conduct)**

23 160. Respondent has further subjected his Physician's and Surgeon's Certificate No. G  
24 71070 to disciplinary action under sections 2227 and 2234 of the Code, in that he has engaged in  
25 conduct which breaches the rules or ethical code of the medical profession, or conduct which is  
26 unbecoming of a member in good standing of the medical profession, and which demonstrates an  
27 unfitness to practice medicine, as more particularly alleged in paragraphs 9 through 159, above,  
28 which are hereby incorporated by reference as if fully set forth herein.



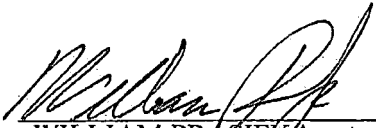
1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

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 No. G 71070, issued to Daniel Quoc Le, M.D.;
2. Revoking, suspending or denying approval of Respondent Daniel Quoc Le, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Respondent Daniel Quoc Le, 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
5. Taking such other and further action as deemed necessary and proper.

DATED: JUL 20 2022

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

SD2022800620  
Accusation - Medical Board.docx