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

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| In the Matter of the Accusation Against:<br><br>Carlos Eduardo Andersen, M.D.<br><br>Physician's and Surgeon's Certificate No. A 29532<br><br>Respondent. | Case No. 800-2021-075320 |

## 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 November 9, 2023.

IT IS SO ORDERED November 3, 2023.

MEDICAL BOARD OF CALIFORNIA

JENNA JONES FOR
Reji Varghese
Executive Director

ROB BONTA
Attorney General of California
GREG W. CHAMBERS
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*Attorneys for Complainant*

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

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| In the Matter of the Accusation Against:<br><br>**CARLOS EDUARDO ANDERSEN, M.D.**<br>**3301 Clayton Rd.**<br>**Concord, CA 94519**<br><br>**Physician's and Surgeon's Certificate No. A 29532**<br><br>Respondent. | Case No. 800- 2021-075320<br><br>**STIPULATED SURRENDER OF LICENSE AND ORDER** |

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

## PARTIES

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

2. CARLOS EDUARDO ANDERSEN, M.D. (Respondent) is represented in this proceeding by attorney Adam G. Slote, whose address is: 50 California Street, 34th Floor, San Francisco, CA 94111.

3. On or about September 18, 1975, the Board issued Physician's and Surgeon's Certificate No. A 29532 to Respondent. That license was in full force and effect at all times

relevant to the charges brought in Accusation No. 800- 2021-075320 and will expire on October 31, 2023, unless renewed.

## JURISDICTION

4. Accusation No. 800- 2021-075320 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on October 5 2023. Respondent timely filed his Notice of Defense contesting the Accusation. A copy of Accusation No. 800- 2021-075320 is attached as Exhibit A and incorporated by reference.

## ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800- 2021-075320. Respondent also has carefully read, fully discussed with counsel, and understands the effects of this Stipulated Surrender of License and Order.

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

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

## CULPABILITY

8. Respondent understands that the charges and allegations in Accusation No. 800-2021-075320, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate, No. A 29532.

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

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

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

**CONTINGENCY**

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

12. Respondent understands that, by signing this stipulation, he enables the Executive Director of the Board to issue an order, on behalf of the Board, accepting the surrender of his Physician's and Surgeon's Certificate, No. A 29532, without further notice to, or opportunity to be heard by, Respondent.

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

14. The parties agree that this Stipulated Surrender of License and Disciplinary Order shall be null and void and not binding upon the parties unless approved and adopted by the Executive Director on behalf of the Board, except for this paragraph, which shall remain in full force and effect. Respondent fully understands and agrees that in deciding whether or not to approve and adopt this Stipulated Surrender of License and Disciplinary Order, the Executive Director and/or the Board may receive oral and written communications from its staff and/or the Attorney General's Office. Communications pursuant to this paragraph shall not disqualify the

Executive Director, the Board, any member thereof, and/or any other person from future participation in this or any other matter affecting or involving respondent. In the event that the Executive Director on behalf of the Board does not, in his discretion, approve and adopt this Stipulated Surrender of License and Disciplinary Order, with the exception of this paragraph, it shall not become effective, shall be of no evidentiary value whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party hereto. Respondent further agrees that should this Stipulated Surrender of License and Disciplinary Order be rejected for any reason by the Executive Director on behalf of the Board, Respondent will assert no claim that the Executive Director, the Board, or any member thereof, was prejudiced by its/his/her review, discussion and/or consideration of this Stipulated Surrender of License and Disciplinary Order or of any matter or matters related hereto.

**ADDITIONAL PROVISIONS**

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

16. The parties agree that copies of this Stipulated Surrender of License and Disciplinary Order, including copies of the signatures of the parties, may be used in lieu of original documents and signatures and, further, that such copies shall have the same force and effect as originals.

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. A 29532, issued to Respondent CARLOS EDUARDO ANDERSEN, M.D., is surrendered and accepted by the Board.

1. The surrender of Respondent Carlos Eduardo Andersen, M.D.'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 s Carlos Eduardo Andersen, M.D. 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 Carlos Eduardo Andersen, M.D. 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 Carlos Eduardo Andersen, M.D. ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation No. 800- 2021-075320 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

5. Respondent Carlos Eduardo Andersen, M.D. shall pay the agency its costs of investigation and enforcement in the amount of $21,136.50 prior to issuance of a new or reinstated license.

6. If Respondent Carlos Eduardo Andersen, M.D. should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing agency in the State of California, all of the charges and allegations contained in Accusation No. 800- 2021-075320 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

## ACCEPTANCE

I have carefully read the above Stipulated Surrender of License and Order and have fully discussed it with my attorney Adam G. Slote. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Surrender of

License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 10 / 24 / 2023

CARLOS EDUARDO ANDERSEN, M.D.
*Respondent*

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

DATED: 10 / 24 / 2023

Adam Slote

ADAM G. SLOTE
*Attorney for Respondent*

**ENDORSEMENT**

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

DATED: 10/24/2023

Respectfully submitted,

ROB BONTA
Attorney General of California

Greg W. Chambers

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

# Exhibit A

## Accusation No. 800- 2021-075320

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*Attorneys for Complainant*

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| In the Matter of the Accusation Against:<br><br>**CARLOS EDUARDO ANDERSEN, M.D.,**<br>**3301 Clayton Rd.**<br>**Concord, CA 94519**<br><br>**Physician's and Surgeon's Certificate**<br>**No. A 29532,**<br><br>Respondent. | Case No. 800- 2021-075320<br><br>**A C C U S A T I O N** |

## PARTIES

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

2. On or about September 18, 1975, the Medical Board issued Physician's and Surgeon's Certificate Number A 29532 to Carlos Eduardo Andersen (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on October 31, 2023, unless renewed.

## JURISDICTION

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

4. Section 2004 of the Code provides that the Board has the responsibility for the enforcement of the disciplinary provisions of the Medical Practice Act, reviewing the quality of medical practice carried out by physicians and suspending, revoking or otherwise limiting certificates after the conclusion of disciplinary actions.

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

6. Section 2234 of the Code, states:

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

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

(b) Gross negligence.

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

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

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

(d) Incompetence.

. . .

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

. . .

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

8. Health and Safety Code § 11165.4 states, in part:

(a)(1)(A)(i) A health care practitioner authorized to prescribe, order, administer, or furnish a controlled substance shall consult the patient activity report or information from the patient activity report obtained by the CURES database to review a patient's controlled substance history for the past 12 months before prescribing a Schedule II, Schedule III, or Schedule IV controlled substance to the patient for the first time and at least once every six months thereafter if the prescriber renews the prescription and the substance remains part of the treatment of the patient.

(ii) If a health care practitioner authorized to prescribe, order, administer, or furnish a controlled substance is not required, pursuant to an exemption described in subdivision (c), to consult the patient activity report from the CURES database the first time the health care practitioner prescribes, orders, administers, or furnishes a controlled substance to a patient, the health care practitioner shall consult the patient activity report from the CURES database to review the patient's controlled substance history before subsequently prescribing a Schedule II, Schedule III, or Schedule IV controlled substance to the patient and at least once every six months thereafter if the substance remains part of the treatment of the patient.

(iii) A health care practitioner who did not directly access the CURES database to perform the required review of the controlled substance use report shall document in the patient's medical record that they reviewed the CURES database generated report within 24 hours of the controlled substance prescription that was provided to them by another authorized user of the CURES database.

## COST RECOVERY

9. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case, with failure of the licensee to comply subjecting the license to not being renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be included in a stipulated settlement.

## DEFINITIONS

10. Alprazolam (trade name Xanax) is a psychotropic triazolo analogue of the 1,4 benzodiazepine class of central nervous system-active compounds. Xanax is used for the management of anxiety disorders or for the short-term relief of the symptoms of anxiety. It is a dangerous drug as defined in Code section 4022 and a Schedule IV controlled substance and narcotic as defined by section 11057, subdivision (d) of the Health and Safety Code.

11. Buprenorphine is a medication approved by the Food and Drug Administration (FDA) to treat Opioid Use Disorder. Buprenorphine is a dangerous drug as defined in Code section 4022, and is a Schedule III narcotic analgesic.

12. Carisoprodol, also known by the trade name Soma, is a muscle-relaxant and sedative. It is a dangerous drug as defined in section 4022 of the Code, and a Schedule IV controlled substance as defined by section 11057 of the Health and Safety Code.

13. Diazepam (trade name Valium) is a psychotropic drug for the management of anxiety disorders or for the short-term relief of the symptoms of anxiety. It is a dangerous drug as defined in Code section 4022 and a Schedule IV controlled substance as defined by section 11057 of the Health and Safety Code.

14. Flumazenil, also known by the trade name Romazicon, is a benzodiazepine receptor antagonist. It is a dangerous drug as defined in Code section 4022. Flumazenil is indicated for the complete or partial reversal of the sedative effects of benzodiazepines in cases where general anesthesia has been induced and/or maintained with benzodiazepines, where sedation has been

produced with benzodiazepines for diagnostic and therapeutic procedures, and for the management of benzodiazepine overdose.

15. Flualprazolam is structurally related to the triazolo-benzodiazepine, alprazolam. As a class of drugs, benzodiazepines produce central nervous system (CNS) depression and are commonly used to treat, panic disorders, anxiety, and insomnia. The Food and Drug Administration has not approved flualprazolam for therapeutic use. Flualprazolam is currently controlled under Schedule I of the Controlled Substances Act.

16. Hydrocodone w/APAP (hydrocodone with acetaminophen) tablets are produced by several drug manufacturers under trade names such as Vicodin, Norco or Lortab. Hydrocodone bitartrate is a semisynthetic narcotic analgesic, a dangerous drug as defined in Code section 4022, and a Schedule II controlled substance and narcotic as defined by section 11055, subdivision (e) of the Health and Safety Code.

17. Lorazepam (trade name Ativan) is used for anxiety and sedation in the management of anxiety disorder for short-term relief from the symptoms of anxiety or anxiety associated with depressive symptoms. It is a dangerous drug as defined in Code section 4022 and a Schedule IV controlled substance as defined by section 11057 of the Health and Safety Code.

18. Narcan, a trade name for naloxone hydrochloride, is a narcotic antagonist. It is a dangerous drug as defined in Code section 4022, indicated for complete or partial reversal of narcotic depression, including respiratory depression induced by opioids.

19. Oxycodone w/APAP, known by the trade name Endocet, is a white odorless crystalline powder derived from the opium alkaloid, thebaine. Oxycodone is a semisynthetic narcotic analgesic with multiple actions qualitatively similar to those of morphine. It is a dangerous drug as defined in Code section 4022 and a Schedule II controlled substance and narcotic as defined by section 11055, subdivision (b)(1) of the Health and Safety Code.

20. Phentermine is a dangerous drug as defined in Code section 4022. It is used with doctor-approved exercise, behavior change, and reduced-calorie diet program to help lose weight.

21. Sumatriptan, known by the trade name Imitrex, is used to treat migraines. Side effects include tingling/numbness/prickling, tiredness, weakness, drowsiness, or dizziness. It is a dangerous drug as defined in Code section 4022.

## FACTUAL ALLEGATIONS

**Patient 1[1]**

22. Patient 1 was a 66-year-old male when he first visited Respondent in May 2006. Patient 1 had known coronary artery disease, hypertension, diabetes mellitus, nephrolithiasis, right hip pain, back pain with left sciatica and back surgery. He had constipation attributed to opioid–induced constipation. Patient 1 treated with Respondent until August 3, 2021.

23. Respondent prescribed two short-acting opioids simultaneously every 3 - 4 weeks from October 2016 through October 2019 – oxycodone w/APAP 325/5 mg., #50 and hydrocodone w/APAP, 325/10 mg., #60. The records fail to include an explanation for the simultaneous use of two short-acting opioids.

24. There were no documented attempts at structured de-escalation of either the oxycodone/APAP or the hydrocodone/APAP. There was no documentation indicating the estimated numerical perceived intensity or severity of Patient 1's pain. There was no documentation indicating Patient 1's response to the prescribed opiates. Respondent did not document how the prescribed opiates allowed Patient 1 to become more functional. The records did indicate that Patient 1 had opioid-induced constipation.

25. A controlled substance agreement was never signed until June 14, 2021, fifteen years after Patient 1' first visit. Respondent's clinic notes were handwritten in a difficult to decipher manner and were highly disorganized.

26. Respondent never ordered urine toxicology screens for Patient 1. There were no CURES[2] reports to indicate that CURES was checked prior to prescribing Patient 1 controlled substances from October 2, 2018 forward.

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[1] Numbers are used to protect patient privacy. Respondent may learn the names of the patients through the discovery process.

[2] CURES "is California's prescription drug monitoring program. By statute, every prescription of a Schedule II, III, or IV controlled substance must be logged in CURES, along

27. Lab results for tests collected on September 24, 2019, showed anemia and hypercalcemia. Subsequent records never addressed the reason for these results. On December 30, 2019, the records noted that Patient 1 had lost 30 pounds. On February 6, 2020, the records noted, "Pt has trouble breathing cough, started today in the morning. Here refilling pain Rx. Also has been coughing and felt SOB. Non smoker. Exam – fatigued 80 year old male. Decreased BS ronchi (sic) both lung fields." No temperature was taken, no pulse oximeter readings were recorded; Patient 1 was prescribed an inhaler as needed. No diagnosis was made for the pulmonary symptoms and signs.

**Patient 2**

28. Patient 2 was a 55-year-old female when she first visited Respondent on January 4, 2018. Patient 2 had a history of schizophrenia, bipolar disorder, hypothyroidism, hypertension, asthma, obesity, obstructive sleep apnea, metabolic syndrome, marijuana user, bilateral knee osteoarthritis, chronic neck pain, seizure related to hypertension, anxiety and depression. The last patient visit was on March 10, 2021.

29. Respondent prescribed hydrocodone w/APAP, 325/10 mg., #180 and carisoprodol, 350 mg., #60 to Patient 2 from December 14, 2016 through June 21, 2018. There is no evidence of de-escalation of the dosing from December 2016 through 2019.

30. Patient 2 had multiple prescribers issuing controlled medication to her from December 2016 through December 2019. Patient 2 was prescribed phentermine twenty-five times, 37.5 mg., #15, by another physician from June 19, 2018 to November 8, 2018. There are no records that Respondent or any other physician counseled Patient 2 against the use of phentermine in light of contraindications for people with agitated states such as anxiety, insomnia, mania, psychosis, and schizophrenia.

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with the patient's name, address, telephone number, gender, date of birth, drug name, quantity, number of refills, and information about the prescribing physician and pharmacy. [Citation.]" (*Lewis v. Superior Court* (2017) 3 Cal.5th 561, 565 (*Lewis*).) The Board is authorized to access the CURES database (*id.* at p. 567), which is maintained by the California Department of Justice (*id.* at p. 566).

31. There were no toxicology screens ordered by Respondent, and no toxicology screens ordered by others that Respondent could have relied on for Patient 2. There were no CURES reports to indicate that CURES was checked prior to prescribing Patient 2 controlled substances from October 2, 2018 forward.

32. No prescriptions were written for hydrocodone w/APAP from July 2017 through June 2018. On June 19, 2018, after a year off the medication, Patient 2 began using hydrocodone w/APAP at the very same dosage from a year prior. After June 2018, the MME[3] was well above 50 MME.

33. A controlled substance agreement was signed on December 10, 2019, almost two years after the first visit. Respondent appears to have prescribed hydrocodone w/APAP to Patient 2 in December 14, 2016, prior to the first patient visit, but there are no notes of that prescribing. Respondent's clinic notes were handwritten in a difficult to decipher manner and were highly disorganized.

**Patient 3**

34. Patient 3 was a 53-year-old male on disability when he first visited Respondent on January 4, 2016. He was last seen by Respondent on August 12, 2021. Patient 3 had a history of low back pain, obesity, diabetes mellitus, hypertension and opioid addiction. Prostate cancer – stage II B – was diagnosed while under Respondent's care in May 2018. Patient 3 was in an automobile accident on December 25, 2018, that resulted in air bags deploying. Patient 3 was subsequently referred to and was seen by orthopedics on January 15, 2019.

35. On March 3, 2016, Respondent prescribed hydrocodone w/APAP, 325/10 mg., #180 to Patient 3. On May 16, 2016, Respondent prescribed carisoprodol 350/10 mg., #60 to Patient 3 in conjunction with the hydrocodone w/APAP. These controlled substance were then prescribed on a continuing basis. From June 6, 2018 until March 21, 2021, the MME for Patient 3 was approximately 70 or higher.

36. A controlled substance agreement was eventually signed by Patient 3 on December 10, 2019.

[3] Morphine Milligram Equivalents.

37. There was no evidence of structured tapering or reduction of prescribed opiates during the time Patient 3 was under Respondent's care. There was no evidence Respondent offered alternatives to opiates in managing Patient 3's pain. There was no evidence of toxicology tests or screens requested by Respondent, or by others upon which Respondent would have relied.

38. There were no prescriptions filled for Patient 3 from September 20, 2016 until March 1, 2017 and then again from October 2, 2017 until June 4, 2018. Both times Patient 3 resumed use of controlled substances, it was with the same dose and number of pills where Patient 3 left off. There is no indication Respondent considered that Patient 3 would be opiate–naïve after several months off opiates.

39. A CURES report was printed, once on or about February 7, 2014. Otherwise, there were no other CURES reports run for Patient 3, nor any mention in the records that CURES was checked by Respondent prior to Respondent prescribing controlled substances to Patient 3. During this same time period, Patient 3 had five other physicians prescribe him controlled substances that included diazepam, alprazolam, lorazepam, oxycodone and hydrocodone.

40. Respondent's clinic notes were handwritten in a difficult to decipher manner and were highly disorganized.

41. On March 6, 2017, Patient 3 had a PSA collected that came back at 6.1.[4] On March 23, 2017, Respondent saw Patient 3 and noted the abnormal PSA. Respondent provided Patient 3 a lab requisition to have the PSA rechecked.

42. Patient 3 was seen by Respondent twelve more times – almost monthly. There was no recordation that Patient 3 repeat the PSA test. On February 2, 2018, Patient 3 had the PSA rechecked. The PSA was now 8.6. Patient 3 was referred to a urologist. A biopsy was subsequently conducted on May 8, 2018, which confirmed prostate cancer. It is noted that Patient 3's father also had prostate cancer.

43. On March 6, 2017, Patient 3 had stool collected to check for the presence of blood, which was detected and noted on March 23, 2017. Respondent did not refer Patient 3 for a

[4] The normal range for PSA is 0 – 4 ng/mL.

colonoscopy, nor did he conduct a rectal exam to determine if there were any rectal-based lesions that would explain the presence of blood in the stool.

44. Patient 3 had the stool rechecked a year later on February 7, 2018, and then again on August 17, 2018. Each test came back negative for blood.

**Patient 4**

45. Patient 4 was a 32-year-old male when he first visited Respondent on February 17, 2016. Patient 4 had a history of morbid obesity (330 lbs, 5'10, with a BMI of 47), three packs per day smoking habit, L5-S1 disc protrusion with left sciatica pain, epidural injection for left paraspinal back pain, hypertriglyceridemia, dental abscess with facial cellulitis, migraine headache on sumatriptan, and left scrotal pain. Patient 4's last visit was on September 19, 2019.

46. On October 31, 2016, Respondent prescribed hydrocodone w/APAP, 325/10 mg., #60 (a ten-day supply) to Patient 4. Respondent continued prescribing hydrocodone w/APAP, 325/10 mg. to Patient 4 until October 10, 2019. On September 26, 2018, another treatment provider prescribed oxycodone w/APAP, 325/5 mg, #15 to Patient 4.

47. From October 31, 2016 to October 23, 2017, Respondent prescribed a MME of 94 to Patient 4. From November 16, 2017 to November 25, 2018, Respondent prescribed a MME of 135 to Patient 4. From December 13, 2018 to October 10, 2019, Respondent prescribed a MME of 136 to Patient 4. During the three years Respondent treated Patient 4, Respondent did not decrease the opioid MME.

48. On November 3, 2016, Respondent noted in the records that Patient 4 accidentally threw out Norco while cleaning his room. On June 8, 2017, Respondent noted that Patient 4's prescription was stolen. Respondent wrote that Patient 4 was informed – by whom it is unknown – Patient 4 should not make a police report because a controlled substance was brought on a job site. On June 8, 2017, Respondent prescribed 240 Norco pills to Patient 4.

49. On February 18, 2016, Patient 4 was noted to have a markedly high triglyceride level of 1029 mg/dL. Respondent prescribed simvastatin 20 mg. and suggested fish oil, omega 3, changing diet and losing weight. Respondent failed to follow up with additional triglyceride level testing to determine whether the diet and medications were effective.

50. On February 21, 2018, Respondent prescribed buprenorphine to Patient 4. Prior to prescribing buprenorphine, Respondent had not successfully completed training or held a valid certificate regarding buprenorphine use and prescribing.

51. A controlled substance agreement was not signed by Patient 4. There is no evidence Respondent counseled Patient 4 of the potential adverse effects of opiates. Respondent failed to order urine toxicology tests of Patient 4. There was no evidence of structured tapering/reduction of prescribed opiates while Patient 4 was under Respondent's care. There was no evidence Respondent offered alternatives to opiates in managing Patient 4's pain while under Respondent's care. Respondent failed to evaluate Patient 4 for sleep apnea even though Respondent prescribed him controlled substances and knew Patient 4 was morbidly obese.

52. There was no documentation indicating the estimated numerical perceived intensity or severity of Patient 4's pain. There was no documentation indicating Patient 4's response to the prescribed opiates. Respondent did not document how the prescribed opiates allowed Patient 4 to become more functional. Respondent's clinic notes were handwritten in a difficult to decipher manner and were highly disorganized.

53. Records show that CURES was printed out after October 21, 2016 and September 20, 2019. There are no other indications that CURES was ever checked or printed out for Patient 4.

54. There was no mention in the records that on September 26, 2018, another treatment provider prescribed oxycodone w/APAP, 325/5 mg, #15 to Patient 4, and that on February 6, 2019, that same provider prescribe Patient 4 Tylenol with codeine phosphate.

55. On September 29, 2019, Patient 4 was seen in the ER with lethargy. Patient 4 was confused and somnolent with slurred speech. His drug screen was positive for opiates and benzodiazepines though Patient 4 denied taking benzodiazepines. Patient 4 was treated with flumazenil and Narcan, and discharged after improving.

56. Patient 4 was hospitalized from October 2, 2019 through October 10, 2019 for rhabdomyolsis and acute kidney injury. On October 25, 2019, Patient 4 was seen in the ER with altered level of consciousness attributed by the ER physician to medication overdose, having taken "multiple Norco's as well as drinking alcohol . . ."

57. Patient 4 died on October 26, 2019. According to the Coroner's report, the cause of death was acute combined fentanyl and flualprazolam toxicity.

**FIRST CAUSE FOR DISCIPLINE**

**(Unprofessional Conduct/ Gross Negligence - Patient 1)**

58. The allegations in paragraphs 22 through 27 above are incorporated by reference as if set out in full.

59. Respondent is subject to disciplinary action under section 2234 (b) of the Code in that he committed gross negligence in the care and treatment of Patient 1.

**SECOND CAUSE FOR DISCIPLINE**

**(Unprofessional Conduct/ Gross Negligence - Patient 2)**

60. The allegations in paragraphs 28 through 33 above are incorporated by reference as if set out in full.

61. Respondent is subject to disciplinary action under section 2234 (b) of the Code, and Health and Safety Code § 11165.4, in that he committed gross negligence in the care and treatment of Patient 2.

**THIRD CAUSE FOR DISCIPLINE**

**(Unprofessional Conduct/ Gross Negligence - Patient 3)**

62. The allegations in paragraphs 34 through 44 above are incorporated by reference as if set out in full.

63. Respondent is subject to disciplinary action under section 2234 (b) of the Code, and Health and Safety Code § 11165.4, in that he committed gross negligence in the care and treatment of Patient 3.

**FOURTH CAUSE FOR DISCIPLINE**

**(Unprofessional Conduct/ Gross Negligence - Patient 4)**

64. The allegations in paragraphs 45 through 57 above are incorporated by reference as if set out in full.

65. Respondent is subject to disciplinary action under section 2234 (b) of the Code, and Health and Safety Code § 11165.4, in that he committed gross negligence in the care and treatment of Patient 4.

**FIFTH CAUSE FOR DISCIPLINE**

**(Unprofessional Conduct/ Repeated Negligence - Patient 1)**

66. The allegations in paragraphs 22 through 27 above are incorporated by reference as if set out in full.

67. Respondent is subject to disciplinary action under section 2234 (c) of the Code, and Health and Safety Code § 11165.4, in that he committed repeated negligent acts in the care and treatment of Patient 1.

**SIXTH CAUSE FOR DISCIPLINE**

**(Unprofessional Conduct/ Repeated Negligence - Patient 2)**

68. The allegations in paragraphs 28 through 33 above are incorporated by reference as if set out in full.

69. Respondent is subject to disciplinary action under section 2234 (c) of the Code in that he committed repeated negligent acts in the care and treatment of Patient 2.

**SEVENTH CAUSE FOR DISCIPLINE**

**(Unprofessional Conduct/ Repeated Negligence - Patient 3)**

70. The allegations in paragraphs 34 through 44 above are incorporated by reference as if set out in full.

71. Respondent is subject to disciplinary action under section 2234 (c) of the Code in that he committed repeated negligent acts in the care and treatment of Patient 3.

**EIGHTH CAUSE FOR DISCIPLINE**

**(Unprofessional Conduct/ Repeated Negligence - Patient 4)**

72. The allegations in paragraphs 45 through 57 above are incorporated by reference as if set out in full.

73. Respondent is subject to disciplinary action under section 2234 (c) of the Code in that he committed repeated negligent acts in the care and treatment of Patient 4.

## NINTH CAUSE FOR DISCIPLINE

**(Failure to Keep Adequate and Accurate Records)**

74. The allegations in paragraphs 22 through 57 above are incorporated by reference as if set out in full.

75. Respondent is subject to disciplinary action under section 2266 of the Code in that he failed to keep adequate and accurate records for Patient 1, Patient 2, Patient 3, and Patient 4.

## PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 29532, issued to Respondent Carlos Eduardo Andersen, M.D.;

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

3. Ordering Respondent Carlos Eduardo Andersen, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and

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

DATED: OCT 05 2023

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