

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

In the Matter of the Accusation
Against:

Pradeep Kumar Singh, M.D.

Physician's and Surgeon's
Certificate No. A 46155

Respondent.

Case No.: 800-2018-049688

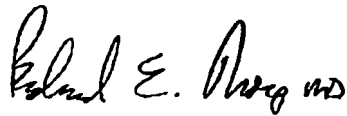
DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on September 22, 2023.

IT IS SO ORDERED: August 24, 2023.

MEDICAL BOARD OF CALIFORNIA



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

1 ROB BONTA
Attorney General of California
2 ROBERT MCKIM BELL
Supervising Deputy Attorney General
3 COLLEEN M. MCGURRIN
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5 300 South Spring Street, Suite 1702
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7 *Attorneys for Complainant*

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

12 In the Matter of the Accusation Against:
13 **PRADEEP KUMAR SINGH, M.D.**
14 **615 W. Avenue Q, Suite A**
Palmdale, CA 93551-3887
15 **Physician's and Surgeon's Certificate**
16 **Number A 46155**
17 Respondent.

Case No. 800-2018-049688
OAH No. 2022050325
**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

18
19 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
20 entitled proceedings that the following matters are true:

21 **PARTIES**

- 22 1. Reji Varghese (Complainant) is the Interim Executive Director of the Medical Board
23 of California (Board). His predecessor brought this action solely in his official capacity and
24 Complainant is represented in this matter by Rob Bonta, Attorney General of the State of
25 California, by Colleen M. McGurrin, Deputy Attorney General.
- 26 2. Pradeep Kumar Singh, M.D. (Respondent) is represented in this proceeding by
27 attorneys Kent T. Brandmeyer and Jeannette Van Horst of the firm Law + Brandmeyer, LLP,
28 whose address is 385 East Colorado Boulevard, Suite 200, Pasadena, CA 91101-1988.

1 Medical Education (CME) requirements for renewal of licensure.

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

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

10 3. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective
11 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in
12 advance by the Board or its designee. Respondent shall provide the approved course provider
13 with any information and documents that the approved course provider may deem pertinent.

14 Respondent shall participate in and successfully complete the classroom component of the course
15 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
16 complete any other component of the course within one (1) year of enrollment. The medical
17 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing
18 Medical Education (CME) requirements for renewal of licensure.

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

24 Respondent shall submit a certification of successful completion to the Board or its
25 designee not later than 15 calendar days after successfully completing the course, or not later than
26 15 calendar days after the effective date of the Decision, whichever is later.

27 4. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of
28 the effective date of this Decision, Respondent shall enroll in a professionalism program, that

1 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.
2 Respondent shall participate in and successfully complete that program. Respondent shall
3 provide any information and documents that the program may deem pertinent. Respondent shall
4 successfully complete the classroom component of the program not later than six (6) months after
5 Respondent's initial enrollment, and the longitudinal component of the program not later than the
6 time specified by the program, but no later than one (1) year after attending the classroom
7 component. The professionalism program shall be at Respondent's expense and shall be in
8 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

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

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

26 6. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
27 NURSES. During probation, Respondent is prohibited from supervising physician assistants and
28 advanced practice nurses.

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

4 8. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
5 ordered to reimburse the Board its costs of investigation and enforcement, including, but not
6 limited to, expert review, amended accusations, legal reviews, analysis and strategy, hearing
7 preparation and other enforcement activities, in the amount of \$16,000 (sixteen thousand dollars
8 and no cents). Costs shall be payable to the Medical Board of California. Failure to pay such
9 costs shall be considered a violation of probation.

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

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

16 9. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
17 under penalty of perjury on forms provided by the Board, stating whether there has been
18 compliance with all the conditions of probation.

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

21 10. GENERAL PROBATION REQUIREMENTS.

22 Compliance with Probation Unit

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

24 Address Changes

25 Respondent shall, at all times, keep the Board informed of Respondent's business and
26 residence addresses, email address (if available), and telephone number. Changes of such
27 addresses shall be immediately communicated in writing to the Board or its designee. Under no
28 circumstances shall a post office box serve as an address of record, except as allowed by Business

1 and Professions Code section 2021, subdivision (b).

2 Place of Practice

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

6 License Renewal

7 Respondent shall maintain a current and renewed California physician's and surgeon's
8 license.

9 Travel or Residence Outside California

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

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

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

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

1 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
2 on probation with the medical licensing authority of that state or jurisdiction shall not be
3 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
4 period of non-practice.

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

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

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

12 Periods of non-practice for a Respondent residing outside of California will relieve
13 Respondent of the responsibility to comply with the probationary terms and conditions with the
14 exception of this condition and the following terms and conditions of probation: Obey All Laws;
15 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or
16 Controlled Substances; and Biological Fluid Testing..

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

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

1 the matter is final.

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

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

17 17. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
18 a new license or certification, or petition for reinstatement of a license, by any other health care
19 licensing action agency in the State of California, all of the charges and allegations contained in
20 Accusation No. 800-2018-049688 shall be deemed to be true, correct, and admitted by
21 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
22 restrict license.

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorneys, Kent T. Brandmeyer and Jeanette Van Horst. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate Number A 46155. I enter into this Stipulated Settlement and Disciplinary Order freely, voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.


DATED: 5/31/23



PRADEEP KUMAR SINGH, M.D.
Respondent

I have read and fully discussed with Respondent Pradeep Kumar Singh, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: June 1, 2023



KENT T. BRANDMEYER, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: June 1, 2023

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



COLLEEN M. MCGURRIN
Deputy Attorney General
Attorneys for Complainant

Exhibit A

Accusation No. 800-2018-049688

1 ROB BONTA
Attorney General of California
2 JUDITH T. ALVARADO
Supervising Deputy Attorney General
3 TAN N. TRAN
Deputy Attorney General
4 State Bar No. 197775
California Department of Justice
5 300 South Spring Street, Suite 1702
Los Angeles, CA 90013
6 Telephone: (213) 269-6535
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7 *Attorneys for Complainant*

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

12 In the Matter of the Accusation Against:

Case No. 800-2018-049688

13 **PRADEEP KUMAR SINGH, M.D.**
14 **615 W. Avenue Q, Suite A**
Palmdale, CA 93551-3887

A C C U S A T I O N

15 **Physician's and Surgeon's Certificate**
16 **No. A 46155,**

17 Respondent.

18
19 **PARTIES**

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

23 2. On or about June 5, 1989, the Board issued Physician's and Surgeon's Certificate
24 Number A 46155 to Pradeep Kumar Singh, M.D. (Respondent). The Physician's and Surgeon's
25 Certificate was in full force and effect at all times relevant to the charges brought herein and will
26 expire on November 30, 2022, unless renewed.

27 ///

28 ///

1 **JURISDICTION**

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

5 4. Section 2004 of the Code states:

6 The board shall have the responsibility for the following:

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

9 (b) The administration and hearing of disciplinary actions.

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

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

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

14 (f) Approving undergraduate and graduate medical education programs.

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

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

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

19 5. Section 2227 of the Code states:

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

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

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

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

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

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

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

8 STATUTORY PROVISIONS

9 6. Section 2234 of the Code, states:

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

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

15 (b) Gross negligence.

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

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

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

28 (d) Incompetence.

(e) The commission of any act involving dishonesty or corruption that is
substantially related to the qualifications, functions, or duties of a physician and
surgeon.

(f) Any action or conduct that would have warranted the denial of a certificate.

(g) The failure by a certificate holder, in the absence of good cause, to attend
and participate in an interview by the board. This subdivision shall only apply to a
certificate holder who is the subject of an investigation by the board.

7. Section 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,

1 prescription drugs or controlled substances.

2 (b) A physician and surgeon may prescribe, dispense, or administer prescription
3 drugs or prescription controlled substances to an addict for purposes of maintenance
4 on, or detoxification from, prescription drugs or controlled substances only as set
5 forth in subdivision (c) or in Sections 11215, 11217, 11217.5, 11218, 11219, and
6 11220 of the Health and Safety Code. Nothing in this subdivision shall authorize a
7 physician and surgeon to prescribe, dispense, or administer dangerous drugs or
8 controlled substances to a person he or she knows or reasonably believes is using or
9 will use the drugs or substances for a nonmedical purpose.

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

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

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

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

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

24 (A) Impaired control over drug use.

25 (B) Compulsive use.

26 (C) Continued use despite harm.

27 (2) Notwithstanding paragraph (1), a person whose drug-seeking behavior is
28 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 (1) The licensee was a designated physician and surgeon or podiatrist serving in
2 the absence of the patient's physician and surgeon or podiatrist, as the case may be,
3 and if the drugs were prescribed, dispensed, or furnished only as necessary to
4 maintain the patient until the return of the patient's practitioner, but in any case no
5 longer than 72 hours.

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

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

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

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

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

20 9. Section 2266 of the Code states:

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

24 10. Section 725 of the Code states:

25 (a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or
26 administering of drugs or treatment, repeated acts of clearly excessive use of
27 diagnostic procedures, or repeated acts of clearly excessive use of diagnostic or
28 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.

(b) Any person who engages in repeated acts of clearly excessive prescribing or
administering of drugs or treatment is guilty of a misdemeanor and shall be punished
by a fine of not less than one hundred dollars (\$100) nor more than six hundred
dollars (\$600), or by imprisonment for a term of not less than 60 days nor more than
180 days, or by both that fine and imprisonment.

(c) A practitioner who has a medical basis for prescribing, furnishing,
dispensing, or administering dangerous drugs or prescription controlled substances
shall not be subject to disciplinary action or prosecution under this section.

(d) No physician and surgeon shall be subject to disciplinary action pursuant to
this section for treating intractable pain in compliance with Section 2241.5.

1 **FIRST CAUSE FOR DISCIPLINE**

2 **(Gross Negligence/Repeated Negligent Acts – 3 Patients)**

3 11. Respondent Pradeep Kumar Singh, M.D. is subject to disciplinary action under
4 section 2234, subdivisions (b) and (c), of the Code for the commission of acts or omissions
5 involving gross negligence/repeated negligent acts in the care and treatment of Patients 1, 2, and

6 3.¹ The circumstances are as follows:

7 **Patient 1**

8 12. Patient 1 (or “patient”) is a forty-seven-year-old female, who was treated by
9 Respondent from approximately 2016 to 2020,² for various maladies including hypertension,
10 degenerative joint disease of the lumbar and cervical spine, anxiety disorder, and schizoaffective
11 disorder. Per CURES (Controlled Substance Utilization Review and Evaluation System, a drug
12 monitoring database for Schedule II through V controlled substances dispensed in California),
13 Respondent prescribed to Patient 1 tramadol, acetaminophen with codeine, lorazepam,
14 clonazepam, and carisoprodol.³ The vast majority of visits during 2016 through 2020 were “no-
15 shows.” Despite Respondent’s claim that he did not prescribe controlled medications to Patient 1
16 during her “no-shows,” CURES refutes Respondent’s claim and shows that prescriptions were
17 routinely written by Respondent to Patient 1 during many of the “no-show” dates.

18 13. Respondent’s treatment of Patient 1 during the period of 2016 through 2020 failed to
19 adequately document an appropriate rationale or provide adequate supportive evidence for his
20 diagnoses. During the above time period, Respondent also failed to provide appropriate medical
21 indication for his prescribing of controlled substances to Patient 1, and Respondent failed to
22 adequately document reasonable treatment plans consistent with Patient 1’s presentation. With
23 the exception of the occasional documentation of chief complaints and vital signs, Respondent’s
24 failure to provide legible progress notes (e.g. documenting assessments, treatment plans, history,
25 pertinent positives/negatives, etc.), and his failure to register for CURES and implement routine

26 ¹ The patients are identified by number to protect their privacy.

27 ² These are approximate dates based on the medical records which were available to the
Board. Patient 1 may have treated with Respondent before or after these dates.

28 ³ These medications are controlled substances, and have serious side effects and risk for
addiction. They are also dangerous drugs pursuant to section 4022 of the Code.

1 countermeasures to manage Patient 1's potential misuse of controlled substances also represent
2 departures from the standard of care. Most significantly, Respondent's issuance of prescriptions
3 to Patient 1 for more than two years without office visits represents an extreme departure from the
4 standard of care.

5 14. The above departures committed by Respondent demonstrates an extreme departure
6 from the standard of care with respect to Respondent's overall care of Patient 1, as well as
7 repeated acts of negligence.

8 **Patient 2**

9 15. Patient 2 (or "patient") is a sixty-four-year-old female, who was treated by
10 Respondent from approximately 2017 through 2020.⁴ Patient 2 had a history of hypertension,
11 Chronic Obstructive Pulmonary Disease (COPD), cardiac dysrhythmias (heart rhythm
12 abnormality), liver cirrhosis, gastroesophageal reflux, lumbosacral spine and chronic pain
13 syndrome, and severe generalized anxiety disorder. Significantly, Patient 2 had a history of
14 opioid dependence, and a urine drug screen on October 28, 2019 showed positive results for
15 opiates and marijuana intake.⁵

16 16. Per CURES, Patient 2 was receiving chronic prescriptions for acetaminophen with
17 codeine (painkiller), carisoprodol (muscle relaxant/painkiller), temazepam (a sedative used to
18 treat insomnia), and lorazepam (a sedative used to alleviate anxiety).

19 17. Similar to the above patient, during the period of 2017 through 2020, Respondent
20 failed to adequately document an appropriate rationale or provide adequate supportive evidence
21 for his diagnoses involving Patient 2. During the above time period, Respondent failed to provide
22 appropriate medical indication for his prescribing of controlled substances to Patient 2, and

23 _____
24 ⁴ Again, these are approximate dates based on the medical records which were available to
25 the Board. Patient 2 may have treated with Respondent before or after these dates. Similar to
26 Patient 1, records also show that Patient 2 failed to show up for her scheduled visits on multiple
27 occasions during 2017 through 2020.

28 ⁵ Apparently, Patient 2 was using illicit drugs while also taking dangerous opioid
medications, despite having a pain contract in April 2013. It is unclear whether or not
Respondent had explained to Patient 2 the purpose of having a pain contract. Also, per a progress
note on August 26, 2020, a pain management physician who was also treating Patient 2 outlined a
plan to wean Patient 2 off controlled substances and to use a multi-modal approach, including the
use of non-opioid medication.

1 Respondent failed to adequately document reasonable treatment plans consistent with Patient 2's
2 presentation. With the exception of the occasional documentation of chief complaints and vital
3 signs, Respondent's failure to provide legible progress notes (e.g. documenting assessments,
4 treatment plans, history, pertinent positives/negatives, etc.), his failure to register for CURES and
5 failure to implement routine countermeasures to manage Patient 2's potential misuse of controlled
6 substances, also represent departures from the standard of care. In addition, Respondent failed to
7 implement a plan to limit Patient 2's use of narcotics, and failed to refer Patient 2 to drug
8 recovery treatment, despite noting that Patient 2 had a history of opioid dependence and
9 marijuana use.

10 18. The above multiple failures on the part of Respondent demonstrate an extreme
11 departure from the standard of care with respect to Respondent's overall care of Patient 2 during
12 2017 through 2020, as well as repeated acts of negligence.

13 **Patient 3**

14 19. Patient 3 (or "patient") is a sixty-eight-year-old female, who treated with Respondent
15 from approximately 2017 through 2020,⁶ for various conditions including hypertension, asthma,
16 seizure disorder, anxiety disorder, hypothyroidism, lumbar spine and cervical issues, chronic
17 pain syndrome, and schizoaffective disorder. Per CURES, Respondent prescribed to Patient 3
18 tramadol, acetaminophen with codeine, alprazolam/Xanax, carisoprodol, and phenobarbital.⁷

19 20. During the period of 2017 through 2020, Respondent failed to adequately document
20 an appropriate rationale or provide adequate supportive evidence for his diagnoses of Patient 3.
21 During said time period, Respondent failed to provide appropriate medical indication for his
22 prescribing of controlled substances to Patient 3, and Respondent failed to document reasonable
23 treatment plans consistent with Patient 3's presentation. Similar to the above patients,

24
25 ⁶ Again, these are approximate dates based on the medical records which were available to
26 the Board. Similar to the above patients, the records showed that Patient 3 also failed to show for
27 her scheduled appointments on multiple occasions. It should also be noted that per Respondent,
28 Patient 3 was a long-time patient who had been treating with Respondent for about 15 years.

⁷ These medications are also controlled substances, and have serious side effects and risk
for addiction. They are also dangerous drugs pursuant to section 4022 of the Code. Per
Respondent, he did not prescribe oxycodone (an opioid painkiller) for Patient 3, and that Patient 3
was under the care of pain management.

1 Respondent's failure to provide legible progress notes (e.g. documenting assessments, treatment
2 plans, history, pertinent positives/negatives, etc.), and his failure to register for CURES and his
3 failure to implement routine countermeasures to manage Patient 3's potential misuse of controlled
4 substances also represents departures from the standard of care.

5 21. Respondent's care and treatment of Patient 3, as outlined above, represents an
6 extreme departure from the standard of care for excessive narcotic prescribing to Patient 3,
7 without adequate documentation. Respondent's care and treatment of Patient 3, as outlined
8 above, also demonstrates an extreme departure from the standard of care with respect to
9 Respondent's overall care of Patient 3, as well as repeated acts of negligence.

10 **SECOND CAUSE FOR DISCIPLINE**

11 **(Excessive Prescribing – 3 Patients)**

12 22. By reason of the facts and allegations set forth in the First Cause for Discipline above,
13 Respondent is subject to disciplinary action under section 725 of the Code, in that Respondent
14 excessively prescribed dangerous drugs to Patients 1, 2, and 3.

15 **THIRD CAUSE FOR DISCIPLINE**

16 **(Furnishing Dangerous Drugs without a Prior Examination or Medical Indication –
17 Patient 1)**

18 23. By reason of the facts and allegations set forth in the First Cause for Discipline above,
19 Respondent is subject to disciplinary action under section 2242 of the Code, in that Respondent
20 furnished dangerous drugs to Patient 1 without conducting an appropriate prior examination
21 and/or medical indication, as shown by Respondent's continued prescriptions to Patient 1 for
22 more than two years without office visits.

23 **FOURTH CAUSE FOR DISCIPLINE**

24 **(Prescribing to an Addict – Patient 2)**

25 24. Respondent is subject to disciplinary action under section 2241 of the Code in that
26 Respondent prescribed controlled substances to Patient 2, who had a history of opioid dependence
27 and marijuana use.

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