

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

**In the Matter of the Petition to Revoke  
Probation  
Against:**

**Karl Lee, M.D.**

**Physician's and Surgeon's  
Certificate No. G 77379**

**Respondent.**

**Case No. 800-2022-094047**

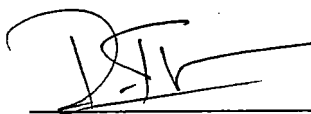
**DECISION**

**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 September 29, 2023.**

**IT IS SO ORDERED September 22, 2023.**

**MEDICAL BOARD OF CALIFORNIA**



**Reji Varghese  
Executive Director**

1 ROB BONTA  
Attorney General of California  
2 GREG W. CHAMBERS  
Supervising Deputy Attorney General  
3 State Bar No. 237509  
4 455 Golden Gate Avenue, Suite 11000  
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*Attorneys for Complainant*  
6

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

11 In the Matter of the Petition to Revoke  
Probation Against:

Case No. 800-2022-094047

12 **KARL LEE, M.D.**  
13 **333 Gellert Blvd., Suite 160**  
**Daly City, CA 94015**

**STIPULATED SURRENDER OF  
LICENSE AND ORDER**

14 **Physician's and Surgeon's Certificate No. G**  
**77379**

15 Respondent.  
16

17  
18 In the interest of a prompt and speedy settlement of this matter, consistent with the public  
19 interest and the responsibility of the Medical Board of California of the Department of Consumer  
20 Affairs, the parties hereby agree to the following Stipulated Surrender and Disciplinary Order  
21 which will be submitted to the Board for approval and adoption as the final disposition of the  
22 Petition to Revoke Probation.

23 **PARTIES**

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



1 **CULPABILITY**

2 8. Respondent understands that the charges and allegations in Petition to Revoke  
3 Probation No. 800-2022-094047, if proven at a hearing, constitute cause for imposing discipline  
4 upon his Physician's and Surgeon's Certificate.

5 9. For the purpose of resolving the Petition to Revoke Probation without the expense  
6 and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could  
7 establish a factual basis for the charges in the Petition to Revoke Probation and that those charges  
8 constitute cause for discipline. Respondent hereby gives up his right to contest that cause for  
9 discipline exists based on those charges.

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

13 **CONTINGENCY**

14 11. Business and Professions Code section 2224, subdivision (b), provides, in pertinent  
15 part, that the Medical Board "shall delegate to its executive director the authority to adopt a ...  
16 stipulation for surrender of a license."

17 12. Respondent understands that, by signing this stipulation, he enables the Executive  
18 Director of the Board to issue an order, on behalf of the Board, accepting the surrender of his  
19 Physician's and Surgeon's Certificate No. G 77379 without further notice to, or opportunity to be  
20 heard by, Respondent.

21 13. This Stipulated Surrender of License and Disciplinary Order shall be subject to the  
22 approval of the Executive Director on behalf of the Board. The parties agree that this Stipulated  
23 Surrender of License and Disciplinary Order shall be submitted to the Executive Director for his  
24 consideration in the above-entitled matter and, further, that the Executive Director shall have a  
25 reasonable period of time in which to consider and act on this Stipulated Surrender of License and  
26 Disciplinary Order after receiving it. By signing this stipulation, Respondent fully understands  
27 and agrees that he may not withdraw his agreement or seek to rescind this stipulation prior to the  
28 time the Executive Director, on behalf of the Medical Board, considers and acts upon it.

1           14. The parties agree that this Stipulated Surrender of License and Disciplinary Order  
2 shall be null and void and not binding upon the parties unless approved and adopted by the  
3 Executive Director on behalf of the Board, except for this paragraph, which shall remain in full  
4 force and effect. Respondent fully understands and agrees that in deciding whether or not to  
5 approve and adopt this Stipulated Surrender of License and Disciplinary Order, the Executive  
6 Director and/or the Board may receive oral and written communications from its staff and/or the  
7 Attorney General's Office. Communications pursuant to this paragraph shall not disqualify the  
8 Executive Director, the Board, any member thereof, and/or any other person from future  
9 participation in this or any other matter affecting or involving respondent. In the event that the  
10 Executive Director on behalf of the Board does not, in his discretion, approve and adopt this  
11 Stipulated Surrender of License and Disciplinary Order, with the exception of this paragraph, it  
12 shall not become effective, shall be of no evidentiary value whatsoever, and shall not be relied  
13 upon or introduced in any disciplinary action by either party hereto. Respondent further agrees  
14 that should this Stipulated Surrender of License and Disciplinary Order be rejected for any reason  
15 by the Executive Director on behalf of the Board, Respondent will assert no claim that the  
16 Executive Director, the Board, or any member thereof, was prejudiced by its/his/her review,  
17 discussion and/or consideration of this Stipulated Surrender of License and Disciplinary Order or  
18 of any matter or matters related hereto.

19           15. This Stipulated Surrender of License and Disciplinary Order is intended by the parties  
20 herein to be an integrated writing representing the complete, final and exclusive embodiment of  
21 the agreements of the parties in the above-entitled matter.

22           16. The parties agree that copies of this Stipulated Surrender of License and Disciplinary  
23 Order, including copies of the signatures of the parties, may be used in lieu of original documents  
24 and signatures and, further, that such copies shall have the same force and effect as originals. The  
25 parties understand and agree that Portable Document Format (PDF) and facsimile copies of this  
26 Stipulated Surrender of License and Order, including PDF and facsimile signatures thereto, shall  
27 have the same force and effect as the originals.  
28

17. In consideration of the foregoing admissions and stipulations, the parties agree the Executive Director of the Board may, without further notice to or opportunity to be heard by Respondent, issue and enter the following Disciplinary Order on behalf of the Board:

**ORDER**

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 77379, issued to Respondent KARL LEE, M.D., is surrendered and accepted by the Board.

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 Petition to Revoke Probation No. 800-2022-094047 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

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1 ACCEPTANCE

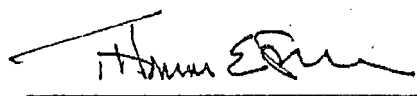
2 I have carefully read the above Stipulated Surrender of License and Order and have fully  
3 discussed it with my attorney Thomas E. Still. I understand the stipulation and the effect it will  
4 have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Surrender of  
5 License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

7  
8 DATED: August 13, 2023

  
KARL LEE, M.D.  
Respondent

10  
11 I have read and fully discussed with Respondent Karl Lee, M.D. the terms and conditions  
12 and other matters contained in this Stipulated Surrender of License and Order. I approve its form  
13 and content.

14  
15 DATED: 8/14/23

  
THOMAS E. STILL, ESQ.  
Attorney for Respondent

16  
17  
18 ENDORSEMENT

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

21  
22 DATED: 8/14/2023

Respectfully submitted,

23 ROB BONTA  
24 Attorney General of California

25 *Greg W. Chambers*

26 GREG W. CHAMBERS  
27 Supervising Deputy Attorney General  
28 *Attorneys for Complainant*

**Exhibit A**

**Petition to Revoke Probation No. 800-2022-094047**



1 ROB BONTA  
Attorney General of California  
2 MARY CAIN-SIMON  
Supervising Deputy Attorney General  
3 State Bar No. 113083  
4 455 Golden Gate Avenue, Suite 11000  
San Francisco, CA 94102-7004  
Telephone: (415) 510-3884  
5 Facsimile: (415) 703-5480  
6 *Attorneys for Complainant*

7  
8  
9 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12 In the Matter of the Petition to Revoke  
13 Probation Against:

Case No. 800-2022-094047

14 **KARL LEE, M.D.**  
15 **333 Gellert Blvd Suite 160**  
**Daly City, CA 94015**

**PETITION TO REVOKE PROBATION**

16 **Physician's and Surgeon's**  
17 **Certificate No. G 77379**

Respondent.

18  
19  
20 Complainant alleges:

21 **PARTIES**

- 22 1. Reji Varghese (Complainant) brings this Petition to Revoke Probation solely in his  
23 official capacity as the Executive Director of the Medical Board of California, Department of  
24 Consumer Affairs.
- 25 2. On August 11, 1993, the Medical Board of California issued Physician's and  
26 Surgeon's Certificate Number G 77379 to Karl Lee, M.D. (Respondent). The Physician's and  
27 Surgeon's Certificate was in effect at all times relevant to the charges brought herein until a cease  
28

1 practice order was issued on December 14, 2022, and will expire on January 31, 2025, unless  
2 renewed.

3 3. In a disciplinary action titled "In the Matter of Accusation against Karl Lee, M.D.,"  
4 Case No. 800-2018-048981, the Medical Board of California, issued a decision, effective March  
5 4, 2022, in which Respondent's Physician's and Surgeon's Certificate was revoked. However, the  
6 revocation was stayed and Respondent's Physician's and Surgeon's Certificate was placed on  
7 probation for a period of five (5) years with certain terms and conditions. A copy of that decision  
8 is attached as Exhibit A and is incorporated by reference.

### 9 JURISDICTION

10 4. This Petition to Revoke Probation is brought before the Medical Board of  
11 California (Board), Department of Consumer Affairs, under the authority of the following  
12 laws. All section references are to the Business and Professions Code unless otherwise  
13 indicated.

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

18 6. Section 2228 of the Code states:

19 The authority of the board or the California Board of Podiatric Medicine to  
20 discipline a licensee by placing him or her on probation includes, but is not limited to,  
the following:

21 (a) Requiring the licensee to obtain additional professional training and to pass  
22 an examination upon the completion of the training. The examination may be written  
or oral, or both, and may be a practical or clinical examination, or both, at the option  
23 of the board or the administrative law judge.

24 (b) Requiring the licensee to submit to a complete diagnostic examination by  
one or more physicians and surgeons appointed by the board. If an examination is  
25 ordered, the board shall receive and consider any other report of a complete  
diagnostic examination given by one or more physicians and surgeons of the  
26 licensee's choice.

27 (c) Restricting or limiting the extent, scope, or type of practice of the licensee,  
including requiring notice to applicable patients that the licensee is unable to perform  
28 the indicated treatment, where appropriate.

1 (d) Providing the option of alternative community service in cases other than violations  
2 relating to quality of care.

3 ///

### 4 CAUSE TO REVOKE PROBATION

#### 5 (Failed Clinical Competence Assessment Program)

6 7. Condition 1 of the Board's 2022 Decision required Respondent to enroll in a clinical  
7 competence assessment program approved in advance by the Board or its designee. Respondent  
8 was to successfully complete the program, which consisted of a comprehensive assessment of  
9 Respondent's physical and mental health and the six general domains of the clinical competence  
10 as defined by the Accreditation Council on Graduate Medical Education and American Board of  
11 Medical Specialties pertaining to Respondent's current or intended area of practice. The 2022  
12 Decision provided that the determination whether Respondent successfully completed the  
13 assessment was solely within the program's jurisdiction. If the Respondent failed to successfully  
14 complete the clinical competence assessment program, a cease practice order would be issued and  
15 he would not be permitted to resume the practice of medicine until a final decision is rendered on  
16 an Accusation and/or a Petition to Revoke Probation. The 2022 Decision further provided that  
17 Respondent's failure to comply with the conditions of his probation would constitute a violation  
18 of that probation, for which the Board may revoke Respondent's probation and carry out the order  
19 of license revocation that was stayed.

20 8. Respondent's probation is subject to revocation because he failed to comply with  
21 Probation Condition 1, referenced above. Respondent underwent a clinical competency  
22 assessment at the University of San Diego Physician Assessment and Clinical Education (PACE)  
23 program on September 8 and 27, 2022. On December 8, 2022, the PACE program provided a  
24 report to the Board indicating that Respondent's results "FAIL-CATEGORY 4," which signifies  
25 poor performance that is not compatible with overall physician competency and safe practice, and  
26 reflects major, significant deficiencies in clinical competence.

27 9. On December 14, 2022, pursuant to the terms of the 2022 Decision, a Cease Practice  
28 Order was issued.

///

1 ///

2 ///

3 **PRAYER**

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

6 1. Revoking the probation that was granted by the Medical Board of California in Case  
7 No. 800-2018-048981 and imposing the disciplinary order that was stayed thereby revoking  
8 Physician's and Surgeon's Certificate No. G 77379 issued to Karl Lee, M.D.;

9 2. Revoking, suspending or denying approval of Karl Lee, M.D.'s authority to supervise  
10 physician's assistants, pursuant to section 3527 of the Code;

11 3. Ordering Karl Lee, M.D. if placed on probation, to pay the costs of probation  
12 monitoring;

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

14

15

16

DATED: **AUG 07 2023**

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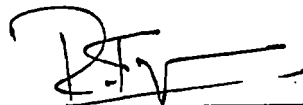
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27

28



REJI VARGHESE  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*

## **Exhibit A**

### **Decision and Order**

**Medical Board of California Case No. 800-2022-094047**

MEDICAL BOARD OF CALIFORNIA  
I do hereby certify that this document is a true  
and correct copy of the original on file in this  
office.

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

Signature

Title

For Custodian of Records

Date 12-12-2022

In the Matter of the Accusation  
Against:

Karl Lee, M.D.

Physician's and Surgeon's  
Certificate No. G 77379

Case No.: 800-2018-048981

Respondent.

DECISION

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

This Decision shall become effective at 5:00 p.m. on March 4, 2022.

IT IS SO ORDERED: February 4, 2022.

MEDICAL BOARD OF CALIFORNIA



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

1 ROB BONTA  
Attorney General of California  
2 MARY CAIN-SIMON  
Supervising Deputy Attorney General  
3 CAROLYNE EVANS  
Deputy Attorney General  
4 State Bar No. 289206  
455 Golden Gate Avenue, Suite 11000  
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6 Facsimile: (415) 703-5480  
E-mail: Carolyn.Evans@doj.ca.gov  
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 **KARL LEE, M.D.**  
14 **333 Gellert Blvd Suite 160**  
**Daly City, CA 94015**

15 **Physician's and Surgeon's Certificate**  
16 **No. G 77379**

17 **Respondent.**

Case No. 800-2018-048981

OAH No. 2021060262

**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. William Prasifka (Complainant) is the Executive Director of the Medical Board of  
23 California (Board). He brought this action solely in his official capacity and is represented in this  
24 matter by Rob Bonta, Attorney General of the State of California, by Carolyn Evans, Deputy  
25 Attorney General.

26 2. Respondent Karl Lee, M.D. (Respondent) is represented in this proceeding by  
27 attorney Thomas E. Still, whose address is: 12901 Saratoga Avenue, Saratoga, CA, 95070.

28 3. On August 11, 1993, the Board issued Physician's and Surgeon's Certificate

1 No. G 77379 to Karl Lee, M.D. The Physician's and Surgeon's Certificate was in full force and  
2 effect at all times relevant to the charges brought in Accusation No. 800-2018-048981, and will  
3 expire on January 31, 2023, unless renewed.

#### 4 JURISDICTION

5 4. Accusation No. 800-2018-048981 was filed before the Board, and is currently  
6 pending against Respondent. The Accusation and all other statutorily required documents were  
7 properly served on Respondent on March 27, 2020. Respondent timely filed his Notice of  
8 Defense contesting the Accusation. A copy of Accusation No. 800-2018-048981 is attached as  
9 Exhibit A and incorporated herein by reference.

#### 10 ADVISEMENT AND WAIVERS

11 5. Respondent has carefully read, fully discussed with counsel, and understands the  
12 charges and allegations in Accusation No. 800-2018-048981. Respondent has also carefully read,  
13 fully discussed with his counsel, and understands the effects of this Stipulated Settlement and  
14 Disciplinary Order.

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

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

#### 23 CULPABILITY

24 8. Respondent agrees that, at a hearing, Complainant could establish a prima facie case  
25 or factual basis for the charges in the Accusation, and hereby gives up his right to contest those  
26 charges.

27 9. ACKNOWLEDGMENT. Respondent acknowledges the Disciplinary Order below,  
28 requiring the disclosure of probation pursuant to Business and Professions Code section 2228.1,



1 serves to protect the public interest.

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

#### 5 CONTINGENCY

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

16 12. Respondent agrees that if he ever petitions for early termination or modification of  
17 probation, or if an accusation and/or petition to revoke probation is filed against him before the  
18 Board, all of the charges and allegations contained in Accusation No. 800-2018-048981 shall be  
19 deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any  
20 other licensing proceeding involving Respondent in the State of California.

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

24 14. In consideration of the foregoing admissions and stipulations, the parties agree that  
25 the Board may, without further notice or opportunity to be heard by the Respondent, issue and  
26 enter the following Disciplinary Order:

#### 27 DISCIPLINARY ORDER

28 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 77379 issued

1 to Respondent Karl Lee, M.D. is revoked. However, the revocation is stayed and Respondent is  
2 placed on probation for five (5) years on the following terms and conditions

3 1. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days  
4 of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment  
5 program approved in advance by the Board or its designee. Respondent shall successfully  
6 complete the program not later than six (6) months after Respondent's initial enrollment unless  
7 the Board or its designee agrees in writing to an extension of that time.

8 The program shall consist of a comprehensive assessment of Respondent's physical and  
9 mental health and the six general domains of clinical competence as defined by the Accreditation  
10 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to  
11 Respondent's current or intended area of practice. The program shall take into account data  
12 obtained from the pre-assessment, self-report forms and interview, and the Decision(s),  
13 Accusation(s), and any other information that the Board or its designee deems relevant. The  
14 program shall require Respondent's on-site participation for a minimum of three (3) and no more  
15 than five (5) days as determined by the program for the assessment and clinical education  
16 evaluation. Respondent shall pay all expenses associated with the clinical competence  
17 assessment program.

18 At the end of the evaluation, the program will submit a report to the Board or its designee,  
19 which unequivocally states whether the Respondent has demonstrated the ability to practice  
20 safely and independently. Based on Respondent's performance on the clinical competence  
21 assessment, the program will advise the Board or its designee of its recommendation(s) for the  
22 scope and length of any additional educational or clinical training, evaluation or treatment for any  
23 medical condition or psychological condition, or anything else affecting Respondent's practice of  
24 medicine. Respondent shall comply with the program's recommendations.

25 Determination as to whether Respondent successfully completed the clinical competence  
26 assessment program is solely within the program's jurisdiction.

27 If Respondent fails to enroll, participate in, or successfully complete the clinical  
28 competence assessment program within the designated time period, Respondent shall receive a

1 notification from the Board or its designee to cease the practice of medicine within three (3)  
2 calendar days after being so notified. The Respondent shall not resume the practice of medicine  
3 until enrollment or participation in the outstanding portions of the clinical competence assessment  
4 program have been completed. If the Respondent did not successfully complete the clinical  
5 competence assessment program, the Respondent shall not resume the practice of medicine until a  
6 final decision has been rendered on the accusation and/or a petition to revoke probation. The  
7 cessation of practice shall not apply to the reduction of the probationary time period.

8 2. CONTROLLED SUBSTANCES - PARTIAL RESTRICTION. Throughout  
9 probation, Respondent may order, prescribe, dispense, administer, furnish or possess Schedule IV  
10 and V controlled substances.<sup>1</sup> Respondent shall not order, prescribe, dispense, administer,  
11 furnish, or possess any Schedule II or Schedule III controlled substances, except for patients who  
12 require them for the treatment of acute pain, and then for only up to 30 days. If a patient requires  
13 Schedule II or Schedule III controlled substances for the treatment of pain, for more than 30 days,  
14 Respondent must refer the patient to a pain management specialist.

15 Respondent shall not issue an oral or written recommendation or approval to a patient or a  
16 patient's primary caregiver for the possession or cultivation of marijuana for the personal medical  
17 purposes of the patient within the meaning of Health and Safety Code section 11362.5. If  
18 Respondent forms the medical opinion, after an appropriate prior examination and medical  
19 indication, that a patient's medical condition may benefit from the use of marijuana, Respondent  
20 shall so inform the patient and shall refer the patient to another physician who, following an  
21 appropriate prior examination and medical indication, may independently issue a medically  
22 appropriate recommendation or approval for the possession or cultivation of marijuana for the  
23 personal medical purposes of the patient within the meaning of Health and Safety Code section  
24 11362.5. In addition, Respondent shall inform the patient or the patient's primary caregiver that  
25 Respondent is prohibited from issuing a recommendation or approval for the possession or  
26 cultivation of marijuana for the personal medical purposes of the patient and that the patient or

27  
28 <sup>1</sup> "Controlled substance" as used in this provision is defined by the California Uniform  
Controlled Substances Act.

1 the patient's primary caregiver may not rely on Respondent's statements to legally possess or  
2 cultivate marijuana for the personal medical purposes of the patient. Respondent shall fully  
3 document in the patient's chart that the patient or the patient's primary caregiver was so  
4 informed. Nothing in this condition prohibits Respondent from providing the patient or the  
5 patient's primary caregiver information about the possible medical benefits resulting from the use  
6 of marijuana.

7 3. CONTROLLED SUBSTANCES - MAINTAIN RECORDS AND ACCESS TO  
8 RECORDS AND INVENTORIES. Respondent shall maintain a record of all controlled  
9 substances ordered, prescribed, dispensed, administered, or possessed by Respondent, and any  
10 recommendation or approval which enables a patient or patient's primary caregiver to possess or  
11 cultivate marijuana for the personal medical purposes of the patient within the meaning of Health  
12 and Safety Code section 11362.5, during probation, showing all of the following: 1) the name and  
13 address of the patient; 2) the date; 3) the character and quantity of controlled substances involved;  
14 and 4) the indications and diagnosis for which the controlled substances were furnished.

15 Respondent shall keep these records in a separate file or ledger, in chronological order. All  
16 records and any inventories of controlled substances shall be available for immediate inspection  
17 and copying on the premises by the Board or its designee at all times during business hours and  
18 shall be retained for the entire term of probation.

19 4. EDUCATION COURSE. Within 60 calendar days of the effective date of this  
20 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee  
21 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours  
22 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at  
23 correcting any areas of deficient practice or knowledge, shall each year include courses in  
24 prescribing practices and medical records documentation, and shall be Category I certified. The  
25 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to  
26 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the  
27 completion of each course, the Board or its designee may administer an examination to test  
28 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65

1 hours of CME of which 40 hours were in satisfaction of this condition.

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

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

16 Respondent shall submit a certification of successful completion to the Board or its  
17 designee not later than 15 calendar days after successfully completing the course, or not later than  
18 15 calendar days after the effective date of the Decision, whichever is later.

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

28 A medical record keeping course taken after the acts that gave rise to the charges in the

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

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

8 7. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of  
9 the effective date of this Decision, Respondent shall enroll in a professionalism program, that  
10 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.  
11 Respondent shall participate in and successfully complete that program. Respondent shall  
12 provide any information and documents that the program may deem pertinent. Respondent shall  
13 successfully complete the classroom component of the program not later than six (6) months after  
14 Respondent's initial enrollment, and the longitudinal component of the program not later than the  
15 time specified by the program, but no later than one (1) year after attending the classroom  
16 component. The professionalism program shall be at Respondent's expense and shall be in  
17 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

26 8. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this  
27 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice  
28 monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose

1 licenses are valid and in good standing, and who are preferably American Board of Medical  
2 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal  
3 relationship with Respondent, or other relationship that could reasonably be expected to  
4 compromise the ability of the monitor to render fair and unbiased reports to the Board, including  
5 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree  
6 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

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

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

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

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

1 If the monitor resigns or is no longer available, Respondent shall, within five calendar days  
2 of such resignation or unavailability, submit to the Board or its designee, for prior approval, the  
3 name and qualifications of a replacement monitor who will be assuming that responsibility within  
4 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60  
5 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a  
6 notification from the Board or its designee to cease the practice of medicine within three calendar  
7 days after being so notified. Respondent shall cease the practice of medicine until a replacement  
8 monitor is approved and assumes monitoring responsibility.

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

14 9. PATIENT DISCLOSURE. Before a patient's first visit following the effective date  
15 of this order and while Respondent is on probation, he must provide all patients, or patient's  
16 guardian or health care surrogate, with a separate disclosure that includes Respondent's probation  
17 status, the length of the probation, the probation end date, all practice restrictions placed on  
18 Respondent by the Board, the Board's telephone number, and an explanation of how the patient  
19 can find further information on Respondent's probation on his profile page on the Bboard's  
20 website. Respondent shall obtain from the patient, or the patient's guardian or health care  
21 surrogate, a separate, signed copy of that disclosure. Respondent shall not be required to provide  
22 a disclosure if any of the following applies: (1) The patient is unconscious or otherwise unable to  
23 comprehend the disclosure and sign the copy of the disclosure and a guardian or health care  
24 surrogate is unavailable to comprehend the disclosure and sign the copy; (2) The visit occurs in  
25 an emergency room or an urgent care facility or the visit is unscheduled, including consultations  
26 in inpatient facilities; (3) Respondent is not known to the patient until immediately prior to the  
27 start of the visit; (4) Respondent does not have a direct treatment relationship with the patient.

28 10. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the



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

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

9 11. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE  
10 NURSES. During probation, Respondent is prohibited from supervising physician assistants and  
11 advanced practice nurses.

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

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

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

20 14. GENERAL PROBATION REQUIREMENTS.

21 Compliance with Probation Unit

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

23 Address Changes

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

1        Place of Practice

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

5        License Renewal

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

8        Travel or Residence Outside California

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

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

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

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

1 on probation with the medical licensing authority of that state or jurisdiction shall not be  
2 considered non-practice. A Board-ordered suspension of practice shall not be considered as a  
3 period of non-practice.

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

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

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

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

16 17. COMPLETION OF PROBATION. Respondent shall comply with all financial  
17 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the  
18 completion of probation. Upon successful completion of probation, Respondent's certificate shall  
19 be fully restored.

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

27 19. LICENSE SURRENDER. Following the effective date of this Decision, if  
28 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy

1 the terms and conditions of probation, Respondent may request to surrender his or her license.  
2 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in  
3 determining whether or not to grant the request, or to take any other action deemed appropriate  
4 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent  
5 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its  
6 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject  
7 to the terms and conditions of probation. If Respondent re-applies for a medical license, the  
8 application shall be treated as a petition for reinstatement of a revoked certificate.

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

14 21. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for  
15 a new license or certification, or petition for reinstatement of a license, by any other health care  
16 licensing action agency in the State of California, all of the charges and allegations contained in  
17 Accusation No. 800-2018-048981 shall be deemed to be true, correct, and admitted by  
18 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or  
19 restrict license.

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4 **ACCEPTANCE**

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

10  
11 DATED: 12-17-2021 Karl Lee MD  
12 KARL LEE, M.D.  
Respondent

13 I have read and fully discussed with Respondent Karl Lee, M.D. the terms and conditions  
14 and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve  
15 its form and content.

16 DATED: 12-20-2021 Thomas E. Still  
17 THOMAS E. STILL  
Attorney for Respondent

18 **ENDORSEMENT**

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

21 DATED: December 20, 2021

22 Respectfully submitted,  
23 ROB BONTA  
Attorney General of California  
24 MARY CAIN-SIMON  
Supervising Deputy Attorney General  
25 Carolynne Evans  
CAROLYNNE EVANS  
26 Deputy Attorney General  
Attorneys for Complainant  
27  
28

# Exhibit A

1 XAVIER BECERRA  
Attorney General of California  
2 JANE ZACK SIMON  
Supervising Deputy Attorney General  
3 State Bar No. 116564  
4 455 Golden Gate Avenue, Suite 11000  
San Francisco, CA. 94102-7004  
Telephone: (415) 510-3521  
5 Facsimile: (415) 703-5480  
E-mail: Janezack.simon@doj.ca.gov  
6 *Attorneys for Complainant*

7  
8 **BEFORE THE**  
9 **MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 800-2018-048981

13 **Karl Lee, M.D.**  
333 Gellert Blvd Suite 160  
Daly City, CA 94015

**ACCUSATION**

14 Physician's and Surgeon's Certificate  
15 No. G77379,

16 Respondent.

17  
18 **PARTIES**

19 1. Christine J. Lally (Complainant) brings this Accusation solely in her official capacity  
20 as the Interim Executive Director of the Medical Board of California, Department of Consumer  
21 Affairs (Board).

22 2. On August 11, 1993, the Medical Board issued Physician's and Surgeon's Certificate  
23 Number G77379 to Karl Lee, M.D. (Respondent). The Physician's and Surgeon's Certificate was  
24 in full force and effect at all times relevant to the charges brought herein and will expire on  
25 January 31, 2021, unless renewed.

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1       6. Section 2228.1 of the Code provides, in pertinent part, that the Board shall require a  
2 licensee who is disciplined based on inappropriate prescribing resulting in harm to patients, to  
3 disclose to his or her patients information regarding his or her probation status. The licensee is  
4 required to disclose: Probation status, the length of the probation, the probation end date, all  
5 practice restrictions placed on the licensee by the Board, the Board's telephone number, and an  
6 explanation of how the patient can find further information on the licensee's probation on the  
7 Board's Internet Web site.

8                                   **RESPONDENT'S PRACTICE**

9       7. Respondent practices as a primary care physician in Daly City, California. He was  
10 previously board certified in internal medicine, but did not re-certify in 2015. Respondent has  
11 operated a solo family and internal medicine practice since 2005.

12                                   **FIRST CAUSE FOR DISCIPLINE**

13                                   (Gross Negligence/Repeated Negligent Acts/Incompetence)

14                                   Patient 1<sup>1</sup>

15       8. Respondent treated Patient 1 for many years. Patient 1 was an obese man with a  
16 history of numerous injuries and surgeries, alcohol abuse and significant sleep apnea.  
17 Respondent saw Patient 1 only occasionally, and was aware that Patient 1 received most of his  
18 medical care from other practitioners, most commonly physicians within the Workers'  
19 Compensation system and a pain management physician.

20       9. Respondent's medical record for Patient 1 consists of brief notations, routinely  
21 lacking in significant discussion of the patient's complaints, his response to treatment or the  
22 rationale for prescribing. Most entries in the medical record lack a meaningful assessment of the  
23 patient's complaints, and the chart does not accurately or adequately list the patient's  
24 medications. While the chart mentions Patient 1's history of alcohol abuse, no meaningful  
25 history of the patient's alcohol use is ever documented, and references to the patient's alcohol use  
26 are inconsistent and unclear. Respondent acknowledged during an interview with the Board's  
27 investigator that he never obtained a detailed history of the patient's alcohol abuse.

28       <sup>1</sup> Patients are referred to by number to protect privacy.

1           10. Respondent prescribed a variety of medications over the years, including gabapentin<sup>2</sup>  
2 and modafinil<sup>3</sup>. Respondent's record does not document an indication for the prescriptions.  
3 Respondent was unable to articulate a basis for the prescriptions when asked during his Board  
4 interview. He stated that both gabapentin and modafinil were initiated by other physicians, he  
5 merely refilled the prescriptions, and did not consider himself to be a prescriber. Respondent  
6 prescribed antidepressant medication, without any documented evaluation or ongoing assessment  
7 of the effectiveness of the treatment.

8           11. In October 2018, Patient 1 complained of knee pain after a fall. Respondent's  
9 treatment plan was noted to be "reassurance," and he prescribed Norco<sup>4</sup>. Respondent issued  
10 additional Norco prescriptions in November 2018 and January 2019. Respondent's chart note for  
11 January 1, 2019 indicates that Patient 1 was a "walk in" and complained that "belbuca<sup>5</sup> buccal  
12 film" was not covered by his insurance and he was in pain. During his Board interview,  
13 Respondent acknowledged that he was aware Patient 1 was under treatment with a pain  
14 management specialist, but he did not know what medications were prescribed by other  
15 practitioners, and was not familiar with belbuca. Respondent did not check the CURES<sup>6</sup> system  
16 to determine what medications Patient 1 was receiving from other prescribers<sup>7</sup>. There is  
17 indication that Respondent considered information in his chart received from the patient's pain  
18 management physician indicating that Patient 1 was subject to a pain management agreement, and

19           2 Gabapentin is an antiepileptic and is also used to treat nerve pain.

20           3 Modafinil is a controlled substance. It is a stimulant prescribed to treat sleepiness. Its  
21 side effects include headache, anxiety, trouble sleeping, and nausea. It is a commonly abused  
22 drug.

22           4 Norco is hydrocodone bitartrate and acetaminophen. It is a narcotic pain reliever and a  
23 controlled substance. It can produce drug dependence and has the potential for abuse.

23           5 Belbuca buccal films contain buprenorphine, an opioid medication.

24           6 The Controlled Substance Utilization Review and Evaluation System (CURES) is a program  
25 operated by the California Department of Justice (DOJ) to assist health care practitioners in their efforts to  
26 ensure appropriate prescribing of controlled substances, and law enforcement and regulatory agencies in  
27 their efforts to control diversion and abuse of controlled substances.

28           7 Respondent admitted during his Board interview that his practice did not include  
checking the CURES system when prescribing controlled substances. He explained that he relied  
instead on his personal assessment of patients, and that he assumed pharmacists would notify him  
if there was a problem. He believed that he had registered for CURES, but never used it. It was  
only on the eve of his Board interview that Respondent activated his CURES account. He was  
unaware of the legal requirements for use of CURES.

1 was prescribed buprenorphine to reduce his dependence on more potent and riskier opioids.  
2 Respondent also did not take a history of the patient's use of alcohol. There is no documentation  
3 in the chart that Respondent discussed the risks and benefits of opioids, or that he took any steps  
4 to minimize the risk of inappropriate use of a narcotic drug.

5 12. Respondent's medical record contains a letter dated November 5, 2016, from Patient  
6 1's domestic partner, requesting a referral for opioid treatment. The record contains notes from  
7 Patient 1 dated July 16, 2015 and November 5, 2015, requesting mental health assistance.  
8 Respondent's chart also contains a November 26, 2018 letter written by Patient 1, requesting  
9 assistance with a referral to a "substance rehabilitation program." There is no documentation in  
10 the record that Respondent addressed any of these requests or concerns, or that he evaluated  
11 Patient 1 in any manner in response to these communications. Respondent stated in his Board  
12 interview that his general practice was to manage depression and anxiety without referral to  
13 mental health practitioners, and he had no recollection of recent concerns for drug use or mental  
14 health concerns expressed by Patient 1 or his family.

15 13. Respondent is guilty of unprofessional conduct in his care and treatment of Patient 1,  
16 and is subject to disciplinary action under section 2234 and/or 2234(b) and/or 2234(c) and/or  
17 2234(d) of the Code in that Respondent committed gross negligence and/or repeated negligent  
18 acts and/or demonstrated incompetence, including but not limited to the following:

19 A. Respondent failed to respond to, consider or in any manner address information from  
20 Patient 1 and his family that the patient had a substance abuse issue, or required additional mental  
21 health treatment.

22 B. Respondent prescribed dangerous drugs and controlled substances, without an  
23 appropriate evaluation and without assessment of the indication for the medications.

24 C. Respondent prescribed numerous medications, including narcotic painkillers, to a  
25 patient with a history of alcohol abuse, without conducting any evaluation of the patient's use of  
26 alcohol or the potential impact of the prescribed medications taken in conjunction with alcohol,  
27 and without any indication of an informed consent.

28

1 D. Respondent prescribed narcotics to Patient 1 without consulting CURES, or taking  
2 any steps to determine what other practitioners were prescribing. He prescribed opioids in a  
3 manner that interfered with the treatment plan of Patient 1's pain management physician.

4 E. Respondent prescribed and treated Patient 1 for numerous conditions, including pain,  
5 without knowledge or information regarding current standards for prescribing opioids, and  
6 refilled medications- some he was unfamiliar with- without realizing that in doing so, he was  
7 responsible as a prescriber.

#### 8 SECOND CAUSE FOR DISCIPLINE

9 (Gross Negligence/Repeated Negligent Acts/Incompetence)

#### 10 Patient 2

11 14. Patient 2 was under Respondent's treatment for many years. Patient 2 had a history  
12 of opioid and IV drug abuse, and was addicted to tramadol<sup>8</sup>, which he told Respondent he  
13 illegally obtained from an online source. Between 2014 and 2019, Respondent saw Patient 2  
14 frequently, for treatment of insomnia, migraine headache, finger pain and other conditions.

15 15. In March 2014, Patient 2 was seen for tramadol withdrawal. After Patient 2 declined  
16 Respondent's suggestion he seek substance abuse treatment, Respondent prescribed methadone<sup>9</sup>  
17 for Patient 2's withdrawal symptoms. No follow up plan was documented. Respondent saw  
18 Patient 2 on several occasions between March 2014 and June 2015, mostly to treat a trigger finger  
19 problem. In June 2015 and again in July 2015, Patient 2 presented with tramadol withdrawal and  
20 was prescribed methadone for diagnosed opioid dependence. Respondent also prescribed  
21 methadone during 2017. On March 30, 2017, Respondent noted that Patient 2 "tried to go to  
22 detox", but was advised to see his primary care physician for a "tapering dose" of tramadol.  
23 Respondent diagnosed tramadol dependence, without contacting the source of this advice, and  
24 without taking any further history, Respondent prescribed tramadol. He prescribed both tramadol  
25 and methadone through October 2017. Respondent also issued regular prescriptions for

26 <sup>8</sup> Tramadol is a controlled substance. It is a opioid-like analgesic that carries potential for  
27 abuse

28 <sup>9</sup> Methadone hydrochloride is a controlled substance and an opioid.

1 lorazepam<sup>10</sup>. In December 2017, Respondent prescribed Suboxone<sup>11</sup>. Prescriptions for Suboxone  
2 and lorazepam continued through 2018, and in June 2018, Respondent issued a prescription for  
3 tramadol as well. On June 1, 2018, Patient 2 was transported by ambulance and admitted to a  
4 hospital for treatment of tramadol withdrawal and referred to an addiction specialist.

5 16. Respondent's medical record for Patient 2 contains little, if any, assessment of Patient  
6 2's ongoing and persistent tramadol abuse. Respondent did not document a basis for the  
7 prescriptions he issued, or set forth a treatment plan with objectives. Although he noted he  
8 advised the patient to seek substance abuse treatment, there is no indication in the record that  
9 Respondent made any effort to assist Patient 2 in obtaining the treatment. Respondent's record  
10 contains no indication that he took any steps to verify Patient 2 was properly using the prescribed  
11 medication, or to see if he was obtaining medication from other sources. Respondent did not  
12 require the patient to sign a medication agreement, did not conduct urine testing, and did not  
13 clearly and accurately record the medications he prescribed. At no time did Respondent  
14 document a coherent or rational plan to taper Patient 2 off of tramadol. Respondent stated during  
15 his Board interview that he did not know where to send Patient 2 for treatment, and did not know  
16 how to get the patient off tramadol. When asked for his rationale in prescribing Suboxone,  
17 Respondent stated that Patient 2 had requested it after looking it up online, and that Respondent  
18 was not familiar with the medication; he also acknowledged he was not familiar with the use of  
19 methadone to treat addiction. Respondent acknowledged during the interview that he was  
20 unfamiliar with guidelines published by the Medical Board and the Centers for Disease Control  
21 pertaining to prescribing controlled substances.

22 17. Respondent is guilty of unprofessional conduct in his care and treatment of Patient 2,  
23 and is subject to disciplinary action under section 2234 and/or 2234(b) and/or 2234(c) and/or

24 <sup>10</sup> Lorazepam (Ativan) is a benzodiazepine. It is a sedative used to treat anxiety and is a  
25 controlled substance. Since Lorazepam has a central nervous system depressant effect, special  
care should be taken with prescribing lorazepam with other CNS depressant drugs.

26 <sup>11</sup> Suboxone is a combination of buprenorphine hydrochloride and naloxone. It is indicated  
27 for the treatment of opioid addiction. Buprenorphine is an opioid similar to morphine, codeine,  
and heroin; however, it produces less euphoria and therefore may be easier to stop taking; it is a  
28 controlled substance, and can only be prescribed with a certificate issued by the Drug  
Enforcement Administration.

1 2234(d) of the Code in that Respondent committed gross negligence and/or repeated negligent  
2 acts and/or demonstrated incompetence, including but not limited to the following:

3 A. Respondent prescribed multiple controlled substances to a tramadol addicted patient,  
4 without conducting an appropriate evaluation and assessment, without creating a treatment plan,  
5 or identifying objectives, and without appropriate follow up.

6 B. Respondent prescribed opioid medication to an addicted patient, without checking  
7 CURES to determine if the patient was receiving prescriptions elsewhere, and without  
8 implementing steps to ensure the medications were safely and appropriately used.

9 C. Respondent prescribed methadone and Suboxone, without knowledge of the drugs,  
10 outside of a treatment program, without referring or even consulting with a substance abuse  
11 specialist, and when he was not registered or authorized to prescribe Suboxone.

12 D. Respondent prescribed narcotics to an addicted patient without taking any meaningful  
13 steps to refer Patient 2 for appropriate treatment, or taking steps to assist the patient in locating  
14 appropriate treatment.

15 E. Respondent prescribed a dangerous combination of drugs, including narcotics and a  
16 benzodiazepine, to Patient 2, whom he knew also obtained tramadol from illegal sources, without  
17 taking any steps to monitor the Patient's safe use of medications.

18  
19 **THIRD CAUSE FOR DISCIPLINE**

20 (Gross Negligence/Repeated Negligent Acts/Incompetence)

21 Patient 3

22 18. Respondent treated Patient 3, an elderly woman, for a number of years. Patient 3  
23 suffered from depression and chronic pain resulting from a number of accidents and surgical  
24 procedures.

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1 19. Patient 3 came to Respondent already on a number of pain medications, including a  
2 fentanyl<sup>12</sup> patch. Between 2014 and 2019, Respondent saw Patient 3 on a periodic basis, and  
3 undertook to manage and treat Patient 3's chronic pain and depression, as well as complaints of  
4 insomnia and other issues.

5 20. In 2015, Patient 3 informed Respondent that she was no longer seeing her surgeon  
6 and asked him to refill her pain medications. Respondent thereafter regularly prescribed pain  
7 medication, including fentanyl and Norco. In June 2016, he added tramadol, without explanation.  
8 At no time did Respondent check the CURES system to verify Patient 3 was not receiving other  
9 prescriptions. He did not utilize a pain management agreement, or document any sort of patient  
10 education or informed consent for the prescription of potent opioid analgesics. He did not utilize  
11 urine drug testing. During his Board interview, Respondent conceded he was unfamiliar with  
12 current standards relating to prescribing opioids for pain treatment.

13 21. Respondent also prescribed a number of medications to treat Patient 3's complaints of  
14 depression and difficulty sleeping. In 2014 he prescribed an antidepressant along with  
15 lorazepam<sup>13</sup>. In January 2016, he added a prescription for Soma<sup>14</sup> but did not document a  
16 rationale for adding the medication. Between 2016 and 2019, Respondent prescribed a variety of  
17 benzodiazepines, including temazepam<sup>15</sup> clonazepam, and zolpidem<sup>16</sup>, without documenting a  
18 reason for the change in medication, or how the patient responded to treatment.  
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21 <sup>12</sup> Fentanyl patch is a transdermal system to administer a potent opioid analgesic.  
22 Fentanyl is a strong opioid medication and is indicated only for treatment of chronic pain (such as  
23 that of malignancy) that cannot be managed by lesser means and requires continuous opioid  
administration. Fentanyl presents a risk of serious or life-threatening hypoventilation, and should  
be used with extreme caution in conjunction with other CNS depressants.

24 <sup>13</sup> Lorazepam (Ativan) is a controlled substance and a benzodiazepine used to treat  
25 anxiety. Benzodiazepines, when taken in conjunction with opiates, increase the risk of  
respiratory arrest.

26 <sup>14</sup> Soma is a brand name for carisoprodol, a controlled substance. When properly prescribed and  
27 indicated, it is used as a muscle relaxant. It has a potential for diversion and abuse, and is a central nervous  
system depressant.

28 <sup>15</sup> Temazepam is a controlled substance and benzodiazepine.

<sup>16</sup> Ambien, another benzodiazepine.

1           22. On several occasions in 2018, Patient 3 and her husband reported multiple falls,  
2 including one head first fall down stairs. Respondent's medical record contains no assessment of  
3 the possibility that the medication he prescribed could have contributed to the falls. Respondent's  
4 record contains no indication that he considered the risks associated with prescribing large  
5 amounts of narcotic medications together with benzodiazepines and other CNS depressants, or  
6 that he ever discussed with Patient 3 the risks associated with these drug combinations.

7           23. Respondent is guilty of unprofessional conduct in his care and treatment of Patient 3,  
8 and is subject to disciplinary action under section 2234 and/or 2234(b) and/or 2234(c) and/or  
9 2234(d) of the Code in that Respondent committed gross negligence and/or repeated negligent  
10 acts and/or demonstrated incompetence, including but not limited to the following:

11           A. Respondent prescribed large amounts of opioid medications to Patient 3 without  
12 conducting periodic appropriate evaluations of the medical indication for the prescriptions, the  
13 efficiency of the medication, and in the absence of a coherent treatment plan with objectives.  
14 Respondent prescribed pain medication without consulting the CURES system, without a pain  
15 management agreement, without urine drug testing, and without providing the patient with  
16 informed consent regarding the risks of the medications prescribed.

17           B. Respondent prescribed a number of benzodiazepines to Patient 3, for prolonged  
18 periods of time without explanation of medication changes, and without an apparent treatment  
19 plan. He prescribed without checking CURES to determine if the patient was receiving  
20 prescriptions elsewhere, and without implementing steps to ensure the medications were safely  
21 used. Respondent did not inform Patient 3 of the risks of long term use of benzodiazepines, or of  
22 the risks associated with use of these medications together with opioids and other CNS  
23 depressants.

24           C. Respondent regularly prescribed pain medication, over a long period of time, without  
25 current knowledge regarding the standard of care for prescribing to treat chronic pain.  
26 Respondent also prescribed in dangerous and risky combinations, without knowledge or  
27 understanding of the risks posed by his prescribing.

28



1 D. Respondent failed to assess or consider the possible role of prescribed medication  
2 when he learned that Patient 3 had numerous falls in 2018.

3 **FOURTH CAUSE FOR DISCIPLINE**

4 (Gross Negligence/Repeated Negligent Acts/Incompetence)

5 Patient 4

6 24. Patient 4 had a number of issues, including spinal stenosis and pain, and  
7 osteoarthritis. Patient 4 was a smoker. Between 2014 and 2019, Respondent prescribed Norco to  
8 treat Patient 4's complaints of pain. In June 2017, Respondent noted that Patient 4 had a cough  
9 and sore throat. Respondent prescribed Phenergan with codeine cough syrup<sup>17</sup>. In June 2017  
10 Patient 4 continued to report a cough. Respondent prescribed the codeine cough syrup on at least  
11 seven occasions. He prescribed Norco as well. At no time did Respondent conduct a full or  
12 adequate evaluation of Patient 4's cough, or obtain a chest x-ray.

13 25. Respondent is guilty of unprofessional conduct in his care and treatment of Patient 4,  
14 and is subject to disciplinary action under section 2234 and/or 2234(b) and/or 2234(c) and/or  
15 2234(d) of the Code in that Respondent committed gross negligence and/or repeated negligent  
16 acts and/or demonstrated incompetence, including but not limited to the following:

17 A. Respondent prescribed Phenergan and codeine cough syrup on a frequent basis  
18 without conducting an appropriate evaluation and assessment, and in the absence of documented  
19 medical indication.

20 B. Respondent prescribed both Phenergan with codeine and Norco, without any apparent  
21 consideration of the possible impact of combining both medications.

22  
23 <sup>17</sup> Phenergan is a trade name for promethazine HCl. With codeine, it is a controlled  
24 substance which has antihistaminic, sedative, antinotion-sickness, antiemetic, and anticholinergic  
25 effects. The concomitant use of alcohol, sedative hypnotics (including barbiturates), general  
26 anesthetics, narcotics, narcotic analgesics, tranquilizers or other central nervous system  
27 depressants may have additive sedative effects and patients should be warned accordingly.  
28 Phenergan may significantly affect the actions of other drugs. It may increase, prolong, or  
intensify the sedative action of central-nervous-system depressants. For this reason, the dose of  
narcotics used with Phenergan should be reduced by one quarter to one half reduced dosages of  
other drugs.

1 C. Respondent failed to obtain a chest x-ray or otherwise investigate the cause of  
2 persistent cough in a smoker.

3 **FIFTH CAUSE FOR DISCIPLINE**

4 (Failure to Maintain Accurate and Adequate Medical Records)

5 26. Respondent is guilty of unprofessional conduct and subject to discipline for violation  
6 of Section 2266 of the Code for failure to keep adequate and accurate medical records for each of  
7 the four patients alleged above.

8 27. In each case, Respondent's medical records fail to include a complete assessment of  
9 the patient's presenting condition, an assessment of the patient, the rationale for prescribing, or  
10 response to treatment. Respondent's records regularly stated that a medication had been  
11 prescribed for the patient, but did not state the medical indication or rationale for the prescription.  
12 Respondent's records for each patient lack a clear and understandable list of medications  
13 prescribed, and it is impossible to determine what medication the patients were on at any given  
14 time. Respondent failed to document an appropriate or adequate informed consent was provided  
15 to any of the four patients, at any time over the course of treatment, or for the types, amounts and  
16 combinations of drugs prescribed.

17 **PRESCRIBING RESULTING IN HARM TO PATIENTS**

18 28. Respondent's patterns of prescribing controlled substances to the four patients  
19 described in this Accusation subjected the patients to unnecessary polypharmacy. His  
20 indiscriminate and incautions prescribing of controlled medications increased the chance of many  
21 adverse outcomes, including adverse drug reactions, adverse drug interactions, falls, cognitive  
22 impairment and mortality. Respondent further subjected his patients to an unwarranted risk of  
23 harm when he undertook to prescribe controlled substances to treat complex patient conditions,  
24 when Respondent conceded he lacked the necessary knowledge to appropriately manage these  
25 patients. Respondent's failure to refer Patient 2 to an appropriate specialist for treatment of his  
26 addiction, and even adding additional addictive drugs, resulting in an emergency hospitalization.

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1 PRAYER

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

4 1. Revoking or suspending Physician's and Surgeon's Certificate Number G77379,  
5 issued to Karl Lee, M.D.;

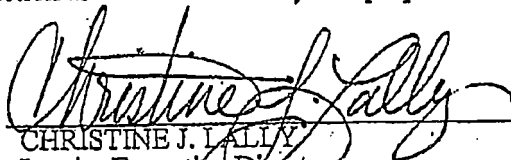
6 2. Revoking, suspending or denying approval of Karl Lee, M.D.'s authority to supervise  
7 physician assistants and advanced practice nurses;

8 3. Ordering Karl Lee, M.D., if placed on probation, to pay the Board the costs of  
9 probation monitoring;

10 4. Ordering Karl Lee, M.D., if placed on probation, to provide patient notification in  
11 accordance with Business and Professions Code section 2228.1; and,

12 5. Taking such other and further action as deemed necessary and proper.

13  
14 DATED: MAR 27 2020

  
CHRISTINE J. LALLY  
Interim Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
Complainant

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