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

In the Matter of the Accusation Against: David Wayne Schwartz, M.D. Physician's and Surgeon's Certificate No. G 20562 Respondent.	Case No. 800-2019-052905

DECISION

The attached Stipulated Surrender of License and 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 August 31, 2023.

IT IS SO ORDERED August 24, 2023.

MEDICAL BOARD OF CALIFORNIA

Reji Varghese
Executive Director

ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General
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Attorneys for Complainant

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

In the Matter of the Accusation Against: **DAVID WAYNE SCHWARTZ, M.D.** **29645 Rancho California Road, Suite 109** **Temecula, CA 92591** Physician's and Surgeon's Certificate No. G 20562, Respondent.	Case No. 800-2019-052905 OAH No. 2022080635 **STIPULATED SURRENDER OF LICENSE AND ORDER**

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

PARTIES

1. Reji Varghese (Complainant) is the Interim Executive Director of the Medical Board of California, Department of Consumer Affairs (Board). He brought this action solely in his official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, by Rebecca L. Smith, Deputy Attorney General.

2. David Wayne Schwartz, M.D. (Respondent) is represented in this proceeding by attorney Raymond J. McMahon, whose address is 5440 Trabuco Road, Irvine, California 92620.

3. On or about June 22, 1971, the Board issued Physician's and Surgeon's Certificate No. G 20562 to Respondent. That license was in full force and effect at all times relevant to the

charges brought in Accusation No. 800-2019-052905 and will expire on October 31, 2024, unless renewed.

JURISDICTION

4. Accusation No. 800-2019-052905 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on January 24, 2022. Respondent timely filed his Notice of Defense contesting the Accusation. A copy of Accusation No. 800-2019-052905 is attached as Exhibit A and incorporated by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2019-052905. Respondent also has carefully read, fully discussed with counsel, and understands the effects of this Stipulated Surrender of License and Order.

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

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

CULPABILITY

8. Respondent understands that the charges and allegations in Accusation No. 800-2019-052905, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

9. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation and that those charges constitute cause for discipline.

Respondent hereby gives up his right to contest that cause for discipline exists based on those charges.

10. Respondent understands that by signing this stipulation he enables the Board to issue an order accepting the surrender of his Physician's and Surgeon's Certificate without further process.

CONTINGENCY

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

12. This Stipulated Surrender of License and Order is intended by the parties herein to be an integrated writing representing the complete, final and exclusive embodiment of the agreement of the parties in this above entitled matter.

13. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Surrender of License and Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

14. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Order:

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ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 20562, issued to Respondent David Wayne Schwartz, M.D., is surrendered and accepted by the Board, effective August 31, 2023.

1. The surrender of Respondent's Physician's and Surgeon's Certificate and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Board.

2. Respondent shall lose all rights and privileges as a physician and surgeon in California as of the effective date of the Board's Decision and Order.

3. Respondent shall cause to be delivered to the Board his pocket license and, if one was issued, his wall certificate on or before the effective date of the Decision and Order.

4. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation No. 800-2019-052905 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

5. Respondent shall pay the agency its costs of investigation and enforcement in the amount of nineteen thousand four hundred fifty dollars and twenty-five cents ($19,450.25) prior to issuance of a new or reinstated license.

6. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing agency in the State of California, all of the charges and allegations contained in Accusation, No. 800-2019-052905 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

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ACCEPTANCE

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

DATED: April 18, 2023 David Wayne Schwartz, M.D.
DAVID WAYNE SCHWARTZ, M.D.
Respondent

I have read and fully discussed with Respondent David Wayne Schwartz, M.D. the terms and conditions and other matters contained in this Stipulated Surrender of License and Order. I approve its form and content.

DATED: April 18, 2023
RAYMOND J. MCMAHON
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

DATED: April 18, 2023

Respectfully submitted,

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

REBECCA L. SMITH
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2019-052905

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

In the Matter of the Accusation Against: **DAVID WAYNE SCHWARTZ, M.D.** **29645 Rancho California Road, Suite 109** **Temecula, CA 92591** **Physician's and Surgeon's Certificate No. G 20562,** Respondent.	Case No. 800-2019-052905 **ACCUSATION**

PARTIES

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

2. On or about June 22, 1971, the Board issued Physician's and Surgeon's Certificate Number G 20562 to David Wayne Schwartz, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on October 31, 2022, unless renewed.

JURISDICTION

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

STATUTORY PROVISIONS

4. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

5. Section 2234 of the Code, states:

> The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:
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> (a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.
>
> (b) Gross negligence.
>
> (c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.
>
> (1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.
>
> (2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.
>
> (d) Incompetence.
>
> (e) The commission of any act involving dishonesty or corruption that is substantially related to the qualifications, functions, or duties of a physician and surgeon.
>
> (f) Any action or conduct that would have warranted the denial of a certificate.
>
> (g) The failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board.

6. Section 2228.1 of the Code states:

> (a) On and after July 1, 2019, except as otherwise provided in subdivision (c), the board shall require a licensee to provide a separate disclosure that includes the licensee's probation status, the length of the probation, the probation end date, all practice restrictions placed on the licensee by the board, the board's telephone number, and an explanation of how the patient can find further information on the

licensee's probation on the licensee's profile page on the board's online license information Internet Web site, to a patient or the patient's guardian or health care surrogate before the patient's first visit following the probationary order while the licensee is on probation pursuant to a probationary order made on and after July 1, 2019, in any of the following circumstances:

(1) A final adjudication by the board following an administrative hearing or admitted findings or prima facie showing in a stipulated settlement establishing any of the following:

(A) The commission of any act of sexual abuse, misconduct, or relations with a patient or client as defined in Section 726 or 729.

(B) Drug or alcohol abuse directly resulting in harm to patients or the extent that such use impairs the ability of the licensee to practice safely.

(C) Criminal conviction directly involving harm to patient health.

(D) Inappropriate prescribing resulting in harm to patients and a probationary period of five years or more.

(2) An accusation or statement of issues alleged that the licensee committed any of the acts described in subparagraphs (A) to (D), inclusive, of paragraph (1), and a stipulated settlement based upon a nolo contendre or other similar compromise that does not include any prima facie showing or admission of guilt or fact but does include an express acknowledgment that the disclosure requirements of this section would serve to protect the public interest.

(b) A licensee required to provide a disclosure pursuant to subdivision (a) shall obtain from the patient, or the patient's guardian or health care surrogate, a separate, signed copy of that disclosure.

(c) A licensee shall not be required to provide a disclosure pursuant to subdivision (a) if any of the following applies:

(1) The patient is unconscious or otherwise unable to comprehend the disclosure and sign the copy of the disclosure pursuant to subdivision (b) and a guardian or health care surrogate is unavailable to comprehend the disclosure and sign the copy.

(2) The visit occurs in an emergency room or an urgent care facility or the visit is unscheduled, including consultations in inpatient facilities.

(3) The licensee who will be treating the patient during the visit is not known to the patient until immediately prior to the start of the visit.

(4) The licensee does not have a direct treatment relationship with the patient.

(d) On and after July 1, 2019, the board shall provide the following information, with respect to licensees on probation and licensees practicing under probationary licenses, in plain view on the licensee's profile page on the board's online license information Internet Web site.

(1) For probation imposed pursuant to a stipulated settlement, the causes alleged in the operative accusation along with a designation identifying those causes by which the licensee has expressly admitted guilt and a statement that acceptance of

the settlement is not an admission of guilt.

(2) For probation imposed by an adjudicated decision of the board, the causes for probation stated in the final probationary order.

(3) For a licensee granted a probationary license, the causes by which the probationary license was imposed.

(4) The length of the probation and end date.

(5) All practice restrictions placed on the license by the board.

(e) Section 2314 shall not apply to this section.

7. Section 2241 of the Code states:

(a) A physician and surgeon may prescribe, dispense, or administer prescription drugs, including prescription controlled substances, to an addict under his or her treatment for a purpose other than maintenance on, or detoxification from, prescription drugs or controlled substances.

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

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

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

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

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

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

(A) Impaired control over drug use.

(B) Compulsive use.

(C) Continued use despite harm.

(2) Notwithstanding paragraph (1), a person whose drug-seeking behavior is

primarily due to the inadequate control of pain is not an addict within the meaning of this section or Section 2241.5.

8. Section 2242 of the Code states:

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

(b) No licensee shall be found to have committed unprofessional conduct within the meaning of this section if, at the time the drugs were prescribed, dispensed, or furnished, any of the following applies:

(1) The licensee was a designated physician and surgeon or podiatrist serving in the absence of the patient's physician and surgeon or podiatrist, as the case may be, and if the drugs were prescribed, dispensed, or furnished only as necessary to maintain the patient until the return of the patient's practitioner, but in any case no longer than 72 hours.

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

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

(B) The practitioner was designated as the practitioner to serve in the absence of the patient's physician and surgeon or podiatrist, as the case may be.

(3) The licensee was a designated practitioner serving in the absence of the patient's physician and surgeon or podiatrist, as the case may be, and was in possession of or had utilized the patient's records and ordered the renewal of a medically indicated prescription for an amount not exceeding the original prescription in strength or amount or for more than one refill.

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

9. Section 2266 of the Code states:

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

10. Section 725 of the Code states:

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

COST RECOVERY

11. Effective on January 1, 2022, section 125.3 of the Code states: [1]

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

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

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

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

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

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

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

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

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

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

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

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

DEFINITIONS

As used herein, the terms below will have the following meanings:

"Acetaminophen" is a widely used over-the-counter analgesic (pain reliever) and antipyretic (fever reducer). It is also known as paracetamol, or APAP. It is typically used for mild to moderate pain relief, such as relief of headaches. It is a major ingredient in numerous cold and flu remedies. In combination with opioid analgesics, paracetamol can also be used in the management of more severe pain such as post-surgical pain and providing palliative care in advanced cancer patients. Acute overdoses of paracetamol can cause potentially fatal liver damage and, in rare individuals, a normal dose can do the same; the risk is heightened by alcohol consumption. It is sold in varying forms, including under the brand name Tylenol®.

"Adderall®" is a brand name of a combination of two stimulant drugs, amphetamine and dextroamphetamine. It is generally used to treat attention deficit hyperactivity disorder, but also has a high potential for abuse. It is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (d)(1), and a dangerous drug as defined in Code section 4022.

"Alprazolam" see Xanax.

"Amoxil® " is a brand name for amoxicillin, which is a penicillin antibiotic medication used to treat infections and stomach ulcers. It is also sold under the brand name Moxatag®. It is a dangerous drug as defined in Code section 4022.

"Ativan®" is a brand name for lorazepam.

"Benzodiazepines" are a class of drugs that produce central nervous system (CNS) depression. They are used therapeutically to produce sedation, induce sleep, relieve anxiety and muscle spasms, and to prevent seizures. They are most commonly used to treat insomnia and anxiety. In general, benzodiazepines act as hypnotics in high doses, anxiolytics in moderate doses, and sedatives in low doses, and are used for a limited time period. There is the potential for dependence on and abuse of benzodiazepines particularly by individuals with a history of multi-substance abuse. Benzodiazepines can cause dangerous deep unconsciousness. When combined with other CNS depressants such as alcoholic drinks and opioids, the potential for toxicity and fatal overdose increases. Benzodiazepines are commonly misused and taken in combination with other drugs of abuse. Commonly prescribed benzodiazepines include alprazolam (Xanax®), lorazepam (Ativan®), clonazepam (Klonopin®), diazepam (Valium®), and temazepam (Restoril®). Risks associated with use of benzodiazepines include: 1) tolerance and dependence, 2) potential interactions with alcohol and pain medications, and 3) possible impairment of driving. Before initiating a course of treatment, patients should be explicitly advised of the goal and duration of benzodiazepine use. Risks and side effects, including risk of dependence and respiratory depression, should be discussed with patients. Alternative treatment options should be discussed. Treatment providers should coordinate care to avoid multiple prescriptions for this class of drugs. Low doses and short durations should be utilized.

"Clonazepam" is a benzodiazepine-based sedative. It is generally used to control seizures and panic disorder. It is sold under the brand name Klonopin®. It is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d)(7), and a dangerous drug as defined in Code section 4022.

"CURES" means the Department of Justice, Bureau of Narcotics Enforcement's California Utilization, Review and Evaluation System (CURES) for the electronic monitoring of the prescribing and dispensing of Schedule II, III, IV and V controlled substances dispensed to patients in California pursuant to Health and Safety Code section 11165. The CURES database captures data from controlled substance prescriptions filled as submitted by pharmacies, hospitals, and dispensing physicians. Law enforcement and regulatory agencies use the data to assist in their efforts to control the diversion and resultant abuse of controlled substances. Prescribers and pharmacists may request a patient's history of controlled substances dispensed in accordance with guidelines developed by the Department of Justice.

"Diazepam" is a psychotropic drug and a benzodiazepine used for the management of anxiety disorders or for the short-term relief of the symptoms of anxiety. It can produce psychological and physical dependence and should be prescribed with caution particularly to addiction-prone individuals (such as drug addicts and alcoholics) because of the predisposition of such patients to habituation and dependence. It is sold under the brand name Valium®. It is a schedule IV controlled substance as designated by Health and Safety Code section 11057(d)(1), and is a dangerous drug as designated in Health and Safety Code section 4022.

"Dilaudid®" is a brand name for hydromorphone, an opioid pain medication used to treat moderate to severe pain. Hydromorphone is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b)(1)(J), and a dangerous drug as designated in Health and Safety Code section 4022.

"Duloxetine" is an antidepressant and nerve pain medication used to treat depression, anxiety, diabetic peripheral neuropathy, fibromyalgia, and chronic muscle or bone pain. It is sold under the brand name "Cymbalta®." Cymbalta is also used to treat a chronic pain disorder called fibromyalgia, treat pain caused by nerve damage in people with diabetes (diabetic neuropathy) and to treat chronic musculoskeletal pain, including discomfort from osteoarthritis and chronic lower back pain. It is from a group of drugs called selective serotonin and norepinephrine reuptake inhibitors. It is a dangerous drug as defined in Code section 4022.

"Hydromorphone" is an opioid pain medication used to treat moderate to severe pain. It has been marketed, in its varying forms, under a number of brand names, including Dilaudid®. Hydromorphone is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b)(1)(J), and a dangerous drug pursuant to Code section 4022.

"Lorazepam" is a benzodiazepine medication used to treat anxiety disorders, trouble sleeping, active seizures including status epilepticus, alcohol withdrawal, and chemotherapy induced nausea and vomiting, as well as for surgery to interfere with memory formation and to sedate those who are being mechanically ventilated. It is sold under the brand name Ativan® among others. It is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d)(16), and a dangerous drug pursuant to Code section 4022.

"Methadone" is an opioid used for opioid maintenance therapy in opioid dependence and for chronic pain management. It is sold in its various forms under

the brand names Dolophine® and Methadose® among others. It is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (c), and a dangerous drug pursuant to Code section 4022.

"Morphine" is an analgesic and narcotic drug obtained from opium and used medicinally to relieve moderate to severe pain. It can produce drug dependence and has a potential for being abused. Tolerance and psychological and physical dependence may develop upon repeated administration. Abrupt cessation or a sudden reduction in dose after prolonged use may result in withdrawal symptoms. After prolonged exposure to morphine, if withdrawal is necessary, it must be undertaken gradually. It is sold in its various forms under the brand names Kadian®, Morphabond®, MS Contin®, Oramorph SR®, and Roxanol® among others. It is a Schedule II controlled substance as designated by Health and Safety Code section 11055, subdivision (b)(1)(L), and a dangerous drug as designated in Health and Safety Code section 4022.

"Motrin®" see NSAID.

"NSAID" means nonsteroidal anti-inflammatory drug. NSAIDs are members of a drug class that reduces pain, decreases fever, prevents blood clots, and in higher doses, decreases inflammation. Side effects depend on the specific drug but largely include an increased risk of gastrointestinal ulcers and bleeds, heart attack, and kidney disease. NSAIDs are good at treating pain caused by slow tissue damage, such as arthritis pain. NSAIDs also work well fighting back pain, menstrual cramps and headaches. NSAIDs work like corticosteroids (also called steroids), without many of the side effects of steroids. NSAIDs are sold in various forms under the brand names aspirin (Bayer®, St. Joseph® Anacin®, Ascriptin®, Bufferin®, and Excedrin®), ibuprofen (Motrin® and Advil®), and naproxen (Aleve® and Naprosyn®).

"Oxycodone" is an opioid analgesic medication that has a high potential for abuse. Oxycodone is commonly prescribed for moderate to severe chronic pain. It is sold in its various forms under several brand name, including OxyContin® (a time-release formula) and Roxicodone®. It is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b)(1)(M), and a dangerous drug as defined in Code section 4022.

"Percocet®" is a brand name for oxycodone.

"Phendimetrazine" is a stimulant drug used for weight loss. Phendimetrazine is similar to an amphetamine. It is a Schedule III controlled substance pursuant to Health and Safety Code section 11056, subdivision (b)(6), and a dangerous drug pursuant to Code section 4022.

"Tramadol" is a synthetic pain medication used to treat moderate to moderately severe pain. The extended-release or long-acting tablets are used for chronic ongoing pain. Tramadol is sold under various brand names, including Ultram® and ConZip®. It is a Schedule IV controlled substance pursuant to federal Controlled Substances Act, and a dangerous drug pursuant to Code section 4022.

"Trazodone" is an antidepressant medication. It is used to treat major depressive disorder, anxiety disorders, and in addition to other treatment, alcohol dependence. It is a dangerous drug as defined in Code section 4022.

Tylenol® see acetaminophen.

"Xanax®" is a brand name for alprazolam, which is a benzodiazepine drug used to treat anxiety disorders, panic disorders, and anxiety caused by depression. Alprazolam has a central nervous system depressant effect and patients should be cautioned about the simultaneous ingestions of alcohol and other central nervous system depressant drugs during treatment with it. Addiction prone individuals should be under careful surveillance when receiving alprazolam because of the predisposition of such patients to habituation and dependence. The usual starting dose of alprazolam is 0.25 mg to 0.5 mg, three times per day (for a maximum 1.5 mg per day). It is also sold under various brand names including, Intensol®, Xanax®, and Xanax XR®. It is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057(d)(1), and a dangerous drug as defined in Code section 4022. It is also a Schedule IV controlled substance as defined by the Code of Federal Regulations Title 21, section 1308.14 (c).

FACTUAL ALLEGATIONS

12. The Board received a complaint from the Riverside County Sheriff's Department regarding a possible over-prescribing issue involving Respondent and Patients 1 and 2.[2] According to law enforcement, on or about January 2, 2019, an employee of a Walgreens, located on 30251 Murrieta Road in the city of Menifee, noticed that Patients 1 and 2 were asleep inside their car in the pharmacy drive-through location. After unsuccessful attempts to wake them, the employee called 911. Previously, Patient 1 had attempted to fill her prescriptions at the Walgreens pharmacy for herself and Patient 2. However, Patients 1 and 2 absconded from the Walgreens during the commotion upon being spotted asleep in their car. The pharmacy retained four prescriptions for Patient 1 and a single prescription for Patient 2, all of which all were written by Respondent and had been made out for Dilaudid®, oxycodone, Xanax®, trazodone, Adderall®, duloxetine, and Amoxil®. Deputies from the Sheriff's Department investigated Respondent after the incident at the Walgreens. During their investigation, they questioned Respondent, who admitted that Patients 1 and 2 were his patients. Respondent also stated that he had numerous patients who were prior heroin users and that he treated them with prescription medications to prevent them from abusing heroin to facilitate their dependency on opioids. In a subsequent email, Respondent also verified that he had issued the five prescriptions provided to Walgreens by Patients 1 and 2.

Patient 1

13. Respondent first saw Patient 1, a 51-year-old woman, on or about December 18,

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

2017. She had been involved in a motor vehicle accident in the past and complained about her pain. She also had a history of heroin use (from 2013 to 2018), a bipolar disorder, sleep disorder, and chronic pain. In his chart note for the visit, Respondent wrote, "rule out major depressive disorder," and post-manic disorder. On or about February 11, 2021, a Department of Consumer Affairs investigator and medical consultant interviewed Respondent about Patient 1 ("First Interview"). Respondent told them that he did not ask the patient about how she began to use heroin. He also stated that while most primary care doctors did not want to get involved with "psychiatric stuff," he enjoys treating psychiatric issues and that he diagnosed Patient 1 with bi-polar disorder at his first visit with her. He further stated that the patient had been taking methadone for pain control.

14. After her initial visit with Patient 1, Respondent continued to see Patient 1 through June 15, 2020.[3] Patient 1's history included neck pain, ADHD, anxiety, chronic opiate use, a neck deformity, spine surgery, chronic pain, and a history of heroin use. Most visits were related to refills for controlled substance medications (including alprazolam (Xanax®), hydromorphone (Dilaudid®), methadone, and oxycodone) and Respondent noted these renewals as "follow up meds." He failed to adequately document the patient's pain presentation at his visits with her, however, he did continuously document her history of heroin use. During his course of treatment of Patient 1, Respondent continued to prescribe controlled substances, including opiates to her. Respondent's records included evidence that Patient 1 had been seen in the past by an orthopedic surgeon for neck pain and degenerative neck disease. However, these treatment visits with the specialist preceded the period noted in the CURES reports. Respondent failed to order drug screening throughout the time period he prescribed controlled substances to the patient, however, he did order a urine drug screen on or about May 4, 2020. Respondent's records do not contain a

[3] Patient 1's medical records included documented visits with the patient on the following dates: December 18, 2017, January 17, 2018, January 18, 2018, January 25, 2018, February 21, 2018, March 21, 2018, March 29, 2018, April 26, 2018, May 10, 2018, June 7, 2018, June 11, 2018, July 5, 2018, July 30, 2018, August 30, 2018, September 19, 2018, October 1, 2018, December 11, 2018, December 31, 2018, February 25, 2019, March 25, 2019, April 24, 2019, May 8, 2019, June 3, 2019, July 2, 2019, July 31, 2019, August 26, 2019, September 16, 2019, October 7, 2019, October 28, 2019, December 4, 2019, January 13, 2020, July 30, 2020, February 20, 2020, March 30, 2020, June 1, 2020 and June 15, 2020.

pain management agreement for Patient 1. Although the records indicate that Respondent attempted to taper Patient 1 off of methadone, he failed to adequately attempt to decrease or attempt to prescribe alternate medications to the controlled substances he prescribed to her. Respondent also failed to obtain updated diagnostic imaging studies for her chronic pain and the diagnostic imaging studies in Respondent's medical records predated his prescribing to the patient. Respondent medical records failed to adequately document and justify all of the controlled substances he was prescribing to the patient. He also failed to adequately address the patient's incident at Walgreens in his medical records, i.e., why she was dosing off in her car in the pharmacy drive-through. His chart note for the visit with Patient 1 on or about February 25, 2019 does not address the Walgreens incident, and at the First Interview, Respondent could not recall any such discussions either. When asked at the First Interview about drug screens, he explained that on two occasions he asked her to take the screening tests, but "it did not happen."

15. Respondent was aware that Patient 1 was a high-risk, drug-seeking patient. During his interview with the Board investigator on or about November 8, 2021 ("Second Interview"), Respondent described Patient 1 as follows:

> "[S]he has been very dishonest, and I wanted to – uh – get her out of there. And I know she sent a lot of patients to me, you know, to do that. But -- um -- I don't see her name in my chart at all, [with respect to another patient].
>
> ". . .
>
> "she's -- um -- wanting to take high doses of opiates. Um – I've heard from the grapevine you might say that she's in a -- and sending people and then -- uh -- shows them how to sell them on the streets. I just don't trust her."

16. Respondent failed to adequately obtain and document a detailed substance abuse history for Patient 1, and failed to adequately consider substance use disorder as one of Patient 1's differential diagnoses. Respondent also failed to adequately obtain and document his attempts to have the patient undergo toxicological screenings.

17. Between December 27, 2017 through June 2, 2020, Patient 1 was dispensed controlled substances, prescribed to her by Respondent, as follows:

Date Filled	Drug Name	Drug Strength	Qty	Rx#
2017-12-27	ALPRAZOLAM	2 MG	60	01170366
2018-01-23	ALPRAZOLAM	2 MG	60	00689424
2018-01-26	METHADONE HCL	10 MG	360	778125
2018-01-26	HYDROMORPHONE HCL	8 MG	150	778126
2018-03-05	ALPRAZOLAM	2 MG	60	2063795
2018-03-05	METHADONE HCL	10 MG	360	2063793
2018-03-05	HYDROMORPHONE HCL	8 MG	150	2063794
2018-04-02	ALPRAZOLAM	2 MG	60	2078974
2018-04-02	METHADONE HCL	10 MG	360	2078971
2018-04-02	HYDROMORPHONE HCL	8 MG	150	2078973
2018-04-19	ALPRAZOLAM	2 MG	60	2087331
2018-04-26	METHADONE HCL	10 MG	360	2091275
2018-04-26	HYDROMORPHONE HCL	8 MG	150	2091276
2018-05-22	ALPRAZOLAM	2 MG	60	2104307
2018-05-22	METHADONE HCL	10 MG	360	2104308
2018-05-22	HYDROMORPHONE HCL	8 MG	150	2104304
2018-06-17	HYDROMORPHONE HCL	8 MG	150	2117003
2018-06-22	ALPRAZOLAM	2 MG	60	2117004
2018-06-22	METHADONE HCL	10 MG	360	2117002
2018-07-10	OXYCODONE HCL	30 MG	150	2127795
2018-07-19	ALPRAZOLAM	2 MG	60	2132588
2018-07-30	METHADONE HCL	10 MG	300	2132587
2018-08-21	ALPRAZOLAM	2 MG	60	508624
2018-08-27	METHADONE HCL	10 MG	330	509013
2018-08-30	OXYCODONE HCL	30 MG	150	2152808
2018-09-24	ALPRAZOLAM	2 MG	60	2164450
2018-09-24	OXYCODONE HCL	30 MG	150	2164443
2018-09-24	METHADONE HCL	10 MG	330	2164448
2018-10-15	OXYCODONE HCL	30 MG	150	2175524
2018-10-22	METHADONE HCL	10 MG	300	2178878
2018-11-06	ALPRAZOLAM	2 MG	60	2186362
2018-11-09	OXYCODONE HCL	30 MG	150	2187994
2018-11-20	METHADONE HCL	10 MG	300	2193838
2018-12-06	ALPRAZOLAM	2 MG	60	707006
2018-12-06	OXYCODONE HCL	30 MG	150	707005
2018-12-18	HYDROMORPHONE HCL	8 MG	150	2207219
2019-01-23	ALPRAZOLAM	2 MG	60	4499120
2019-01-23	OXYCODONE HCL	30 MG	150	2499601
2019-01-23	HYDROMORPHONE HCL	8 MG	150	2499600
2019-01-23	DEXTROAMPH SACC-AMPH ASP-DEXTROAM S	30 MG	30	2499632
2019-02-15	OXYCODONE HCL	30 MG	150	2244931
2019-02-15	HYDROMORPHONE HCL	8 MG	150	2244792
2019-02-19	ALPRAZOLAM	2 MG	60	4499249

Date Filled	Drug Name	Drug Strength	Qty	Rx#
2019-03-10	OXYCODONE HCL	30 MG	150	2499824
2019-03-18	HYDROMORPHONE HCL	8 MG	150	2245466
2019-03-21	ALPRAZOLAM	2 MG	60	4499285
2019-04-04	OXYCODONE HCL	30 MG	150	2499960
2019-04-16	HYDROMORPHONE HCL	8 MG	150	2499938
2019-04-28	ALPRAZOLAM	2 MG	60	4499561
2019-04-28	OXYCODONE HCL	30 MG	180	2500089
2019-05-10	HYDROMORPHONE HCL	8 MG	150	2500148
2019-05-19	OXYCODONE HCL	30 MG	16	2500150
2019-05-26	ALPRAZOLAM	2 MG	60	4499611
2019-06-03	HYDROMORPHONE HCL	8 MG	150	2500254
2019-06-17	OXYCODONE HCL	30 MG	180	2500320
2019-06-26	ALPRAZOLAM	2 MG	60	4499696
2019-07-09	HYDROMORPHONE HCL	8 MG	100	2247318
2019-07-10	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	180	2500410
2019-07-11	OXYCODONE HCL	30 MG	180	2500409
2019-07-24	ALPRAZOLAM	2 MG	60	4499840
2019-08-03	OXYCODONE HCL	30 MG	180	2500535
2019-08-03	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	180	2500536
2019-08-22	ALPRAZOLAM	2 MG	60	4499950
2019-08-28	OXYCODONE HCL	30 MG	180	2500645
2019-08-28	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	180	2500646
2019-08-29	HYDROMORPHONE HCL	8 MG	100	2248124
2019-09-19	OXYCODONE HCL	30 MG	180	2500761
2019-09-19	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	180	2500762
2019-09-21	HYDROMORPHONE HCL	8 MG	100	2248480
2019-09-23	ALPRAZOLAM	2 MG	60	4500169
2019-10-16	HYDROMORPHONE HCL	8 MG	100	2248879
2019-11-08	HYDROMORPHONE HCL	8 MG	100	2249202
2019-12-20	HYDROMORPHONE HCL	8 MG	100	2249880
2020-01-19	AMPHETAMINE SALT COMBO	30 MG	30	2250305
2020-01-19	ALPRAZOLAM	2 MG	60	4497734
2020-01-19	HYDROMORPHONE HCL	8 MG	100	2250304
2020-02-12	HYDROMORPHONE HCL	8 MG	100	2250691
2020-03-21	HYDROMORPHONE HCL	8 MG	100	2251291
2020-05-09	HYDROMORPHONE HCL	8 MG	100	2251916
2020-06-02	HYDROMORPHONE HCL	8 MG	100	2252218

18. Respondent's inappropriate prescribing of controlled substances to Patient 1, without

proper justification or medical indication for such substances over a multi-year period, placed Patient 1 at an unnecessarily increased risk for significant morbidity and mortality and potential harm given her pre-existing chronic medical conditions and known history of addiction. These controlled substances had a high potential for abuse and dependency and resulted in Patient 1's on-going dependency on multiple controlled substances that were unnecessarily prescribed given the lack of medical justification or medical indication for inappropriately prescribing of such medications by Respondent.

Patient 2

19. On or about July 5, 2018, Respondent first saw **Patient 2,** a 47-year-old man with a history of chronic wounds (bilateral feet), gout, hypertension, insomnia, botulism, anxiety, vascular disease, rheumatoid arthritis and chronic pain. He also had a history of multiple hospitalizations and had seen wound specialists. He had also been using methadone. At the Second Interview, when asked if he was using methadone to address pain or for drug use issues, he stated, "I can't say because he was in a lot of pain." From the period beginning on or about August 2, 2018 through April 16, 2019, Respondent prescribed methadone HCL, alprazolam and oxycodone.[4] During his treatment of Patient 2, Respondent failed to adequately attempt to taper, decrease or attempt to prescribe alternate medications to the controlled substances he prescribed to Patient 2. Respondent failed to adequately perform toxicology studies on the patient. He also failed to document an adequate pain management contract. Overall, Respondent failed to adequately assess the patient and/or document his rational for his ongoing prescriptions for the controlled substances he prescribed to the patient, including methadone HCL, alprazolam and oxycodone to Patient 2.

20. Between August 2, 2018 through April 16, 2019, Patient 2 was dispensed controlled substances, prescribed to him by Respondent, as follows:

[4] Patient 2's medical records included documented visits with the patient on the following dates: July 5, 2018, October 11, 2018, December 5, 2018, April 16, 2019, August 29, 2019, September 26, 2019, October 23, 2019, November 20, 2019, December 23, 2019, February 19, 2020, June 2, 2020, September 30, 2020, October 29, 2020, November 18, 2020, March 1, 2021, April 1, 2021, April 7, 2021, May 24, 2021, June 23, 2021, August 24, 2021 and September 23, 2021.

Date Filled	Drug Name	Drug Strength	Qty	Rx#
2018-08-02	ALPRAZOLAM	2 MG	28	2139474
2018-08-03	METHADONE HCL	10 MG	168	2139473
2018-08-27	METHADONE HCL	10 MG	360	2150360
2018-08-27	ALPRAZOLAM	2 MG	56	2150348
2018-10-11	METHADONE HCL	10 MG	300	2173577
2018-10-11	ALPRAZOLAM	2 MG	60	2173578
2018-12-06	OXYCODONE HCL	30 MG	150	707007
2019-01-28	OXYCODONE HCL	30 MG	150	2244590
2019-02-26	OXYCODONE HCL	30 MG	150	01627608
2019-04-16	OXYCODONE HCL	30 MG	150	00870910

21. Respondent's inappropriate prescribing of controlled substances to Patient 2, without proper justification or medical indication for such substances over an extended period of time, placed Patient 2 at an unnecessarily increased risk for significant morbidity and mortality and potential harm, including accelerated progression of his pre-existing chronic medical conditions and ongoing dependency on controlled substances.

Patient 3

22. On or about October 31, 2011, Respondent first saw **Patient 3**, a 48-year-old woman with a history of lupus, asthma, migraines, menopause, thyroid issues, epilepsy, hysterectomy, a family history of breast cancer, osteopenia, kidney stones and multiple urinary tract infections. Her medical history overall also included extremity pain, pelvic bone pain, back pain, infections, epilepsy and rheumatoid arthritis. After an interregnum in his records for this patient, Respondent's next record of a visit is related to a patient interaction that occurred on or about February 6, 2017, when Respondent saw Patient 3, who presented with anxiety and stress, among other things. Respondent continued to treat this patient through September of 2020 and regularly prescribed controlled substances to her, including tramadol.[5] During his treatment of Patient 3, Respondent failed to adequately attempt to taper, decrease or attempt to prescribe alternate medications to the controlled substances he prescribed to Patient 3. Respondent failed to adequately perform toxicology studies on the patient. He also failed to document an adequate pain management contract. Overall, Respondent failed to adequately assess the patient and/or

[5] Patient 3's medical records included documented visits with the patient on the following dates: February 6, 2017, April 12, 2017, May 2, 2017, June 11, 2018 and July 2, 2018.

document his rational for his ongoing prescriptions for tramadol to Patient 3, who had epilepsy and presented an increased risk for seizures from the medication.

23. Respondent's medical records for Patient 3 contain copies of many prescriptions. However, many of these scripts do have any documented corresponding chart note indicating the rationale for such prescriptions. For example, Respondent prescribed the following drugs on or about the following dates: April 27, 2016 (diazepam), April 28, 2016 (alprazolam), and July 19, 2016 (alprazolam and diazepam). There are no corresponding chart notes for these prescriptions that document that Respondent performed an appropriate patient assessment/examination in connection with each of these prescriptions.

24. Between September 11, 2017 through September 26, 2019, Patient 3 was dispensed controlled substances, prescribed to him by Respondent, as follows:

Date Filled	Drug Name	Drug Strength	Qty	Rx#
2017-09-11	TRAMADOL HCL	50 MG	180	1086941
2017-09-13	TRAMADOL HCL	50 MG	270	5901725452517
2017-11-29	TRAMADOL HCL	50 MG	270	5901732716328
2018-01-11	TRAMADOL HCL	50 MG	270	5901800929865
2018-02-09	TRAMADOL HCL	50 MG	270	5901803823109
2018-06-07	TRAMADOL HCL	50 MG	270	5901815151222
2018-07-06	TRAMADOL HCL	50 MG	270	5901818026264
2018-08-17	TRAMADOL HCL	50 MG	120	1135449
2018-08-27	TRAMADOL HCL	50 MG	270	5901823319718
2018-10-12	TRAMADOL HCL	50 MG	270	5901828220195
2018-12-28	TRAMADOL HCL	50 MG	270	5901836120340
2019-02-12	TRAMADOL HCL	50 MG	270	5901902330687
2019-03-11	TRAMADOL HCL	50 MG	270	5901906450306
2019-06-12	TRAMADOL HCL	50 MG	270	1701915522886
2019-07-16	TRAMADOL HCL	50 MG	270	1701915522886
2019-08-26	TRAMADOL HCL	50 MG	270	1701915522886
2019-09-26	TRAMADOL HCL	50 MG	270	1701915522886

25. Respondent's inappropriate prescribing of tramadol to Patient 3, without proper justification or medical indication over a multi-year period, placed Patient 3 at an unnecessarily increased risk for significant morbidity and potential harm given her pre-existing epilepsy condition, which increased her risk for seizures.

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Patient 4

26. Respondent treated **Patient 4** for several years and had prescribed controlled substances to her since at least in or around September of 2014. A release of medical information contained in Respondent's chart is signed November 9, 2005. Respondent's chart for this patient includes a pain management agreement dated March 31, 2016. On or about January 23, 2017, Respondent saw Patient 4, then a 50-year-old woman with a history of chronic pain, back pain, sciatica, five herniated discs, depression, Grave's disease, glaucoma, and thyroid issues. Respondent continued to treat Patient 4 and prescribed controlled substance to her for several years.[6] During his treatment of Patient 4, Respondent failed to adequately attempt to taper or decrease the controlled substances he prescribed to Patient 4. Overall, Respondent failed to adequately assess the patient and/or document his rational for his ongoing prescriptions to Patient 4 for controlled substances, including phendimetrazine and hydrocodone (approximately 200 per month).

27. Between January 23, 2015 through June 12, 2021, Patient 4 was dispensed controlled substances, prescribed to him by Respondent, as follows:

Date Filled	Drug Name	Drug Strength	Qty	Rx#
2015-01-23	PHENDIMETRAZINE TARTRATE	35 MG	84	PL3512
2015-02-06	PHENDIMETRAZINE TARTRATE	35 MG	84	PL3513
2015-02-10	PHENDIMETRAZINE TARTRATE	35 MG	15	936188
2015-02-10	PHENDIMETRAZINE TARTRATE	35 MG	75	936188
2015-02-10	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	240	936187
2015-02-10	PHENDIMETRAZINE TARTRATE	35 MG	15	4936188
2015-03-10	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	240	2939081
2015-03-10	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	240	939081
2015-03-10	PHENDIMETRAZINE TARTRATE	35 MG	90	4939082
2015-04-07	PHENDIMETRAZINE TARTRATE	35 MG	90	941809
2015-04-07	PHENDIMETRAZINE TARTRATE	35 MG	90	4941809
2015-04-07	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	240	2941808
2015-04-07	ACETAMINOPHEN-HYDROCODONE	325 MG-10 MG	240	941808

[6] Patient 4's medical records included documented visits with the patient on the following dates: January 23, 2017, February 22, 2017, April 12, 2017, June 28, 2017, May 2, 2018, September 10, 2018 and July 24, 2019.

Date Filled	Drug Name	Drug Strength	Qty	Rx#
	BITARTRATE			
2015-05-04	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	240	944473
2015-05-04	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	240	2944473
2015-05-04	PHENDIMETRAZINE TARTRATE	35 MG	90	4944474
2015-05-04	PHENDIMETRAZINE TARTRATE	35 MG	90	944474
2015-06-01	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	240	2946901
2015-06-01	PHENDIMETRAZINE TARTRATE	35 MG	6	4946902
2015-06-01	PHENDIMETRAZINE TARTRATE	35 MG	84	946902
2015-06-01	PHENDIMETRAZINE TARTRATE	35 MG	6	946902
2015-06-01	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	240	946901
2015-06-01	PHENDIMETRAZINE TARTRATE	35 MG	84	4946902
2015-06-15	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	128	2948195
2015-06-15	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	128	948195
2015-06-29	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	240	949574
2015-06-29	PHENDIMETRAZINE TARTRATE	35 MG	90	949575
2015-06-29	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	240	2949574
2015-06-29	PHENDIMETRAZINE TARTRATE	35 MG	90	4949575
2015-07-27	PHENDIMETRAZINE TARTRATE	35 MG	80	952063
2015-07-27	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	240	2952062
2015-07-27	PHENDIMETRAZINE TARTRATE	35 MG	10	4952063
2015-07-27	PHENDIMETRAZINE TARTRATE	35 MG	10	952063
2015-07-27	PHENDIMETRAZINE TARTRATE	35 MG	80	4952063
2015-08-24	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	240	954720
2015-08-24	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	240	2954720
2015-08-24	PHENDIMETRAZINE TARTRATE	35 MG	90	954721
2015-09-23	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	240	957798
2015-10-04	PHENDIMETRAZINE TARTRATE	35 MG	90	957799
2015-10-04	PHENDIMETRAZINE TARTRATE	35 MG	90	4957799
2015-10-22	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	240	2960452
2015-11-01	PHENDIMETRAZINE TARTRATE	35 MG	90	960456
2015-11-01	PHENDIMETRAZINE TARTRATE	35 MG	90	4960456
2015-11-18	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	240	2306851

Date Filled	Drug Name	Drug Strength	Qty	Rx#
2015-11-25	PHENDIMETRAZINE TARTRATE	35 MG	90	4518127
2015-12-15	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	240	2307010
2016-01-13	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	240	879747
2016-01-13	PHENDIMETRAZINE TARTRATE	35 MG	90	4879748
2016-01-13	PHENDIMETRAZINE TARTRATE	35 MG	90	879748
2016-02-16	PHENDIMETRAZINE TARTRATE	35 MG	81	971770
2016-02-16	PHENDIMETRAZINE TARTRATE	35 MG	81	4971770
2016-02-16	PHENDIMETRAZINE TARTRATE	35 MG	9	4971770
2016-02-16	PHENDIMETRAZINE TARTRATE	35 MG	9	971770
2016-03-06	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	240	2883002
2016-03-06	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	240	883002
2016-03-25	PHENDIMETRAZINE TARTRATE	35 MG	90	883030
2016-03-31	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	240	2884495
2016-03-31	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	240	884495
2016-04-24	PHENDIMETRAZINE TARTRATE	35 MG	90	4884496
2016-04-24	PHENDIMETRAZINE TARTRATE	35 MG	90	884496
2016-04-27	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	240	885869
2016-04-27	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	240	2885869
2016-05-24	PHENDIMETRAZINE TARTRATE	35 MG	90	885870
2016-05-24	PHENDIMETRAZINE TARTRATE	35 MG	90	4885870
2016-05-24	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	240	887137
2016-06-20	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	240	888474
2016-06-20	PHENDIMETRAZINE TARTRATE	35 MG	90	4888475
2016-06-20	PHENDIMETRAZINE TARTRATE	35 MG	90	888475
2016-07-17	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	240	2889765
2016-07-17	PHENDIMETRAZINE TARTRATE	35 MG	90	4889766
2016-07-17	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	240	889765
2016-07-17	PHENDIMETRAZINE TARTRATE	35 MG	90	889766
2016-08-13	PHENDIMETRAZINE TARTRATE	35 MG	90	4891077
2016-08-13	PHENDIMETRAZINE TARTRATE	35 MG	90	891077
2016-08-13	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	240	891076
2016-08-13	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	240	2891076

Date Filled	Drug Name	Drug Strength	Qty	Rx#
2016-09-10	PHENDIMETRAZINE TARTRATE	35 MG	90	4892337
2016-09-10	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	240	892338
2016-10-07	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	240	893800
2016-10-07	PHENDIMETRAZINE TARTRATE	35 MG	90	4893801
2016-10-07	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	240	2893800
2016-10-07	PHENDIMETRAZINE TARTRATE	35 MG	90	893801
2016-11-03	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	240	894935
2016-11-03	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	240	2894935
2016-11-03	PHENDIMETRAZINE TARTRATE	35 MG	90	894936
2016-12-01	PHENDIMETRAZINE TARTRATE	35 MG	69	997759
2016-12-01	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	240	997760
2016-12-01	PHENDIMETRAZINE TARTRATE	35 MG	21	997759
2016-12-01	PHENDIMETRAZINE TARTRATE	35 MG	21	4997759
2016-12-01	PHENDIMETRAZINE TARTRATE	35 MG	69	4997759
2016-12-28	PHENDIMETRAZINE TARTRATE	35 MG	85	897918
2016-12-28	PHENDIMETRAZINE TARTRATE	35 MG	5	897918
2016-12-28	ACETAMINOPHEN-HYDROCODONE BITARTRAT	325 MG-10 MG	240	897917
2016-12-28	PHENDIMETRAZINE TARTRATE	35 MG	5	4897918
2016-12-28	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	240	2897917
2017-01-25	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	240	899354
2017-01-25	PHENDIMETRAZINE TARTRATE	35 MG	90	899356
2017-01-25	PHENDIMETRAZINE TARTRATE	35 MG	90	4899356
2017-01-25	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	240	2899354
2017-02-21	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	240	2900909
2017-02-21	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	240	900909
2017-02-21	PHENDIMETRAZINE TARTRATE	35 MG	90	900910
2017-02-21	PHENDIMETRAZINE TARTRATE	35 MG	90	4900910
2017-03-17	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	240	2902173
2017-03-17	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	240	902173
2017-03-20	PHENDIMETRAZINE TARTRATE	35 MG	90	4902174
2017-03-20	PHENDIMETRAZINE TARTRATE	35 MG	90	902174
2017-04-14	ACETAMINOPHEN-HYDROCODONE	325 MG-10 MG	210	903524

Date Filled	Drug Name	Drug Strength	Qty	Rx#
	BITARTRATE			
2017-04-14	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	210	2903524
2017-04-17	PHENDIMETRAZINE TARTRATE	35 MG	90	903525
2017-04-17	PHENDIMETRAZINE TARTRATE	35 MG	90	4903525
2017-05-10	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	210	904751
2017-05-10	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	210	2904751
2017-05-14	PHENDIMETRAZINE TARTRATE	35 MG	90	4904752
2017-05-14	PHENDIMETRAZINE TARTRATE	35 MG	90	904752
2017-06-06	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	210	2905162
2017-06-10	PHENDIMETRAZINE TARTRATE	35 MG	90	4905161
2017-06-28	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	210	2905270
2017-07-07	PHENDIMETRAZINE TARTRATE	35 MG	90	4905272
2017-07-22	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	210	2905402
2017-08-04	PHENDIMETRAZINE TARTRATE	35 MG	90	4905383
2017-08-18	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	210	2905548
2017-08-31	PHENDIMETRAZINE TARTRATE	35 MG	90	4905516
2017-09-13	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	210	2905697
2017-09-27	PHENDIMETRAZINE TARTRATE	35 MG	90	4905628
2017-10-09	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	210	2905839
2017-10-24	PHENDIMETRAZINE TARTRATE	35 MG	90	4905764
2017-11-06	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	210	2572946
2017-11-20	PHENDIMETRAZINE TARTRATE	35 MG	90	4905968
2017-12-01	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	210	2906137
2017-12-17	PHENDIMETRAZINE TARTRATE	35 MG	90	4906022
2017-12-21	PHENDIMETRAZINE TARTRATE	35 MG	90	4906129
2017-12-21	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	210	2906266
2018-01-10	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	210	2906356
2018-01-17	PHENDIMETRAZINE TARTRATE	35 MG	90	4906233
2018-01-31	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	210	2906455
2018-02-13	PHENDIMETRAZINE TARTRATE	35 MG	90	4906322
2018-02-20	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	210	2906579

Date Filled	Drug Name	Drug Strength	Qty	Rx#
2018-03-12	PHENDIMETRAZINE TARTRATE	35 MG	90	4906419
2018-03-12	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	210	2906687
2018-04-02	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	210	2906794
2018-04-09	PHENDIMETRAZINE TARTRATE	35 MG	90	4906536
2018-04-19	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	210	2906893
2018-05-03	PHENDIMETRAZINE TARTRATE	35 MG	90	4906648
2018-05-03	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	210	2906971
2018-05-21	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	210	2907047
2018-05-31	PHENDIMETRAZINE TARTRATE	35 MG	90	4906793
2018-06-18	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	210	2907190
2018-07-09	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	210	2907290
2018-07-24	PHENDIMETRAZINE TARTRATE	35 MG	90	4907093
2018-07-30	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	210	2907389
2018-08-21	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	210	2907500
2018-08-21	PHENDIMETRAZINE TARTRATE	35 MG	90	4907187
2018-09-10	PHENDIMETRAZINE TARTRATE	35 MG	90	4014436
2018-09-10	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	180	2020732
2018-09-21	PHENDIMETRAZINE TARTRATE	35 MG	90	4907289
2018-10-01	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	180	2907719
2018-10-18	PHENDIMETRAZINE TARTRATE	35 MG	90	4907483
2018-10-26	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	180	2021512
2018-11-16	PHENDIMETRAZINE TARTRATE	35 MG	90	4907709
2018-11-26	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	180	2907979
2018-12-14	PHENDIMETRAZINE TARTRATE	35 MG	90	4907825
2018-12-24	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	180	2908102
2019-01-11	PHENDIMETRAZINE TARTRATE	35 MG	90	4907973
2019-01-15	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	180	2908277
2019-02-08	PHENDIMETRAZINE TARTRATE	35 MG	90	4908118
2019-02-20	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	180	2908516
2019-03-06	PHENDIMETRAZINE TARTRATE	35 MG	90	4908246

Date Filled	Drug Name	Drug Strength	Qty	Rx#
2019-03-20	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	180	2908599
2019-04-03	PHENDIMETRAZINE TARTRATE	35 MG	90	4908370
2019-04-17	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	180	2908744
2019-05-03	PHENDIMETRAZINE TARTRATE	35 MG	90	4908532
2019-05-15	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	180	2908923
2019-06-01	PHENDIMETRAZINE TARTRATE	35 MG	90	4908692
2019-06-12	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	180	2909090
2019-07-02	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-5 MG	30	2909248
2019-07-02	PHENDIMETRAZINE TARTRATE	35 MG	90	4908835
2019-07-03	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	180	2909247
2019-07-24	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	210	2909359
2019-07-31	PHENDIMETRAZINE TARTRATE	35 MG	90	4908944
2019-08-21	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	210	2909502
2019-08-28	PHENDIMETRAZINE TARTRATE	35 MG	90	4909085
2019-09-18	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	210	2909636
2019-09-25	PHENDIMETRAZINE TARTRATE	35 MG	90	4909226
2019-10-16	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	210	2909803
2019-10-23	PHENDIMETRAZINE TARTRATE	35 MG	90	4909367
2019-11-13	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	210	2909935
2019-11-20	PHENDIMETRAZINE TARTRATE	35 MG	90	4909509
2019-12-11	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	210	2910086
2019-12-19	PHENDIMETRAZINE TARTRATE	35 MG	90	4909666
2020-01-08	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	180	2910250
2020-01-15	PHENDIMETRAZINE TARTRATE	35 MG	90	4909804
2020-02-03	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	180	2910372
2020-02-17	PHENDIMETRAZINE TARTRATE	35 MG	90	4909943
2020-02-26	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	180	2910483
2020-03-16	PHENDIMETRAZINE TARTRATE	35 MG	90	4910047
2020-03-23	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	180	2910621
2020-04-16	PHENDIMETRAZINE TARTRATE	35 MG	90	4910177

Date Filled	Drug Name	Drug Strength	Qty	Rx#
2020-04-16	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	180	2027049
2020-05-11	PHENDIMETRAZINE TARTRATE	35 MG	90	4910409
2020-05-12	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	180	2910844
2020-06-07	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	180	2910973
2020-06-12	PHENDIMETRAZINE TARTRATE	35 MG	90	4910515
2020-07-02	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	180	2911067
2020-07-10	PHENDIMETRAZINE TARTRATE	35 MG	90	4910611
2020-07-30	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	180	2911205
2020-08-10	PHENDIMETRAZINE TARTRATE	35 MG	90	4910742
2020-08-23	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	180	2911323
2020-09-09	PHENDIMETRAZINE TARTRATE	35 MG	90	4910846
2020-09-17	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	180	2911445
2020-10-08	PHENDIMETRAZINE TARTRATE	35 MG	90	4910968
2020-10-12	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	180	2911553
2020-11-06	PHENDIMETRAZINE TARTRATE	35 MG	40	4911176
2020-11-06	PHENDIMETRAZINE TARTRATE	35 MG	50	4911176
2020-11-06	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	180	2911649
2020-12-02	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	180	2028543
2020-12-02	PHENDIMETRAZINE TARTRATE	35 MG	20	4018853
2020-12-11	PHENDIMETRAZINE TARTRATE	35 MG	90	4911062
2020-12-27	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	180	2911883
2021-01-09	PHENDIMETRAZINE TARTRATE	35 MG	90	4911401
2021-01-21	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	180	2911979
2021-02-03	PHENDIMETRAZINE TARTRATE	35 MG	90	4911505
2021-02-15	ACETAMINOPHEN-HYDROCODONE BITARTRATE	325 MG-10 MG	210	2912100
2021-03-04	PHENDIMETRAZINE TARTRATE	35 MG	90	4911615
2021-03-16	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	180	2912234
2021-04-01	PHENDIMETRAZINE TARTRATE	35 MG	90	4911743
2021-04-15	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	180	2912393
2021-05-01	PHENDIMETRAZINE TARTRATE	35 MG	90	4911878
2021-05-14	HYDROCODONE BITARTRATE-	325 MG-10 MG	180	2912514

Date Filled	Drug Name	Drug Strength	Qty	Rx#
	ACETAMINOPHEN			
2021-05-30	PHENDIMETRAZINE TARTRATE	35 MG	90	4911998
2021-06-12	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	180	2912641

28. Respondent's inappropriate prescribing of controlled substances to Patient 4, without proper justification or medical indication for such substances over a multi-year period, placed Patient 4 at an unnecessarily increased risk for significant morbidity and mortality and potential harm given her pre-existing chronic medical conditions. Respondent's prescribing practices resulted in Patient 4 unnecessarily developing a dependency on at least hydrocodone, which should not have been prescribed to her in such large quantities, given the lack of medical justification or medical indication for inappropriately prescribing such medication by Respondent.

Patient 5

29. On or about August 22, 2016, Respondent first saw **Patient 5,** a 43-year-old woman with a history of chronic pain, degenerative joint disease, knee pain, radiculopathy, migraines, nausea and needed pain management. At that initial visit, Respondent prescribed Tylenol with codeine, Percocet® and Ativan® (2 mg) to Patient 5. He also asked her to try Motrin®. The patient also suffered from weakness and debility. Respondent continued to treat Patient 5 and prescribed controlled substance to her for several years, including codeine, oxycodone, clonazepam, diazepam, lorazepam, and morphine.[7] During his treatment of Patient 5, Respondent failed to adequately attempt to taper or decrease, or change any of the controlled substances he prescribed to Patient 5. Respondent also failed to document an adequate pain management contract. Overall, Respondent failed to adequately assess the patient and/or document his rational for his ongoing prescriptions for controlled substances to Patient 5.

30. Between September 19, 2017 through September 6, 2020, Patient 5 was dispensed

[7] Patient 5's medical records included documented visits with the patient on the following dates: August 22, 2016, September 19, 2016, October 12, 2016, November 10, 2016, December 8, 2016, January 4, 2017, February 7, 2017, March 7, 2017, April 5, 2017, May 2, 2017, May 31, 2017, June 28, 2017, July 19, 2017, September 19, 2017, October 17, 2017, November 15, 2017, December 4, 2017, December 27, 2017, January 11, 2018, February 5, 2018, February 19, 2018, March 1, 2018, March 28, 2018, May 2, 2018, May 30, 2018, June 12, 2018, July 10, 2018, September 6, 2018, October 8, 2018, November 1, 2018, November 8, 2018, November 27, 2018, December 27, 2018, January 30, 2019, February 28, 2019, March 28, 2019, April 30, 2019, June 26, 2019, July 25, 2019, August 26, 2019, September 25, 2019 and October 24, 2019.

controlled substances, prescribed to her by Respondent, as follows:

Date Filled	Drug Name	Drug Strength	Qty	Rx#
2017-09-19	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	240	2494857
2017-09-19	CLONAZEPAM	1 MG	90	2494860
2017-09-27	OXYCODONE HCL-ACETAMINOPHEN	325 MG-10 MG	120	2494859
2017-10-17	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	240	2513142
2017-10-18	OXYCODONE HCL-ACETAMINOPHEN	325 MG-10 MG	120	2513225
2017-11-16	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	240	2531177
2017-11-16	OXYCODONE HCL-ACETAMINOPHEN	325 MG-10 MG	120	2531178
2017-12-04	OXYCODONE HCL	20 MG	15	2542626
2017-12-11	CLONAZEPAM	1 MG	40	2547157
2017-12-11	OXYCODONE HCL	20 MG	30	2547150
2017-12-13	OXYCODONE HCL-ACETAMINOPHEN	325 MG-10 MG	120	2547153
2017-12-13	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	240	2547151
2017-12-27	OXYCODONE HCL	20 MG	45	2557669
2018-01-08	OXYCODONE HCL-ACETAMINOPHEN	325 MG-10 MG	120	2566189
2018-01-08	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	240	2566187
2018-01-11	CLONAZEPAM	1 MG	90	2568717
2018-01-11	OXYCODONE HCL	20 MG	45	2568716
2018-02-05	OXYCODONE HCL	20 MG	45	2585889
2018-02-05	OXYCODONE HCL-ACETAMINOPHEN	325 MG-10 MG	120	2585888
2018-02-05	DIAZEPAM	10 MG	15	2585891
2018-02-12	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	100	813570
2018-02-19	OXYCODONE HCL	20 MG	45	2594818
2018-02-20	CLONAZEPAM	1 MG	90	2594819
2018-02-20	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	240	2593709
2018-03-04	OXYCODONE HCL	20 MG	180	2601780
2018-03-18	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	240	2612713
2018-03-18	CLONAZEPAM	1 MG	30	2612726
2018-03-28	CLONAZEPAM	1 MG	60	2619592
2018-03-28	OXYCODONE HCL-ACETAMINOPHEN	325 MG-10 MG	120	2619590
2018-04-16	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	240	2630412
2018-04-18	OXYCODONE HCL	20 MG	180	2632455
2018-05-01	CLONAZEPAM	1 MG	30	2619592
2018-05-14	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	240	2648687
2018-05-21	OXYCODONE HCL	40 MG	90	2652939
2018-06-12	MORPHINE SULFATE	30 MG	90	2666455
2018-06-13	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	2666454
2018-06-27	CLONAZEPAM	1 MG	90	2675167
2018-07-11	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	2682803
2018-07-11	MORPHINE SULFATE	30 MG	90	2682441
2018-07-11	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	2682803
2018-08-08	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	2699601
2018-08-09	MORPHINE SULFATE	30 MG	90	2700424

Date Filled	Drug Name	Drug Strength	Qty	Rx#
2018-08-09	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	2699601
2018-09-06	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	4014407
2018-09-06	CLONAZEPAM	0.5 MG	90	4014406
2018-09-06	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	4014407
2018-09-06	MORPHINE SULFATE	30 MG	90	2020667
2018-09-06	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	45	2020666
2018-10-08	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	4014725
2018-10-08	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	45	2021316
2018-10-08	MORPHINE SULFATE	30 MG	90	2021317
2018-10-08	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	90	4014725
2018-11-04	MORPHINE SULFATE	30 MG	90	2752898
2018-11-04	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	2752900
2018-11-04	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	2752900
2018-11-08	HYDROMORPHONE HCL	4 MG	30	2021864
2018-11-15	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	35	2760360
2018-11-27	OXYCODONE HCL-ACETAMINOPHEN	325 MG-10 MG	35	2767169
2018-11-27	CLONAZEPAM	1 MG	90	2767170
2018-12-03	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	2769969
2018-12-03	MORPHINE SULFATE	30 MG	60	2769962
2018-12-04	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	2771368
2018-12-27	OXYCODONE HCL-ACETAMINOPHEN	325 MG-10 MG	60	01587872
2019-01-02	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	2788324
2019-01-02	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	2788324
2019-01-16	OXYCODONE HCL-ACETAMINOPHEN	325 MG-10 MG	60	00830564
2019-01-16	CLONAZEPAM	1 MG	90	00830565
2019-01-16	OXYCODONE HCL-ACETAMINOPHEN	325 MG-10 MG	60	00830564
2019-01-30	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	2808043
2019-01-30	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	2808233
2019-02-06	OXYCODONE HCL-ACETAMINOPHEN	325 MG-10 MG	90	01604669
2019-03-01	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	2828253
2019-03-01	CLONAZEPAM	1 MG	90	2828254
2019-03-03	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	2828253
2019-03-05	OXYCODONE HCL-ACETAMINOPHEN	325 MG-10 MG	90	01613893
2019-03-28	OXYCODONE HCL-ACETAMINOPHEN	325 MG-10 MG	75	01625173
2019-03-31	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	2846936
2019-03-31	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	2846936
2019-04-02	CLONAZEPAM	1 MG	90	2849378
2019-04-15	OXYCODONE HCL-ACETAMINOPHEN	325 MG-10 MG	60	01632039
2019-04-30	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	2866874
2019-04-30	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	2866756
2019-04-30	OXYCODONE HCL-ACETAMINOPHEN	325 MG-10 MG	120	01638289

Date Filled	Drug Name	Drug Strength	Qty	Rx#
2019-05-30	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	2884645
2019-05-30	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	2884645
2019-05-30	CLONAZEPAM	1 MG	90	2884646
2019-05-31	OXYCODONE HCL-ACETAMINOPHEN	325 MG-10 MG	120	01650264
2019-06-27	OXYCODONE HCL-ACETAMINOPHEN	325 MG-10 MG	120	01661085
2019-06-29	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	2902441
2019-06-30	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	2902441
2019-07-25	OXYCODONE HCL-ACETAMINOPHEN	325 MG-10 MG	120	01672443
2019-07-29	LORAZEPAM	1 MG	60	2919398
2019-07-29	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	2919426
2019-07-30	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	2919426
2019-07-30	LORAZEPAM	1 MG	30	2919398
2019-08-27	OXYCODONE HCL-ACETAMINOPHEN	325 MG-10 MG	120	01685878
2019-08-28	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	2937037
2019-08-28	LORAZEPAM	1 MG	30	2937040
2019-08-28	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	2937037
2019-08-28	LORAZEPAM	1 MG	60	2937040
2019-09-25	CLONAZEPAM	1 MG	90	2952933
2019-09-25	OXYCODONE HCL-ACETAMINOPHEN	325 MG-10 MG	120	01698409
2019-09-26	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	2952931
2019-10-07	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	2952931
2019-10-17	OXYCODONE HCL	30 MG	60	2966313
2019-10-24	CLONAZEPAM	2 MG	30	2970612
2019-10-27	OXYCODONE HCL	30 MG	180	2970611
2019-11-13	CLONAZEPAM	2 MG	60	2982284
2019-11-13	CLONAZEPAM	2 MG	30	2982284
2019-11-25	OXYCODONE HCL-ACETAMINOPHEN	325 MG-10 MG	120	2988721
2019-11-25	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	2988718
2019-11-25	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	2988718
2019-12-03	OXYCODONE HCL	30 MG	60	2992795
2019-12-23	OXYCODONE HCL	30 MG	60	3004847
2019-12-24	OXYCODONE HCL-ACETAMINOPHEN	325 MG-10 MG	120	3005415
2019-12-24	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	3005414
2019-12-26	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	3005414
2019-12-28	CLONAZEPAM	2 MG	90	3007187
2020-01-13	OXYCODONE HCL	30 MG	126	3017481
2020-01-22	OXYCODONE HCL-ACETAMINOPHEN	325 MG-10 MG	120	3023333
2020-01-22	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	3023335
2020-02-07	OXYCODONE HCL	30 MG	60	3033553
2020-02-07	CLONAZEPAM	2 MG	90	3033556
2020-02-19	OXYCODONE HCL	30 MG	60	3039514
2020-02-20	OXYCODONE HCL-ACETAMINOPHEN	325 MG-10 MG	120	3041126
2020-02-20	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	3041610
2020-02-20	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	3023335

Date Filled	Drug Name	Drug Strength	Qty	Rx#
2020-02-29	OXYCODONE HCL	30 MG	120	3047594
2020-03-10	CLONAZEPAM	2 MG	90	615551
2020-03-18	OXYCODONE HCL-ACETAMINOPHEN	325 MG-10 MG	120	3058063
2020-03-18	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	3058061
2020-03-18	OXYCODONE HCL	30 MG	180	3058068
2020-03-19	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	3058061
2020-04-07	CLONAZEPAM	2 MG	90	3070086
2020-04-16	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	3075115
2020-04-16	OXYCODONE HCL	30 MG	180	3075159
2020-04-16	OXYCODONE HCL-ACETAMINOPHEN	325 MG-10 MG	120	3075117
2020-04-16	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	3075115
2020-05-06	CLONAZEPAM	2 MG	90	627019
2020-05-15	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	3090656
2020-05-15	OXYCODONE HCL	30 MG	60	3090655
2020-05-15	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	100	3090772
2020-05-15	OXYCODONE HCL-ACETAMINOPHEN	325 MG-10 MG	120	3090657
2020-05-26	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	20	3096059
2020-06-04	OXYCODONE HCL	30 MG	120	3101078
2020-06-12	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	3105225
2020-06-12	CLONAZEPAM	2 MG	90	3105226
2020-06-13	OXYCODONE HCL-ACETAMINOPHEN	325 MG-10 MG	120	3105227
2020-06-13	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	3105225
2020-07-06	OXYCODONE HCL	30 MG	120	3117863
2020-07-12	CLONAZEPAM	2 MG	90	3121101
2020-07-12	OXYCODONE HCL-ACETAMINOPHEN	325 MG-10 MG	120	3121099
2020-07-12	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	3121100
2020-07-13	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	3121100
2020-08-04	OXYCODONE HCL	30 MG	120	3133628
2020-08-06	CLONAZEPAM	2 MG	90	3134629
2020-08-08	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	3134628
2020-08-08	OXYCODONE HCL-ACETAMINOPHEN	325 MG-10 MG	120	3134630
2020-08-20	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	3134628
2020-09-06	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	3151919
2020-09-06	ACETAMINOPHEN-CODEINE PHOSPHATE	300 MG-60 MG	120	3151919
2020-09-06	CLONAZEPAM	2 MG	90	3151920
2020-09-06	OXYCODONE HCL-ACETAMINOPHEN	325 MG-10 MG	120	3151918

31. Respondent's inappropriate prescribing of controlled substances to Patient 5, without proper justification or medical indication for such substances over a multi-year period, placed Patient 5 at an unnecessarily increased risk for significant morbidity and mortality. Respondent's prescribing practices resulted in Patient 5 unnecessarily developing a dependency on multiple controlled substances, which should not have been prescribed to her given the lack of medical

justification or medical indication for inappropriately prescribing of such medications by Respondent.

Patient 1, 2, 3, 4 and 5

32. During the entire course of treatment for each of Patients 1, 2, 3, 4 and 5 ("Patients"), Respondent failed to adequately formulate or document a specific treatment plan for each patient. Despite his failure to document a specific treatment plan for each patient, he repeatedly refilled controlled substances for each patient with no clear plan or objectives for the ongoing prescribing of dangerous controlled substances. Thus, Respondent overprescribed controlled substance to each of the Patients. He also prescribed dangerous drugs in combination with each other where the concomitant consumption of such prescriptions, including benzodiazepines and opioids by a patient could result in dangerous synergistic effects and respiratory depression.[8] Patient 1 exhibited excessive drowsiness at Walgreens, as described above. Additionally, Respondent's prescribing of drugs to his Patients resulted in harm to them.

33. During the entire course of treatment, Respondent failed to ensure that his medical records were maintained adequately and accurately, including in respect to the medications he prescribed to each of the Patients.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

34. Respondent David Wayne Schwartz, M.D. is subject to disciplinary action under section 2234, subdivision (b) of the Code in that he was grossly negligent in his care and treatment of five patients. The circumstances are as follows:

35. The allegations of paragraphs 12 through 33 are incorporated herein by reference, and Respondent's acts and/or omissions set forth therein, whether proven individually, jointly, or in any combination thereof, constitute gross negligence.

Patient 1

36. Respondent committed the following acts of gross negligence in connection with

[8] A combination of opioids and benzodiazepines is among the most dangerous combination therapies a physician can prescribe for a patient and can lead to respiratory depression and death.

Patient 1:

A. The manner of prescribing controlled substances to Patient 1 constitutes gross negligence. Respondent exhibited a pattern of refilling controlled substances without performing an adequate full assessment of the patient's overall condition to justify requiring the need for the ongoing prescribing of controlled substances. Further, the lack of sufficient documentation in the medical records to support Respondent's ongoing prescribing of alprazolam, hydromorphone, methadone, and oxycodone to Patient 1, a patient with a history of heroin use, over a period of multiple years, constitutes an extreme departure from the standard of care.

B. Respondent's repeated failure to adequately formulate and/or document a treatment plan for Patient 1 constitutes gross negligence. During the period from on or about December 27, 2018 through June 3, 2020. Respondent repeatedly refilled controlled substance prescriptions for Patient 1, but failed to document any specific treatment plan (including further diagnostic evaluations and treatments, e.g., rehabilitation programs) or stated objectives.

C. Respondent's failure to perform and/or document an adequate informed consent from Patient 1 constitutes gross negligence. Respondent's clinical notes do not indicate that he discussed the detailed risks (including, the potential side effects and risks of ongoing prescribing of controlled substances to a patient with a history of heroin use) of chronic use of controlled substances with the patient.

D. Respondent's repeated failure to adequately (over a period of multiple years) perform periodic reviews of Patient 1's treatment and status (and making appropriate adjustments based on the patient's progress or lack thereof) in the setting of repeated prescribing and refilling of multiple controlled substances constitutes gross negligence.

E. Respondent's medical record documentation for Patient 1 constitutes gross negligence. His documentation for this patient lacked adequate documentation of specific treatment plans and objectives, discussions of potential side effects of continued prescribing of controlled substances and a periodic review of the treatment plan. Further, his medical records for the patient lacked a medical indication for the medications he prescribed to Patient 1 over a period of multiple years.

Patient 2

37. Respondent committed the following acts of gross negligence in connection with Patient 2:

A. The manner of prescribing controlled substances to Patient 2 constitutes gross negligence. Respondent exhibited a pattern of refilling controlled substances without performing an adequate full assessment of the patient's overall condition to justify requiring the need for the ongoing prescribing of controlled substances. Further, the lack of sufficient documentation in the medical records to support Respondent's ongoing prescribing of methadone HCL, alprazolam, and oxycodone to Patient 2, over a period of months, constitutes an extreme departure from the standard of care.

B. Respondent's repeated failure to adequately formulate and/or document a treatment plan for Patient 2 constitutes gross negligence. During the period from on or about August 2, 2018 through April 16. 2019, Respondent repeatedly refilled controlled substance prescriptions for Patient 2, but failed to document any specific treatment plan or stated objectives.

C. Respondent's failure to perform and/or document an adequate informed consent from Patient 2 constitutes gross negligence. Respondent's clinical notes do not indicate that he discussed the detailed risks (including, the potential side effects and risks of ongoing prescribing of controlled substances) of chronic use of controlled substances with the patient.

D. Respondent's repeated failure to adequately (over a period of multiple months) perform periodic reviews of Patient 2's treatment and status (and making appropriate adjustments based on the patient's progress or lack thereof) in the setting of repeated prescribing and refilling of multiple controlled substances constitutes gross negligence.

E. Respondent's medical record documentation for Patient 2 constitutes gross negligence. His documentation for this patient lacked adequate documentation of specific treatment plans and objectives, discussions of potential side effects of continued prescribing of controlled substances, and a periodic review of the treatment plan. Further, his medical records for the patient lacked a medical indication for the medications he prescribed to Patient 2 over a period of multiple months.

Patient 3

38. Respondent committed the following acts of gross negligence in connection with Patient 3:

A. The manner of prescribing controlled substances to Patient 3 constitutes gross negligence. Respondent exhibited a pattern of refilling prescriptions for tramadol without performing an adequate full assessment of the patient's overall condition to justify requiring the need for the ongoing prescribing of this controlled substance. The lack of sufficient documentation in the medical records to support Respondent's ongoing prescribing of controlled substances, including tramadol, to Patient 3, over a period of years, constitutes an extreme departure from the standard of care. The patient had epilepsy and Respondent's prescribing of tramadol to the patient increased her risk for seizures.

B. Respondent's repeated failure to adequately formulate and/or document a treatment plan for Patient 3 constitutes gross negligence. During the period from on or about September 8, 2017 through September 8, 2020, Respondent repeatedly refilled prescriptions for tramadol for Patient 3, but failed to document any specific treatment plan or stated objectives.

C. Respondent's failure to perform and/or document an adequate informed consent from Patient 3 constitutes gross negligence. Respondent's clinical notes do not indicate that he discussed the detailed risks (including, the potential side effects and risks of ongoing prescribing of chronic use of controlled substances, including tramadol), with the patient, particularly because tramadol placed her at increased risk for seizures.

D. Respondent's repeated failure to adequately (over a period of multiple years) perform periodic reviews of Patient 3's treatment and status (and making appropriate adjustments based on the patient's progress or lack thereof) in the setting of repeated prescribing and refilling of tramadol constitutes gross negligence.

E. Respondent's medical record documentation for Patient 3 constitutes gross negligence. His documentation for this patient lacked adequate documentation of specific treatment plans and objectives, discussions of potential side effects of continued prescribing of controlled substances, and a periodic review of the treatment plan. Further, his medical records

for the patient lacked a medical indication for the tramadol he prescribed to Patient 3 over a period of multiple years.

Patient 4

39. Respondent committed the following acts of gross negligence in connection with Patient 4:

A. The manner of prescribing controlled substances to Patient 4 constitutes gross negligence. Respondent exhibited a pattern of refilling controlled substances without performing an adequate full assessment of the patient's overall condition to justify requiring the need for the ongoing prescribing of controlled substances. Further, the lack of sufficient documentation in the medical records to support Respondent's ongoing prescribing of controlled substances to Patient 4 (including, phendimetrazine and hydrocodone), over a period of years, constitutes an extreme departure from the standard of care.

B. Respondent's repeated failure to adequately formulate and/or document a treatment plan for Patient 4 constitutes gross negligence. For period of several years through June 14, 2021, Respondent repeatedly refilled controlled substance prescriptions for Patient 4, but failed to document any specific treatment plan or stated objectives.

C. Respondent's failure to perform and/or document an adequate informed consent from Patient 4 constitutes gross negligence. Respondent's clinical notes do not indicate that he discussed the detailed risks (including, the potential side effects and risks of ongoing prescribing of controlled substances) of chronic use of controlled substances with the patient.

D. Respondent's repeated failure to adequately (over a period of multiple years) perform periodic reviews of Patient 4's treatment and status (and making appropriate adjustments based on the patient's progress or lack thereof) in the setting of repeated prescribing and refilling of controlled substances constitutes gross negligence.

E. Respondent's medical record documentation for Patient 4 constitutes gross negligence. His documentation for this patient lacked adequate documentation of specific treatment plans and objectives, discussions of potential side effects of continued prescribing of controlled substances, and a periodic review of the treatment plan. Further, his medical records

for the patient lacked a medical indication for the medications he prescribed to Patient 4 over a period of multiple years.

Patient 5

40. Respondent committed the following acts of gross negligence in connection with Patient 5:

A. The manner of prescribing controlled substances to Patient 5 constitutes gross negligence. Respondent exhibited a pattern of refilling controlled substances without performing an adequate full assessment of the patient's overall condition to justify requiring the need for ongoing prescribing of controlled substances. Further, the lack of sufficient documentation in the medical records to support Respondent's ongoing prescribing of controlled substances (including, acetaminophen with codeine, oxycodone, clonazepam, lorazepam, diazepam and morphine) to Patient 5, a patient with a history of chronic opioid use (addiction), over a period of multiple years, constitutes an extreme departure from the standard of care.

B. Respondent's repeated failure to adequately formulate and/or document a treatment plan for Patient 5 constitutes gross negligence. Over a period of years, Respondent repeatedly refilled controlled substance prescriptions for Patient 5, but failed to document any specific treatment plan (including further diagnostic evaluations and treatments, e.g., rehabilitation programs) or stated objectives.

C. Respondent's failure to perform and/or document an adequate informed consent from Patient 5 constitutes gross negligence. Respondent's clinical notes do not indicate that he discussed the detailed risks (including, the potential side effects and risks of ongoing prescribing of controlled substances to a patient with a history of addiction) of chronic use of controlled substances with the patient.

D. Respondent's repeated failure to adequately (over a period of multiple years) perform periodic reviews of Patient 5's treatment and status (and making appropriate adjustments based on the patient's progress or lack thereof) in the setting of repeated prescribing and refilling of multiple controlled substances constitutes gross negligence.

E. Respondent's medical record documentation for Patient 5 constitutes gross

negligence. His documentation for this patient lacked adequate documentation of specific treatment plans and objectives, discussions of potential side effects of continued prescribing of controlled substances, and a periodic review of the treatment plan. Further, his medical records for the patient lacked a medical indication for the medications he prescribed to Patient 5 over a period of multiple years.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

41. Respondent David Wayne Schwartz, M.D. is subject to disciplinary action under section 2234, subdivision (c) of the Code, in that Respondent committed repeated acts of negligence in his care and treatment of five patients. The circumstances are as follows:

42. The allegations of the First Cause for Discipline are incorporated herein by reference as if fully set forth. Respondent's acts and/or omissions as set forth in the First Cause for Discipline, whether proven individually, jointly, or in any combination thereof, constitute repeated negligent acts. In addition, Respondent committed the following negligent acts:

Patient 1

43. Respondent negligently failed to adequately perform and/or document any psychological evaluations of Patient 1, including information regarding the patient's status and function.

Patient 2

44. Respondent negligently failed to adequately perform and/or document any psychological evaluations of Patient 2, including information regarding the patient's status and function.

Patient 3

45. Respondent negligently failed to adequately perform and/or document any psychological evaluations of Patient 3, including information regarding the patient's status and function.

Patient 4

46. Respondent negligently failed to adequately perform and/or document any

psychological evaluations of Patient 4, including information regarding the patient's status and function.

Patient 5

47. Respondent negligently failed to adequately perform and/or document any psychological evaluations of Patient 5, including information regarding the patient's status and function.

THIRD CAUSE FOR DISCIPLINE

(Record Keeping)

48. Respondent David Wayne Schwartz, M.D. is subject to disciplinary action under section 2266 of the Code, in that Respondent failed to keep accurate and adequate records of his care and treatment of five patients. The circumstances are as follows:

49. The allegations of First and Second Causes for Discipline are incorporated herein by reference.

FOURTH CAUSE FOR DISCIPLINE

(Excessive Prescribing of Controlled Substances)

50. Respondent David Wayne Schwartz, M.D. is subject to disciplinary action under section 725 of the Code, in that Respondent prescribed various drugs in a manner that was clearly excessive to five patients. The circumstances are as follows:

51. The allegations of First, Second and Third Causes for Discipline are incorporated herein by reference.

FIFTH CAUSE FOR DISCIPLINE

(Prescribing of Controlled Substances to Addicts)

52. Respondent David Wayne Schwartz, M.D. is subject to disciplinary action under section 2234, subdivision (a) of the Code, in that Respondent prescribed controlled substances to addicts, in violation of Code section 2241. The circumstances are as follows:

53. The allegations of First, Second, Third and Fourth Causes for Discipline are incorporated herein by reference.

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SIXTH CAUSE FOR DISCIPLINE

(Prescribing of Controlled Substances Without Medical Indication)

54. Respondent David Wayne Schwartz, M.D. is subject to disciplinary action under section 2234, subdivision (a) of the Code, in that Respondent prescribed controlled substances without medical indication, in violation of Code section 2242. The circumstances are as follows:

55. The allegations of First, Second, Third, Fourth and Fifth Causes for Discipline are incorporated herein by reference.

SEVENTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

56. Respondent David Wayne Schwartz, M.D. is subject to disciplinary action under section 2234, of the Code, in that Respondent committed general unprofessional conduct. The circumstances are as follows:

57. The allegations of First, Second, Third, Fourth, Fifth and Sixth Causes for Discipline are incorporated herein by reference.

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PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number G 20562, issued to Respondent David Wayne Schwartz, M.D.;

2. Revoking, suspending or denying approval of Respondent David Wayne Schwartz, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent David Wayne Schwartz, 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;

5. If disciplined, ordering Respondent David Wayne Schwartz, M.D. to disclose his discipline to patients as required by section 2228.1 of the Code; and

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

DATED: JAN 24 2022

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

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