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

In the Matter of the Accusation:	)	
	)	
Clifford Kazuo Endo, D.P.M.	)	File No: 500-2019-000955
	)	
Doctor of Podiatric Medicine	)	
Certificate No. E-3323	)	
	)	
Respondent.	)	

DECISION AND ORDER

The attached Stipulated Surrender of License and Order is hereby accepted and adopted by the Podiatric Medical Board of the Department of Consumer Affairs, State of California, as its Decision in the above-entitled matter.

This Decision shall become effective at 5:00 p.m. on November 14, 2023.

DATED November 7, 2023.

PODIATRIC MEDICAL BOARD

Brian Naslund
Executive Officer

ROB BONTA
Attorney General of California
MICHAEL C. BRUMMEL
Supervising Deputy Attorney General
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Attorneys for Complainant

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

In the Matter of the Accusation Against: **CLIFFORD KAZUO ENDO, D.P.M.** **Sutter Gould Medical Foundation** **600 Coffee Road** **Modesto, CA 95355** **Doctor of Podiatric Medicine License No. 3323** Respondent.	Case No. 500-2019-000955 OAH No. 2023040398 **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. Brian Naslund (Complainant) is the Executive Officer of the Podiatric Medical Board (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 Michael C. Brummel, Supervising Deputy Attorney General.

2. CLIFFORD KAZUO ENDO, D.P.M. (Respondent) is represented in this proceeding by attorney: Ian A. Scharg, whose address is: 400 University Avenue, Sacramento, CA 95825-6502.

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3. On or about July 1, 1985, the Board issued Doctor of Podiatric Medicine License No. 3323 to CLIFFORD KAZUO ENDO, D.P.M. (Respondent). The Doctor of Podiatric Medicine License was in full force and effect at all times relevant to the charges brought in Accusation No. 500-2019-000955 and will expire on June 30, 2023, unless renewed.

JURISDICTION

4. Accusation No. 500-2019-000955 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 November 29, 2022. Respondent timely filed his Notice of Defense contesting the Accusation. A copy of Accusation No. 500-2019-000955 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. 500-2019-000955. 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. 500-2019-000955, if proven at a hearing, constitute cause for imposing discipline upon his Doctor of Podiatric Medicine License.

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 Doctor of Podiatric Medicine License without further process.

CONTINGENCY

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

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

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

ORDER

IT IS HEREBY ORDERED that Doctor of Podiatric Medicine License No. 3323, issued to Respondent CLIFFORD KAZUO ENDO, D.P.M., is surrendered and accepted by the Board.

1. The surrender of Respondent's Doctor of Podiatric Medicine License 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 podiatrist in California as of the effective date of the Board's Decision and Order.

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

4. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation No. 500-2019-000955 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

5. Respondent shall pay the agency its costs of investigation and enforcement in the amount of $31,841.00 prior to issuance of a new or reinstated license.

6. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing agency in the State of California, all of the charges and allegations contained in Accusation, No. 500-2019-000955 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

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ACCEPTANCE

I have carefully read the above Stipulated Surrender of License and Order and have fully discussed it with my attorney Ian A. Scharg. I understand the stipulation and the effect it will have on my Doctor of Podiatric Medicine License. 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 Podiatric Medical Board.

DATED: _____

CLIFFORD KAZUO ENDO, D.P.M.
Respondent

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

DATED: _____

IAN A. SCHARG
Attorney for Respondent

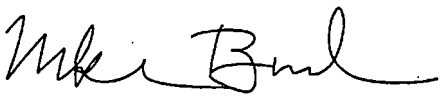
ENDORSEMENT

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

DATED: September 20, 2023

Respectfully submitted,

ROB BONTA
Attorney General of California



MICHAEL C. BRUMMEL
Supervising Deputy Attorney General
Attorneys for Complainant

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ACCEPTANCE

I have carefully read the above Stipulated Surrender of License and Order and have fully discussed it with my attorney Ian A. Scharg. I understand the stipulation and the effect it will have on my Doctor of Podiatric Medicine License. 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 Podiatric Medical Board.

DATED: 9-26-23

CLIFFORD KAZUO ENDO, D.P.M.
Respondent

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

DATED: 9/20/23

IAN A. SCHARG
Attorney for Respondent

ENDORSEMENT

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

DATED: _____

Respectfully submitted,

ROB BONTA
Attorney General of California

MICHAEL C. BRUMMEL
Supervising Deputy Attorney General
Attorneys for Complainant

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95519963

Exhibit A

Accusation No. 500-2019-000955

ROB BONTA
Attorney General of California
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Supervising Deputy Attorney General
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Attorneys for Complainant

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

In the Matter of the Accusation Against: **Clifford Kazuo Endo, D.P.M.** **600 Coffee Road** **Modesto, CA 95355** **Doctor of Podiatric Medicine License No. 3323,** Respondent.	Case No. 500-2019-000955 **ACCUSATION**

PARTIES

1. Brian Naslund (Complainant) brings this Accusation solely in his official capacity as the Executive Officer of the Podiatric Medical Board, Department of Consumer Affairs (Board).

2. On or about July 1, 1985, the Podiatric Medical Board issued Doctor of Podiatric Medicine License Number 3323 to Clifford Kazuo Endo, D.P.M. (Respondent). The Doctor of Podiatric Medicine License was in full force and effect at all times relevant to the charges brought herein and will expire on June 30, 2023, unless renewed.

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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 2222 of the Code states:

> The California Board of Podiatric Medicine shall enforce and administer this article as to doctors of podiatric medicine. Any acts of unprofessional conduct or other violations proscribed by this chapter are applicable to licensed doctors of podiatric medicine and wherever the Medical Quality Hearing Panel established under Section 11371 of the Government Code is vested with the authority to enforce and carry out this chapter as to licensed physicians and surgeons, the Medical Quality Hearing Panel also possesses that same authority as to licensed doctors of podiatric medicine.
>
> The California Board of Podiatric Medicine may order the denial of an application or issue a certificate subject to conditions as set forth in Section 2221, or order the revocation, suspension, or other restriction of, or the modification of that penalty, and the reinstatement of any certificate of a doctor of podiatric medicine within its authority as granted by this chapter and in conjunction with the administrative hearing procedures established pursuant to Sections 11371, 11372, 11373, and 11529 of the Government Code. For these purposes, the California Board of Podiatric Medicine shall exercise the powers granted and be governed by the procedures set forth in this chapter.

5. Section 2228.1 of the Code states.

> (a) On and after July 1, 2019, except as otherwise provided in subdivision (c), the board and the Podiatric Medical Board of California shall require a licensee to provide a separate disclosure that includes the licensee's probation status, the length of the probation, the probation end date, all practice restrictions placed on the licensee by the board, the board's telephone number, and an explanation of how the patient can find further information on the licensee's probation on the licensee's profile page on the board's online license information internet web site, to a patient or the patient's guardian or health care surrogate before the patient's first visit following the probationary order while the licensee is on probation pursuant to a probationary order made on and after July 1, 2019, in any of the following circumstances:
>
> (1) A final adjudication by the board following an administrative hearing or admitted findings or prima facie showing in a stipulated settlement establishing any of the following:
>
> (A) The commission of any act of sexual abuse, misconduct, or relations with a patient or client as defined in Section 726 or 729.
>
> (B) Drug or alcohol abuse directly resulting in harm to patients or the extent that such use impairs the ability of the licensee to practice safely.
>
> (C) Criminal conviction directly involving harm to patient health.
>
> (D) Inappropriate prescribing resulting in harm to patients and a probationary

period of five years or more.

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

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

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

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

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

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

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

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

(1) For probation imposed pursuant to a stipulated settlement, the causes alleged in the operative accusation along with a designation identifying those causes by which the licensee has expressly admitted guilt and a statement that acceptance of the settlement is not an admission of guilt.

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

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

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

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

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

6. Section 2497 of the Code states:

(a) The board may order the denial of an application for, or the suspension of, or the revocation of, or the imposition of probationary conditions upon, a certificate to practice

podiatric medicine for any of the causes set forth in Article 12 (commencing with Section 2220) in accordance with Section 2222.

(b) The board may hear all matters, including but not limited to, any contested case or may assign any such matters to an administrative law judge. The proceedings shall be held in accordance with Section 2230. If a contested case is heard by the board itself, the administrative law judge who presided at the hearing shall be present during the board's consideration of the case and shall assist and advise the board.

7. 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.

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

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

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

8. Section 2242 of the Code states:

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

care.

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

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

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

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

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

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

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

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

COST RECOVERY

10. Section 2497.5 of the Code states:

(a) The board may request the administrative law judge, under his or her proposed decision in resolution of a disciplinary proceeding before the board, to direct any licensee found guilty of unprofessional conduct to pay to the board a sum not to exceed the actual and reasonable costs of the investigation and prosecution of the case.

(b) The costs to be assessed shall be fixed by the administrative law judge and shall not be increased by the board unless the board does not adopt a proposed decision and in making its own decision finds grounds for increasing the costs to be assessed, not to exceed the actual and reasonable costs of the investigation and prosecution of the case.

(c) When the payment directed in the board's order for payment of costs is not made by the licensee, the board may enforce the order for payment by bringing an action in any appropriate court. This right of enforcement shall be in addition to any

other rights the board may have as to any licensee directed to pay costs.

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

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

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

(f) All costs recovered under this section shall be deposited in the Board of Podiatric Medicine Fund as a reimbursement in either the fiscal year in which the costs are actually recovered or the previous fiscal year, as the board may direct.

DEFINITIONS

PERTINENT DRUGS AND DEFINITIONS

11. Acetaminophen and oxycodone (Endocet®, Percocet®, Roxicet®) is a combination of two medicines used to treat moderate to severe pain. Oxycodone is an opioid pain medication, commonly referred to as a narcotic. Acetaminophen is a less potent pain reliever that increases the effects of oxycodone. Oxycodone has a high potential for abuse. Oxycodone is a Schedule II controlled substance and narcotic as defined by section 11055, subdivision (b)(1) of the Health and Safety Code, and a Schedule II controlled substance as defined by Section 1308.12 (b)(1) of Title 21 of the code of Federal Regulations and a dangerous drug as defined in Business and Professions Code section 4022. Respiratory depression is the chief hazard from all opioid agonist preparations. Oxycodone should be used with caution and started in a reduced dosage (1/3 to 1/2 of the usual dosage) in patients who are concurrently receiving other central nervous system depressants including sedatives or hypnotics, general anesthetics, phenothiazines, other tranquilizers and alcohol.

12. Benzodiazepines are a class of agents that work on the central nervous system, acting on select receptors in the brain that inhibit or reduce the activity of nerve cells within the brain. Valium, diazepam, alprazolam, and temazepam are all examples of benzodiazepines. All benzodiazepines are Schedule IV controlled substances and have the potential for abuse, addiction, and diversion.

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

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

15. Lorazepam (Ativan) is a benzodiazepine that affects chemicals in the brain that may be unbalanced in people with anxiety. It is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

16. MS Contin® (morphine sulfate), an opioid analgesic, is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (e), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for the management of pain that is severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. The Drug Enforcement Administration has identified oxycodone as a drug of abuse. (Drugs of Abuse, A DEA Resource Guide (2011 Edition), at p. 39.) The Federal Drug Administration has issued a black box warning for MS Contin® which warns about, among other things, addiction, abuse and misuse, and the possibility of life-threatening respiratory distress. The warning also cautions about the risks associated with concomitant use of MS Contin® with benzodiazepines or other central nervous system (CNS) depressants.

17. Oxycodone (Oxaydo®, Oxycontin®, Oxyfast®, Roxicodon®, Xtampza ER®) is a white odorless crystalline power derived from an opium alkaloid. It is a pure agonist opioid whose principal therapeutic action is analgesia. Other therapeutic effects of oxycodone include anxiolysis, euphoria, and feelings of relaxation. Oxycodone is a Schedule II controlled substance and narcotic as defined by section 11055, subdivision (b)(1) of the Health and Safety Code, a Schedule II controlled substance as defined by Section 1308.12 (b)(1) of Title 21 of the code of Federal Regulations, and a dangerous drug as defined in Business and Professions Code section 4022. When properly prescribed and indicated, oxycodone is used for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment for which alternative treatment options are inadequate. Respiratory depression is the chief hazard from all opioid agonist preparations. The risk of respiratory depression and overdose is increased with the concomitant use of benzodiazepines or when prescribed to patients with pre-existing respiratory depression. Oxycodone should be used with caution and started in a reduced dosage (1/3 to 1/2 of the usual dosage) in patients who are concurrently receiving other central nervous system depressants including sedatives or hypnotics, general anesthetics, phenothiazines, other tranquilizers, and alcohol. The DEA has identified oxycodone, as a drug of abuse. (Drugs of Abuse, A DEA Resource Guide (2011 Edition), at p. 41.)

18. Phentermine HCL (Lonamin®, Fastin®, Adipex®), an anorectic, is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (f), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed as indicated, phentermine HCL is used as a short term adjunct in a regiment of weight reduction based on exercise, behavioral modification, and caloric restriction. According to the DEA fact sheet for anorectic drugs, phentermine can produce amphetamine-like effects and is frequently encountered on the illicit market.

19. Phenergan (promethazine) is a Schedule V controlled substance under Health and Safety Code section 11058, and a Schedule V controlled substance under section 1308.15 of Title 21 of the Code of Federal Regulations and a dangerous drug as defined in Business and Professions Code section 4022. Phenergan has anti-histaminic, sedative, anti-motion sickness, anti-emetic, and anti-cholinergic effects. Phenergan may significantly affect the actions of other drugs. It may increase, prolong, or intensify the sedative action of central-nervous-system depressants.

20. Phenobarbital (Solfoton®) is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. It is a barbiturate used to slow the activity of your brain and nervous system. It is used to treat or prevent seizures, as a short-term sedative, and has potential for abuse.

21. Soma®, a brand name for carisoprodol, is a muscle relaxant with a known potentiating effect on narcotics. It is a muscle relaxer that works by blocking pain sensations between the nerves and the brain. In December 2011, the Federal Drug Administration listed carisoprodol as a Schedule IV controlled substance (76 Fed.Reg. 77330 (Dec. 12, 2011).) Soma is also a dangerous drug pursuant to Business and Professions Code section 4022.

22. Zaleplon (Sonata) is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. It is a sedative used to treat insomnia and has potential for abuse.

23. Zolpidem tartrate (Ambien®) is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. It is a sedative used to treat insomnia and has potential for abuse.

FACTUAL ALLEGATIONS

Facts Common to All Patients

24. On or about March 28, 2022, Respondent was interviewed regarding the care provided to Patient A[1], Patient B, Patient C, Patient D, and Patient E. Respondent stated that he is a practicing Doctor of Podiatric Medicine, and is currently board certified by the American Board of Podiatry and the Board of Podiatric Surgery. Respondent has practiced podiatric medicine in a medical group in Modesto since 1995. Respondent typically sees about 15 patients per day, and provides supportive care for nails, calluses, heel pain, sports injuries, tendonitis, and fractures. Respondent treats both adult and pediatric patients. Respondent does not supervise any midlevel providers. Respondent stated that he runs a CURES report on a patient before prescribing opioids. If a patient requests opioids routinely, Respondent explained that he will check the CURES report every third prescription and document the review of CURES in the medical records. Respondent stated that he has been using CURES to monitor patients since 2018. Respondent stated that the electronic health records system will not allow him to prescribe controlled substances unless he checks the CURES report first. Respondent said that when CURES came out, he was not documenting it in the chart the way that he should have been. If a patient uses controlled substances for more than a year, then Respondent utilizes a pain management agreement. Respondent does not utilize urine drug testing for patients that are receiving prescriptions for controlled substances.

Facts Pertaining to Patient A

25. Patient A was under the care and treatment of Respondent since approximately 2012 for severe left ankle pain due to a severe dislocation and three fractures. Patient A has hardware in her ankle, and has seen several other physicians in the past. Initially, Respondent provided her

[1] Patients are identified by letter to protect their privacy.

with two options for treatment when she was 48 years of age, an ankle fusion, or long term narcotic pain. Patient A elected to treat her pain with narcotics as there was no guarantee that the ankle fusion would relieve her pain. Respondent did not offer Patient A other treatment options that were available, such as PCP injections, steroid injections, ankle joint replacement, arthroscopic diagnostic and therapeutic procedures, diagnostic blocks, NSAIDs, bracing, physical therapy, and modified activity. Respondent prescribed Patient A Norco beginning in 2012. Patient A requested a refill each week, which was filled by Respondent. Respondent provided refills continuously during this period without office visits, patient monitoring, a patient pain contract, reviewing CURES reports, consultations with her primary care physician, consultation with a pain management specialist, or drug testing.

26. On or about November 15, 2019, Patient A presented to Respondent in person for renewal of her prescriptions for MS Contin and Norco at Respondent's request. Respondent told her that he would not refill her medications until she came back for a follow-up appointment in one month related to her right ankle. Respondent told her to visit her primary care physician and explore other treatments for her pain including pain management, surgery, nerve blocks, and steroid injections. Patient A's prescription for narcotics was going to run out prior to the follow-up appointment, but Respondent did not make plans to see her earlier. Patient A was left without pain medication for a significant period prior to her follow-up appointment, and was very concerned about withdrawal. Prior to this visit, Patient A had only visited Respondent in person approximately three times. Patient A was able to wean herself off the narcotic medications by February of 2020. Patient A estimated that she only visited Respondent in person three times from 2012 through 2019, although she continued to receive narcotic prescriptions the entire time. Patient A stated that she was the one that requested each of the in person visits prior to the November 15, 2019 visit. Respondent continued to prescribe controlled substances to Patient A on a regular basis, and did not order drug testing, establish a pain management agreement, or refer her to a primary care physician or pain management specialist.

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27. On or about October 9, 2018, Respondent checked Patient A's CURES report for the first time documented. Respondent only checked Patient A's CURES reports two additional times, both on October 16, 2018.

28. On or about December 31, 2019, Respondent told Patient A that he would no longer fill her prescriptions for controlled substances. Respondent referred Patient A back to her primary care physician to help her taper her medications and deal with her withdrawal symptoms.

29. On or about March 28, 2022, Respondent was interviewed regarding the care provided to Patient A. Respondent stated that he did not know why he provided prescriptions of Norco on a weekly basis, while the MS Contin prescription was provided on a monthly basis. Respondent stated that he was unable to locate a pain management contract for Patient A, and was not sure if he ever completed one. Respondent admitted that he never did any drug testing with Patient A, and that he rarely if ever consulted CURES. Respondent stated that he was not trained or certified in pain management therapy. Respondent stated that he was not trained in the use of drug testing for management of chronic pain with opioids.

30. During the period of on or about November 19, 2015 through September 22, 2021, Patient filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Strength	Form	Days' Supply	Quantity	Prescriber Name
11/19/2015	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	10	60	Respondent
11/20/2015	CLONAZEPAM	2 MG	TAB	30	30	T.G., M.D.
12/4/2015	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	8	50	Respondent
12/10/2015	MORPHINE SULFATE	60 MG	TER	30	60	Respondent
12/21/2015	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	8	50	Respondent
12/23/2015	CLONAZEPAM	2 MG	TAB	30	30	J.S., M.D.
12/30/2015	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	8	50	Respondent
1/8/2016	MORPHINE SULFATE	60 MG	TER	30	60	Respondent

Date Filled	Drug Name	Strength	Form	Days' Supply	Quantity	Prescriber Name
1/15/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	9	50	Respondent
1/26/2016	CLONAZEPAM	2 MG	TAB	30	30	T.G., M.D.
1/26/2016	ZALEPLON	10 MG	CAP	30	30	T.G., M.D.
1/28/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	8	50	Respondent
2/5/2016	MORPHINE SULFATE	60 MG	TER	30	60	Respondent
2/10/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	8	50	Respondent
2/23/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	8	50	Respondent
2/24/2016	CLONAZEPAM	2 MG	TAB	15	30	T.G., M.D.
2/24/2016	ZALEPLON	10 MG	CAP	30	30	T.G., M.D.
3/3/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	8	50	Respondent
3/4/2016	MORPHINE SULFATE	60 MG	TER	30	60	Respondent
3/17/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	10	50	Respondent
3/24/2016	CLONAZEPAM	2 MG	TAB	30	30	T.G., M.D.
3/30/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	8	50	Respondent
4/7/2016	MORPHINE SULFATE	60 MG	TER	30	60	Respondent
4/11/2016	ZALEPLON	10 MG	CAP	30	30	T.G., M.D.
4/13/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	8	50	Respondent
4/22/2016	CLONAZEPAM	2 MG	TAB	30	30	T.G., M.D.
4/27/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	8	50	Respondent
5/6/2016	MORPHINE SULFATE	60 MG	TER	30	60	Respondent
5/10/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	8	50	Respondent
5/20/2016	CLONAZEPAM	2 MG	TAB	30	30	T.G., M.D.
5/20/2016	ZALEPLON	10 MG	CAP	30	30	T.G., M.D.

Date Filled	Drug Name	Strength	Form	Days' Supply	Quantity	Prescriber Name
5/24/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	9	50	Respondent
6/7/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	8	50	Respondent
6/7/2016	MORPHINE SULFATE	60 MG	TER	30	60	Respondent
6/22/2016	CLONAZEPAM	2 MG	TAB	30	30	T.G., M.D.
6/22/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	8	50	Respondent
7/6/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	8	50	Respondent
7/6/2016	MORPHINE SULFATE	60 MG	TER	30	60	Respondent
7/12/2016	ZALEPLON	10 MG	CAP	30	30	T.G., M.D.
7/21/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	8	50	Respondent
7/29/2016	CLONAZEPAM	2 MG	TAB	30	30	T.G., M.D.
8/4/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	8	50	Respondent
8/4/2016	MORPHINE SULFATE	60 MG	TER	30	60	Respondent
8/17/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	8	50	Respondent
9/1/2016	CLONAZEPAM	2 MG	TAB	30	30	T.G., M.D.
9/2/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	12	50	R.J., DPM
9/4/2016	MORPHINE SULFATE	60 MG	TER	30	60	Respondent
9/8/2016	ZALEPLON	10 MG	CAP	30	30	J.P., DO
9/21/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	13	50	K.B., DPM
10/4/2016	CLONAZEPAM	2 MG	TAB	30	30	T.G., M.D.
10/7/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	12	50	R.J., DPM
10/7/2016	MORPHINE SULFATE	60 MG	TER	30	60	R.J., DPM
10/20/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	8	50	Respondent

Date Filled	Drug Name	Strength	Form	Days' Supply	Quantity	Prescriber Name
11/2/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
11/5/2016	MORPHINE SULFATE	60 MG	TER	30	60	Respondent
11/8/2016	CLONAZEPAM	2 MG	TAB	30	30	T.G., M.D.
11/14/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	12	50	Respondent
11/22/2016	ZALEPLON	10 MG	CAP	30	30	J.P., DO
11/28/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	12	50	Respondent
12/3/2016	MORPHINE SULFATE	60 MG	TER	30	60	Respondent
12/12/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	12	50	Respondent
12/13/2016	CLONAZEPAM	2 MG	TAB	30	30	T.G., M.D.
12/26/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	15	60	Respondent
1/6/2017	MORPHINE SULFATE	60 MG	TER	30	60	Respondent
1/6/2017	ZALEPLON	10 MG	CAP	30	30	T.G., M.D.
1/10/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	15	60	Respondent
1/13/2017	CLONAZEPAM	2 MG	TAB	30	30	T.G., M.D.
1/24/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	15	60	Respondent
2/3/2017	MORPHINE SULFATE	60 MG	TER	30	60	Respondent
2/7/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	15	60	Respondent
2/15/2017	ZALEPLON	10 MG	CAP	30	30	T.G., M.D.
2/21/2017	CLONAZEPAM	2 MG	TAB	30	30	T.G., M.D.
2/21/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	15	60	Respondent
3/4/2017	MORPHINE SULFATE	60 MG	TER	30	60	Respondent
3/6/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	15	60	Respondent
3/20/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	15	60	Respondent

Date Filled	Drug Name	Strength	Form	Days' Supply	Quantity	Prescriber Name
3/21/2017	CLONAZEPAM	2 MG	TAB	30	30	T.G., M.D.
4/3/2017	MORPHINE SULFATE	60 MG	TER	30	60	Respondent
4/4/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	15	60	Respondent
4/4/2017	ZALEPLON	10 MG	CAP	30	30	T.G., M.D.
4/18/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	15	60	Respondent
4/24/2017	CLONAZEPAM	2 MG	TAB	30	30	T.G., M.D.
5/2/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	15	60	Respondent
5/3/2017	MORPHINE SULFATE	60 MG	TER	30	60	Respondent
5/9/2017	ZALEPLON	10 MG	CAP	30	30	T.G., M.D.
5/16/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	15	60	Respondent
5/27/2017	CLONAZEPAM	2 MG	TAB	30	30	T.G., M.D.
5/30/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	12	50	Respondent
6/2/2017	MORPHINE SULFATE	60 MG	TER	30	60	Respondent
6/12/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	12	50	Respondent
6/19/2017	ZALEPLON	10 MG	CAP	30	30	T.G., M.D.
6/24/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	12	50	Respondent
6/30/2017	MORPHINE SULFATE	60 MG	TER	30	60	Respondent
7/7/2017	CLONAZEPAM	2 MG	TAB	30	30	T.G., M.D.
7/7/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	12	50	Respondent
7/18/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	12	50	Respondent
7/28/2017	MORPHINE SULFATE	60 MG	TER	30	60	Respondent
7/31/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	12	50	Respondent
8/4/2017	CLONAZEPAM	2 MG	TAB	30	30	T.G., M.D.
8/4/2017	ZALEPLON	10 MG	CAP	30	30	T.G., M.D.

Date Filled	Drug Name	Strength	Form	Days' Supply	Quantity	Prescriber Name
8/11/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	5	20	Respondent
8/16/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	12	50	Respondent
8/28/2017	MORPHINE SULFATE	60 MG	TER	30	60	Respondent
8/30/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	15	60	Respondent
9/8/2017	CLONAZEPAM	2 MG	TAB	30	30	T.G., M.D.
9/13/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	15	60	Respondent
9/26/2017	ZALEPLON	10 MG	CAP	30	30	T.G., M.D.
9/27/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	15	60	Respondent
9/29/2017	MORPHINE SULFATE	60 MG	TER	30	60	Respondent
10/12/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	15	60	Respondent
10/18/2017	CLONAZEPAM	2 MG	TAB	30	30	T.G., M.D.
10/26/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	15	60	Respondent
10/27/2017	MORPHINE SULFATE	60 MG	TER	30	60	Respondent
10/27/2017	ZALEPLON	10 MG	CAP	30	30	T.G., M.D.
11/10/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	15	60	Respondent
11/19/2017	CLONAZEPAM	2 MG	TAB	30	30	T.G., M.D.
11/24/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	15	60	Respondent
11/24/2017	MORPHINE SULFATE	60 MG	TER	30	60	Respondent
12/9/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	15	60	Respondent
12/12/2017	ZALEPLON	10 MG	CAP	30	30	S.J., M.D.
12/17/2017	CLONAZEPAM	2 MG	TAB	30	30	S.J., M.D.
12/23/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	15	60	Respondent
12/23/2017	MORPHINE SULFATE	60 MG	TER	30	60	Respondent

Date Filled	Drug Name	Strength	Form	Days' Supply	Quantity	Prescriber Name
1/6/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	15	60	Respondent
1/15/2018	CLONAZEPAM	2 MG	TAB	30	30	T.G., M.D.
1/15/2018	ZALEPLON	10 MG	CAP	30	30	T.G., M.D.
1/20/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	15	60	Respondent
1/23/2018	MORPHINE SULFATE	60 MG	TER	30	60	Respondent
2/3/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	15	60	Respondent
2/14/2018	CLONAZEPAM	2 MG	TAB	30	30	T.G., M.D.
2/17/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	15	60	Respondent
2/21/2018	MORPHINE SULFATE	60 MG	TER	30	60	Respondent
2/28/2018	ZALEPLON	10 MG	CAP	30	30	T.G., M.D.
3/3/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	15	60	Respondent
3/19/2018	CLONAZEPAM	2 MG	TAB	30	30	T.G., M.D.
3/19/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	15	60	Respondent
3/22/2018	MORPHINE SULFATE	60 MG	TER	30	60	Respondent
4/2/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	15	60	Respondent
4/12/2018	ZALEPLON	10 MG	CAP	30	30	T.G., M.D.
4/13/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	5	60	Respondent
4/19/2018	MORPHINE SULFATE	60 MG	TER	30	60	Respondent
4/20/2018	CLONAZEPAM	2 MG	TAB	30	30	T.G., M.D.
5/4/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	5	60	Respondent
5/18/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	5	60	Respondent
5/23/2018	MORPHINE SULFATE	60 MG	TER	30	60	Respondent
5/31/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	5	60	Respondent

Date Filled	Drug Name	Strength	Form	Days' Supply	Quantity	Prescriber Name
6/1/2018	CLONAZEPAM	2 MG	TAB	30	30	T.G., M.D.
6/14/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	5	60	Respondent
6/22/2018	MORPHINE SULFATE	60 MG	TER	30	60	Respondent
6/27/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	5	60	Respondent
7/3/2018	ZALEPLON	10 MG	CAP	30	30	T.G., M.D.
7/4/2018	CLONAZEPAM	2 MG	TAB	30	30	T.G., M.D.
7/11/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	5	60	Respondent
7/20/2018	MORPHINE SULFATE	60 MG	TER	30	60	Respondent
7/27/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	2	30	Respondent
8/6/2018	CLONAZEPAM	2 MG	TAB	30	30	T.G., M.D.
8/6/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	2	30	Respondent
8/10/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	7	30	Respondent
8/17/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	2	30	Respondent
8/20/2018	MORPHINE SULFATE	60 MG	TER	30	60	Respondent
8/21/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	8	30	Respondent
8/21/2018	ZALEPLON	10 MG	CAP	30	30	T.G., M.D.
8/31/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	7	30	Respondent
9/7/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	7	30	Respondent
9/13/2018	CLONAZEPAM	2 MG	TAB	30	30	T.G., M.D.
9/13/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	7	30	Respondent
9/19/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	7	30	Respondent

Date Filled	Drug Name	Strength	Form	Days' Supply	Quantity	Prescriber Name
9/19/2018	MORPHINE SULFATE	60 MG	TER	30	60	Respondent
9/26/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	7	30	Respondent
9/29/2018	ZALEPLON	10 MG	CAP	30	30	T.G., M.D.
10/9/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	8	30	Respondent
10/16/2018	CLONAZEPAM	2 MG	TAB	30	30	T.G., M.D.
10/16/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	8	30	Respondent
10/18/2018	MORPHINE SULFATE	60 MG	TER	30	60	Respondent
10/24/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	7	30	Respondent
10/30/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	8	30	Respondent
11/6/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	7	30	Respondent
11/9/2018	ZALEPLON	10 MG	CAP	30	30	T.G., M.D.
11/13/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	8	30	Respondent
11/16/2018	MORPHINE SULFATE	60 MG	TER	30	60	Respondent
11/20/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	8	30	Respondent
11/21/2018	CLONAZEPAM	2 MG	TAB	30	30	T.G., M.D.
11/28/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	8	30	Respondent
12/5/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	7	30	Respondent
12/12/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	8	30	Respondent
12/18/2018	ZALEPLON	10 MG	CAP	30	30	T.G., M.D.
12/19/2018	CLONAZEPAM	2 MG	TAB	30	30	T.G., M.D.
12/19/2018	MORPHINE SULFATE	60 MG	TER	30	60	Respondent

Date Filled	Drug Name	Strength	Form	Days' Supply	Quantity	Prescriber Name
12/20/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	7	30	Respondent
12/27/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	7	30	Respondent
1/3/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	7	30	Respondent
1/9/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	8	30	Respondent
1/16/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	8	30	Respondent
1/17/2019	CLONAZEPAM	2 MG	TAB	30	30	T.G., M.D.
1/17/2019	MORPHINE SULFATE	60 MG	TER	30	60	Respondent
1/24/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	8	30	Respondent
1/31/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	7	30	Respondent
2/7/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	8	30	Respondent
2/14/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	8	30	Respondent
2/14/2019	MORPHINE SULFATE	60 MG	TER	30	60	Respondent
2/20/2019	CLONAZEPAM	2 MG	TAB	30	30	T.G., M.D.
2/21/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	7	30	Respondent
2/28/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	7	30	Respondent
3/1/2019	ZALEPLON	10 MG	CAP	30	30	T.G., M.D.
3/6/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	8	30	Respondent
3/13/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	8	30	Respondent
3/14/2019	MORPHINE SULFATE	60 MG	TER	30	60	Respondent

Date Filled	Drug Name	Strength	Form	Days' Supply	Quantity	Prescriber Name
3/20/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	8	30	Respondent
3/27/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	8	30	Respondent
3/29/2019	CLONAZEPAM	2 MG	TAB	30	30	T.G., M.D.
4/3/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	8	30	Respondent
4/4/2019	ZALEPLON	10 MG	CAP	30	30	T.G., M.D.
4/10/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	7	30	Respondent
4/17/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	7	30	Respondent
4/17/2019	MORPHINE SULFATE	60 MG	TER	30	60	Respondent
4/24/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	8	30	Respondent
5/1/2019	CLONAZEPAM	2 MG	TAB	30	30	T.G., M.D.
5/1/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	8	30	Respondent
5/8/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	8	30	Respondent
5/15/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	7	30	Respondent
5/17/2019	MORPHINE SULFATE	60 MG	TER	30	60	Respondent
5/22/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	8	30	Respondent
5/22/2019	ZALEPLON	10 MG	CAP	30	15	T.G., M.D.
5/29/2019	CLONAZEPAM	2 MG	TAB	30	30	T.G., M.D.
5/29/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	8	30	Respondent
6/5/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	8	30	Respondent
6/12/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	8	30	Respondent

Date Filled	Drug Name	Strength	Form	Days' Supply	Quantity	Prescriber Name
6/17/2019	MORPHINE SULFATE	60 MG	TER	30	60	Respondent
6/19/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	8	30	Respondent
6/26/2019	CLONAZEPAM	2 MG	TAB	30	30	T.G., M.D.
6/26/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	8	30	Respondent
6/26/2019	ZALEPLON	10 MG	CAP	30	7	T.G., M.D.
7/5/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	8	30	Respondent
7/12/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	7	30	Respondent
7/18/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	7	30	Respondent
7/22/2019	MORPHINE SULFATE	60 MG	TER	30	60	Respondent
7/24/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	8	30	Respondent
7/28/2019	CLONAZEPAM	2 MG	TAB	30	30	T.G., M.D.
7/31/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	7	30	Respondent
8/5/2019	ZALEPLON	10 MG	CAP	19	19	T.G., M.D.
8/7/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	7	30	Respondent
8/14/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	7	30	Respondent
8/20/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	7	30	Respondent
8/20/2019	MORPHINE SULFATE	60 MG	TER	30	60	Respondent
8/27/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	7	30	Respondent
9/3/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	7	30	Respondent
9/9/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent

Date Filled	Drug Name	Strength	Form	Days' Supply	Quantity	Prescriber Name
9/13/2019	CLONAZEPAM	2 MG	TAB	30	30	S.J., M.D.
9/13/2019	ZALEPLON	10 MG	CAP	11	11	T.G., M.D.
9/16/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
9/20/2019	MORPHINE SULFATE	60 MG	TER	30	60	Respondent
9/23/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	7	30	Respondent
9/30/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	7	30	Respondent
10/7/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	7	30	Respondent
10/16/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	3	30	Respondent
10/23/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	3	30	Respondent
11/15/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	7	30	Respondent
11/15/2019	MORPHINE SULFATE	60 MG	TER	30	60	Respondent
5/19/2020	CARISOPRODOL	350 MG	TAB	20	60	T.K., PA
6/9/2020	CARISOPRODOL	350 MG	TAB	20	60	T.K., PA
8/26/2020	CARISOPRODOL	350 MG	TAB	20	60	T.K., PA
12/8/2020	CARISOPRODOL	350 MG	TAB	20	60	T.K., PA
5/27/2021	CARISOPRODOL	350 MG	TAB	20	60	T.K., PA
9/22/2021	CARISOPRODOL	350 MG	TAB	20	60	T.K., PA

Facts Pertaining to Patient B

31. Patient B presented to Respondent after breaking both of her feet. She underwent surgery to her right foot, had plates inserted into her foot as well as heel reconstruction. Respondent treated her for a broken right foot by prescribing narcotics for nearly two years. Respondent also treated her for calluses. Patient B eventually stopped taking pain medications, but did not like taking them because they caused constipation. Respondent's medical records for Patient B primarily focus on the treatment of her callus debridement. Respondent did not utilize

pain management agreements, drug testing or regular review of the CURES database in the treatment of Patient B. Respondent checked the CURES database a single time, on October 17, 2018. Respondent failed to sign his medical records in a timely fashion, regularly signing them six to eighteen months after the treatment was provided. Respondent stated that his records for Patient B are "pretty horrible," the "office visits are very limited, and "it shouldn't have been that way."

32. During the period of on or about November 16, 2015 through October 27, 2022, Patient B filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Strength	Form	Days' Supply	Quantity	Prescriber Name
11/16/2015	CARISOPRODOL	350 MG	TAB	10	30	A.A., M.D.
11/23/2015	CARISOPRODOL	350 MG	TAB	10	30	A.A., M.D.
11/30/2015	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	10	10	Respondent
12/10/2015	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	3	10	Respondent
12/12/2015	DIAZEPAM	5 MG	TAB	30	30	A.A., M.D.
12/21/2015	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	3	20	Respondent
12/23/2015	CARISOPRODOL	350 MG	TAB	10	30	M.M., M.D.
1/6/2016	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	3	20	Respondent
1/7/2016	CARISOPRODOL	350 MG	TAB	10	30	A.A., M.D.
1/14/2016	DIAZEPAM	5 MG	TAB	30	30	A.A., M.D.
1/19/2016	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	3	20	Respondent
1/26/2016	CARISOPRODOL	350 MG	TAB	10	30	A.A., M.D.
2/1/2016	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	3	20	Respondent
2/12/2016	DIAZEPAM	5 MG	TAB	30	30	A.A., M.D.
2/12/2016	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	3	20	Respondent
3/1/2016	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	4	20	Respondent

Date Filled	Drug Name	Strength	Form	Days' Supply	Quantity	Prescriber Name
3/14/2016	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	3	20	Respondent
3/25/2016	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	10	60	Respondent
4/14/2016	DIAZEPAM	5 MG	TAB	30	30	F.P., NP
4/29/2016	CARISOPRODOL	350 MG	TAB	10	30	A.A., M.D.
5/6/2016	CARISOPRODOL	350 MG	TAB	10	30	A.A., M.D.
5/16/2016	DIAZEPAM	5 MG	TAB	30	30	A.A., M.D.
5/20/2016	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	10	60	Respondent
6/6/2016	CARISOPRODOL	350 MG	TAB	10	30	A.A., M.D.
6/7/2016	DIAZEPAM	5 MG	TAB	30	30	A.A., M.D.
6/24/2016	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	15	60	K.B., DPM
6/30/2016	CARISOPRODOL	350 MG	TAB	10	30	A.A., M.D.
6/30/2016	DIAZEPAM	5 MG	TAB	30	30	A.A., M.D.
7/18/2016	CARISOPRODOL	350 MG	TAB	10	30	A.A., M.D.
7/27/2016	PHENOBARBITAL	20 MG/5 ML	SOL	24	480	A.A., M.D.
8/4/2016	CARISOPRODOL	350 MG	TAB	10	30	K.K., M.D.
8/9/2016	DIAZEPAM	5 MG	TAB	30	30	A.A., M.D.
8/11/2016	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
8/15/2016	CARISOPRODOL	350 MG	TAB	3	10	A.A., M.D.
8/22/2016	CARISOPRODOL	350 MG	TAB	10	30	A.A., M.D.
9/1/2016	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
9/2/2016	CARISOPRODOL	350 MG	TAB	10	30	A.A., M.D.
9/6/2016	DIAZEPAM	5 MG	TAB	30	30	A.A., M.D.
9/30/2016	CARISOPRODOL	350 MG	TAB	10	30	A.A., M.D.
10/4/2016	DIAZEPAM	5 MG	TAB	30	30	A.A., M.D.
10/12/2016	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	10	60	Respondent
10/17/2016	CARISOPRODOL	350 MG	TAB	10	30	A.A., M.D.
10/31/2016	CARISOPRODOL	350 MG	TAB	10	30	A.A., M.D.
11/14/2016	DIAZEPAM	5 MG	TAB	30	30	N.H., M.D.
11/25/2016	CARISOPRODOL	350 MG	TAB	10	30	Y.J., M.D.
12/16/2016	DIAZEPAM	5 MG	TAB	30	30	M.M., M.D.

Date Filled	Drug Name	Strength	Form	Days' Supply	Quantity	Prescriber Name
12/16/2016	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	10	60	Respondent
12/21/2016	CARISOPRODOL	350 MG	TAB	10	30	A.A., M.D.
12/30/2016	CARISOPRODOL	350 MG	TAB	10	30	A.A., M.D.
1/15/2017	DIAZEPAM	5 MG	TAB	30	30	A.A., M.D.
1/19/2017	CARISOPRODOL	350 MG	TAB	10	30	A.A., M.D.
1/31/2017	CARISOPRODOL	350 MG	TAB	10	30	A.A., M.D.
1/31/2017	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	10	60	Respondent
2/17/2017	CARISOPRODOL	350 MG	TAB	10	30	M.S.
3/10/2017	CARISOPRODOL	350 MG	TAB	10	30	A.A., M.D.
3/30/2017	CARISOPRODOL	350 MG	TAB	10	30	A.A., M.D.
4/13/2017	CARISOPRODOL	350 MG	TAB	10	30	A.A., M.D.
4/24/2017	CARISOPRODOL	350 MG	TAB	10	30	A.A., M.D.
5/9/2017	CARISOPRODOL	350 MG	TAB	10	30	A.A., M.D.
5/23/2017	CARISOPRODOL	350 MG	TAB	10	30	A.A., M.D.
6/6/2017	CARISOPRODOL	350 MG	TAB	10	30	A.A., M.D.
6/15/2017	CARISOPRODOL	350 MG	TAB	10	30	M.M., M.D.
7/3/2017	CARISOPRODOL	350 MG	TAB	10	30	A.A., M.D.
7/14/2017	CARISOPRODOL	350 MG	TAB	10	30	A.A., M.D.
7/31/2017	CARISOPRODOL	350 MG	TAB	10	30	A.A., M.D.
8/11/2017	CARISOPRODOL	350 MG	TAB	10	30	A.A., M.D.
8/11/2017	DIAZEPAM	5 MG	TAB	10	10	A.A., M.D.
8/22/2017	CARISOPRODOL	350 MG	TAB	10	30	A.A., M.D.
8/22/2017	DIAZEPAM	5 MG	TAB	10	10	A.A., M.D.
9/1/2017	CARISOPRODOL	350 MG	TAB	10	30	A.A., M.D.
9/11/2017	CARISOPRODOL	350 MG	TAB	10	30	A.A., M.D.
9/21/2017	CARISOPRODOL	350 MG	TAB	10	30	A.A., M.D.
9/27/2017	PHENOBARBITAL	20 MG/5 ML	ELI	24	480	A.A., M.D.
11/1/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	7	30	Respondent
11/6/2017	CARISOPRODOL	350 MG	TAB	10	30	A.A., M.D.
11/22/2017	CARISOPRODOL	350 MG	TAB	10	30	A.A., M.D.
12/5/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
12/8/2017	CARISOPRODOL	350 MG	TAB	10	30	A.A., M.D.
12/21/2017	CARISOPRODOL	350 MG	TAB	10	30	A.A., M.D.
1/2/2018	CARISOPRODOL	350 MG	TAB	10	30	K.K., M.D.

Date Filled	Drug Name	Strength	Form	Days' Supply	Quantity	Prescriber Name
1/16/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
1/18/2018	CARISOPRODOL	350 MG	TAB	10	30	A.A., M.D.
1/29/2018	CARISOPRODOL	350 MG	TAB	10	30	A.A., M.D.
2/7/2018	CARISOPRODOL	350 MG	TAB	10	30	A.A., M.D.
2/13/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
2/19/2018	CARISOPRODOL	350 MG	TAB	10	30	A.A., M.D.
3/5/2018	CARISOPRODOL	350 MG	TAB	10	30	A.A., M.D.
3/5/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
4/12/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
5/7/2018	CARISOPRODOL	350 MG	TAB	10	30	A.A., M.D.
5/29/2018	CARISOPRODOL	350 MG	TAB	10	30	A.A., M.D.
6/7/2018	CARISOPRODOL	350 MG	TAB	10	30	A.A., M.D.
6/11/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
7/2/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
7/18/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
8/16/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	7	30	Respondent
10/17/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	7	30	Respondent
11/21/2018	DIPHENOXYLATE HCL-ATROPINE SULFATE	0.025 MG-2.5 MG	TAB	7	30	A.A., M.D.
11/28/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	7	30	Respondent
1/7/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	7	30	Respondent
2/6/2019	PHENOBARBITAL	20 MG/5 ML	ELI	23	473	A.A., M.D.

Date Filled	Drug Name	Strength	Form	Days' Supply	Quantity	Prescriber Name
2/7/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
3/6/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
4/22/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	7	30	Respondent
6/21/2019	PHENOBARBITAL	20 MG/5 ML	ELI	23	473	A.A., M.D.
6/25/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	14	30	Respondent
7/18/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	7	30	Respondent
7/30/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
8/26/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
9/9/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
9/23/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
10/4/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
10/19/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
10/31/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
11/26/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
3/24/2020	PHENOBARBITAL	20 MG/5 ML	ELI	22	473	A.A., M.D.
4/12/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
4/24/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent

Date Filled	Drug Name	Strength	Form	Days' Supply	Quantity	Prescriber Name
5/13/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
6/2/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
6/26/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
7/21/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
8/26/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
9/16/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
9/21/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
10/4/2021	PHENOBARBITAL	20 MG/5 ML	SOL	24	473	A.A., M.D.
6/17/2022	CARISOPRODOL	250 MG	TAB	10	20	A.A., M.D.
7/1/2022	CARISOPRODOL	250 MG	TAB	10	20	A.A., M.D.
7/30/2022	CARISOPRODOL	250 MG	TAB	10	20	A.A., M.D.
8/10/2022	CARISOPRODOL	250 MG	TAB	30	60	A.A., M.D.
10/27/2022	CARISOPRODOL	250 MG	TAB	30	60	A.A., M.D.

Facts Pertaining to Patient C

33. Patient C presented to Respondent for care of plantar fasciitis and posterior tibia tendonitis due to a workers compensation injury. Patient C complained of occasional pain in his feet. Respondent prescribed controlled substances to Patient C, but could not produce any medical records. Respondent did not conduct any drug testing of Patient C. On June 18, 2018, Patient C signed a two page Pain Management Agreement with Respondent. Respondent did not document any patient Activity Reports or drug testing reports for Patient C. Respondent checked the CURES database for Patient C a single time, on October 9, 2018. When questioned about the justification for the prescribing controlled substances to Patient C, Respondent stated "I'm starting to worry about what I'm doing here, because this doesn't sound very right to me." Respondent stated that he did not drug test Patient C. Respondent could not recall if he ever

checked the CURES database, but said that when he refills a pain medication he should have checked CURES before providing the refill. Respondent explained that when he does check the CURES of a patient he would make a notation in the chart.

34. During the period of on or about November 24, 2015 through November 2, 2022, Patient C filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Strength	Form	Days' Supply	Quantity	Prescriber Name
11/24/2015	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
12/18/2015	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
1/20/2016	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
2/19/2016	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
3/9/2016	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
3/23/2016	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
4/28/2016	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
6/1/2016	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
6/27/2016	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
8/3/2016	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
8/26/2016	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
10/11/2016	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	8	50	Respondent
11/11/2016	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	8	50	Respondent
12/15/2016	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	8	50	Respondent
1/17/2017	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	10	60	Respondent
2/16/2017	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
3/7/2017	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	8	50	Respondent
4/12/2017	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	8	50	Respondent
5/19/2017	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	8	50	Respondent

Date Filled	Drug Name	Strength	Form	Days' Supply	Quantity	Prescriber Name
5/27/2017	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
7/20/2017	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
8/10/2017	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	8	50	Respondent
9/12/2017	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	8	50	Respondent
10/8/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	3	12	P.H. PA
10/18/2017	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	8	50	Respondent
11/17/2017	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	8	50	Respondent
12/19/2017	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	8	50	Respondent
1/17/2018	OXYCODONE HCL-ACETAMINOPHEN	325 MG-10 MG	TAB	7	40	N.C., M.D.
1/31/2018	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	8	50	Respondent
3/6/2018	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	8	50	Respondent
3/15/2018	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	8	50	Respondent
3/29/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	4	15	S.G.
4/23/2018	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	13	50	Respondent
5/14/2018	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	8	50	Respondent
6/22/2018	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	8	50	Respondent
7/25/2018	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	8	50	Respondent
8/22/2018	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	8	50	Respondent
10/8/2018	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	8	50	Respondent
10/31/2018	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
11/26/2018	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
1/4/2019	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	8	50	Respondent

Date Filled	Drug Name	Strength	Form	Days' Supply	Quantity	Prescriber Name
2/6/2019	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	8	50	Respondent
3/10/2019	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	10	60	Respondent
4/16/2019	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	8	50	Respondent
5/16/2019	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
6/18/2019	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
7/15/2019	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
8/13/2019	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
9/12/2019	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
9/20/2019	PHENTERMINE HCL	37.5 MG	TAB	30	30	E.N., FNP
10/7/2019	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
11/4/2019	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
12/9/2019	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
1/7/2020	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
2/5/2020	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
3/9/2020	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
4/6/2020	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
5/4/2020	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
6/3/2020	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
7/2/2020	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
8/3/2020	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
9/2/2020	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
10/2/2020	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
11/2/2020	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
12/2/2020	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent

Date Filled	Drug Name	Strength	Form	Days' Supply	Quantity	Prescriber Name
1/4/2021	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
1/4/2021	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
2/1/2021	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
3/1/2021	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
3/30/2021	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
4/30/2021	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	8	30	Respondent
6/3/2021	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
7/2/2021	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
8/2/2021	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
9/2/2021	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
9/27/2021	PHENTERMINE HCL	30 MG	CAP	30	30	A.M.
10/4/2021	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	6	30	Respondent
11/2/2021	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
12/3/2021	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
1/6/2022	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
2/3/2022	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
3/4/2022	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
4/4/2022	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
5/4/2022	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	K.B., DPM
6/2/2022	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	K.B., DPM
8/1/2022	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	8	50	Respondent
9/6/2022	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	8	50	Respondent
10/4/2022	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	8	50	Respondent
11/2/2022	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	8	50	Respondent

Facts Pertaining to Patient D

35. Patient D presented to Respondent for treatment of an ankle sprain and talar dome injury. Respondent treated her over a three-month period from March 25, 2020, through June 20, 2020. Respondent stated that it was his standard practice to prescribe narcotics for a patient in this situation. Respondent prescribed a "Swede-O" brace for pain, and more than 400 Norco pills. Patient D was referred to another doctor of podiatric medicine for ankle surgery. Respondent continued to prescribe narcotics to Patient D following her surgery, despite the fact that he did not perform the surgery. Respondent did not perform any drug testing of Patient D while prescribing narcotics. Respondent stated that he could not recall if Patient D signed a pain management contract, or if he ever reviewed her CURES report.

36. On or about March 28, 2022, Respondent was interviewed regarding the care provided to Patient D. Respondent was unable to provide a justification for the amount of opioids that he was prescribing to Patient D. Respondent stated that "I'm looking at my records and I'm honestly saying this is pretty horrible that I – what I did (laughing) because my office visits with her were really limited and they should not have been that way."

37. During the period of on or about November 21, 2015 through June 20, 2022, Patient D filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Strength	Form	Days' Supply	Quantity	Prescriber Name
11/21/2015	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	2	10	B.Y. NP
2/1/2016	PHENTERMINE HCL	30 MG	CAP	30	30	L.B., M.D.
3/14/2016	PHENTERMINE HCL	30 MG	CAP	30	30	L.B., M.D.
4/13/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	10	60	L.B., M.D.
4/13/2016	PHENTERMINE HCL	30 MG	CAP	30	30	L.B., M.D.
5/16/2016	PHENTERMINE HCL	30 MG	CAP	30	30	L.B., M.D.
7/1/2016	PHENTERMINE HCL	30 MG	CAP	30	30	L.B., M.D.
8/8/2016	PHENTERMINE HCL	30 MG	CAP	30	30	L.B., M.D.
8/31/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	3	10	S.S.
9/10/2016	PHENTERMINE HCL	30 MG	CAP	30	30	L.B., M.D.
10/21/2016	PHENTERMINE HCL	30 MG	CAP	30	30	L.B., M.D.
11/26/2016	PHENTERMINE HCL	30 MG	CAP	30	30	L.B., M.D.

Date Filled	Drug Name	Strength	Form	Days' Supply	Quantity	Prescriber Name
4/4/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	2	20	S.A., M.D.
4/7/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	3	15	S.K., M.D.
5/7/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-7.5 MG	TAB	2	6	A.D., M.D.
6/23/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-7.5 MG	TAB	5	15	A.D., M.D.
6/29/2017	PHENTERMINE HCL	30 MG	CAP	30	30	L.B., M.D.
7/10/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	1	10	S.A., M.D.
7/30/2017	PHENTERMINE HCL	30 MG	CAP	30	30	L.B., M.D.
11/21/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	6	40	L.B., M.D.
12/2/2017	PHENTERMINE HCL	30 MG	CAP	30	30	L.B., M.D.
12/13/2017	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	30	30	T.M., M.D.
1/10/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	30	30	T.M., M.D.
2/21/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	15	30	T.M., M.D.
3/27/2018	PHENTERMINE HCL	30 MG	CAP	30	30	L.B., M.D.
4/18/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	30	30	T.M., M.D.
5/16/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	30	30	T.M., M.D.
6/20/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	30	30	T.M., M.D.
6/20/2018	PHENTERMINE HCL	30 MG	CAP	30	30	L.B., M.D.
7/18/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	30	30	T.M., M.D.
8/9/2018	PHENTERMINE HCL	30 MG	CAP	30	30	L.B., M.D.
8/15/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	30	30	T.M., M.D.
9/13/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	30	30	T.M., M.D.
10/12/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	30	30	T.M., M.D.
11/15/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	30	30	T.M., M.D.
11/27/2018	PROMETHAZINE HCL-CODEINE PHOSPHATE	10 MG/5 ML-6.25 MG/5 ML	SYR	9	180	M.C., M.D.
12/14/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	30	30	T.M., M.D.

Date Filled	Drug Name	Strength	Form	Days' Supply	Quantity	Prescriber Name
1/17/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	30	60	T.M., M.D.
1/30/2019	PHENTERMINE HCL	30 MG	CAP	30	30	L.B., M.D.
2/14/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	30	60	T.M., M.D.
3/13/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	30	30	T.M., M.D.
4/11/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	30	30	T.M., M.D.
4/11/2019	PHENTERMINE HCL	30 MG	CAP	30	30	L.B., M.D.
5/8/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	30	60	T.M., M.D.
6/6/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	30	60	T.M., M.D.
7/10/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	30	60	T.M., M.D.
8/8/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	30	30	T.M., M.D.
9/6/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	45	45	C.L.
9/23/2019	PHENTERMINE HCL	30 MG	CAP	30	30	L.B., M.D.
10/2/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	22	45	C.L.
10/30/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	22	45	C.L.
12/4/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	22	45	C.L.
12/31/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	6	40	L.B., M.D.
1/5/2020	PHENTERMINE HCL	30 MG	CAP	30	30	L.B., M.D.
1/15/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	15	45	T.M., M.D.
2/12/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	15	45	T.M., M.D.
2/26/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	30	30	Respondent
3/9/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	3	30	Respondent
3/18/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	3	30	Respondent
3/25/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	3	30	Respondent
4/1/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	3	30	Respondent
4/10/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	3	30	Respondent

Date Filled	Drug Name	Strength	Form	Days' Supply	Quantity	Prescriber Name
4/16/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	3	30	L.B., M.D.
4/23/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	5	30	Respondent
4/28/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	2	30	Respondent
5/13/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	2	30	Respondent
5/20/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	2	30	Respondent
5/26/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	3	30	Respondent
6/1/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	3	30	Respondent
6/9/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	3	30	Respondent
6/16/2020	PHENTERMINE HCL	30 MG	CAP	30	30	L.B., M.D.
6/19/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	2	30	Respondent
6/24/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	6	30	B.T., DPM
7/1/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	3	30	B.T., DPM
12/3/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	4	10	C.R., M.D.
12/3/2020	PHENTERMINE HCL	30 MG	CAP	30	30	L.B., M.D.
12/20/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	2	6	S.K., M.D.
1/11/2021	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	2	6	G.B., M.D.
3/10/2021	PROMETHAZINE HCL-CODEINE PHOSPHATE	10 MG/5 ML-6.25 MG/5 ML	SYR	20	120	L.B., M.D.
9/2/2021	PHENTERMINE HCL	30 MG	CAP	26	26	L.B., M.D.
11/2/2021	LORAZEPAM	0.5 MG	TAB	30	60	L.B., M.D.
12/2/2021	LORAZEPAM	0.5 MG	TAB	30	60	L.B., M.D.
1/2/2022	LORAZEPAM	0.5 MG	TAB	30	60	L.B., M.D.
2/1/2022	LORAZEPAM	0.5 MG	TAB	30	60	L.B., M.D.
3/4/2022	LORAZEPAM	0.5 MG	TAB	30	60	L.B., M.D.
4/12/2022	LORAZEPAM	0.5 MG	TAB	30	60	L.B., M.D.
5/25/2022	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	12	H.T.
5/30/2022	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	3	12	E.K.
5/31/2022	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	3	12	E.K.

Date Filled	Drug Name	Strength	Form	Days' Supply	Quantity	Prescriber Name
6/3/2022	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	2	12	P.G.
6/8/2022	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	20	A.C., M.D.
6/12/2022	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	20	K.S., M.D.
6/20/2022	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	3	20	A.C., M.D.

Facts Pertaining to Patient E

38. On or about September 28, 2018, Patient E presented to Respondent for palliative treatment related to diabetic foot care, as he was no longer able to cut his own toenails. Patient E complained of neuropathy and pain in his feet. Respondent prescribed Patient E opioid pain medications for his foot pain, and said that there were no other treatment options other than narcotic medications. Patient E was also being treated by a neurologist who prescribed him Duloxetine to treat his nerve pain from diabetic peripheral neuropathy. Late in 2020, Respondent was still treating Patient E's toenails, while continuing to prescribe Vicodin for his pain. Patient E was concurrently seeing another physician for pain management. Respondent's pattern for prescribing opioids to Patient E was irregular and without support. For example, Respondent prescribed 30 Norco on June 29, 2020. Nine days later, Respondent prescribed 30 more pills; followed by 30 more pills five days later; and 30 more pills eight days later. Respondent was unable to explain his prescribing pattern, only stating, "I can't believe I did that."

39. On or about March 28, 2022, Respondent was interviewed regarding the care provided to Patient E. Respondent was unable to provide a justification for the amount of opioids that he was prescribing to Patient E. After reviewing the number of refills he provided to Patient E, Respondent stated, "All by me? Whoa, that scares me." Respondent stated that "I'm looking at my records and I'm honestly saying this is pretty horrible that I – what I did (laughing) because my office visits with her were really limited and they should not have been that way." When questioned about the reason for the repeated refills for Norco from June 29 through July 21, 2020, Respondent replied, "You – you got me on this one because I – I can't believe I did that."

Respondent admitted that there was no pain management agreement with Patient E, and stated that he could not remember if he ever reviewed Patient E's CURES report.

40. During the period of on or about February 13, 2016 through October 28, 2022, Patient E filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Strength	Form	Days' Supply	Quantity	Prescriber Name
2/13/2016	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-7.5 MG	TAB	2	12	D.G., M.D.
6/7/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	2	15	Y.J., M.D.
6/15/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	10	40	M.M.
6/26/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	6	40	Y.J., M.D.
7/5/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	6	40	Y.J., M.D.
7/12/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	30	135	Y.J., M.D.
8/9/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	10	40	Y.J., M.D.
9/28/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
10/16/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
10/30/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
11/14/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
11/28/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
12/12/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
12/26/2018	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	7	30	Respondent
1/10/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	30	60	K.A., M.D.
2/12/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
2/27/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
3/13/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
3/25/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
4/8/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent

Date Filled	Drug Name	Strength	Form	Days' Supply	Quantity	Prescriber Name
4/19/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	K.B., DPM
5/3/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
5/17/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
5/24/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	4	29	B.T. DPM
6/13/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
6/26/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
7/12/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
7/26/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
8/1/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
8/16/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
8/28/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
9/6/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
9/16/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-5 MG	TAB	5	30	Respondent
9/25/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	3	30	Respondent
10/4/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	3	30	Respondent
10/8/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	4	30	Respondent
10/22/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	3	30	Respondent
11/1/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	3	30	Respondent
11/11/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	5	30	Respondent
11/21/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	5	30	Respondent
11/27/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	3	30	Respondent
12/6/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	6	30	Respondent
12/12/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	3	30	Respondent

Date Filled	Drug Name	Strength	Form	Days' Supply	Quantity	Prescriber Name
12/19/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	5	30	Respondent
12/27/2019	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	4	30	Respondent
1/3/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	5	30	Respondent
1/10/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	3	30	Respondent
1/18/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	3	12	K.G., M.D.
1/21/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	2	30	Respondent
1/28/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	5	30	Respondent
2/4/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	10	30	Respondent
2/11/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	7	30	Respondent
2/18/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	3	30	Respondent
2/26/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	5	30	Respondent
3/4/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	5	30	Respondent
3/11/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	5	30	Respondent
3/18/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	3	30	Respondent
3/26/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	5	30	Respondent
4/1/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	3	30	Respondent
4/6/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	5	30	Respondent
4/9/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	22	90	Respondent
5/8/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	22	90	Respondent
6/1/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	22	90	Respondent
6/24/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	4	40	Respondent
6/29/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	3	30	Respondent
7/8/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	3	30	Respondent

Date Filled	Drug Name	Strength	Form	Days' Supply	Quantity	Prescriber Name
7/13/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	3	30	Respondent
7/21/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	5	30	Respondent
7/29/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	5	30	Respondent
8/4/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	5	30	Respondent
8/12/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	5	30	Respondent
8/20/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	30	90	Respondent
9/10/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	15	90	Respondent
9/10/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	7	30	Respondent
10/8/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	4	30	Respondent
10/14/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	3	30	Respondent
10/23/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	3	30	Respondent
11/6/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	22	90	Respondent
12/7/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	4	30	Respondent
12/17/2020	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	30	90	Respondent
1/14/2021	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	7	34	Y.J., M.D.
2/2/2021	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	30	60	Y.J., M.D.
2/28/2021	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	30	60	Y.J., M.D.
3/31/2021	NUCYNTA	50 MG	TAB	7	21	P.R., M.D.
4/8/2021	NUCYNTA ER	200 MG	TER	30	30	H.T.
4/13/2021	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	30	90	H.T.
5/12/2021	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	30	90	H.T.
6/12/2021	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	30	90	H.T.
7/12/2021	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	30	90	H.T.
8/11/2021	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	30	90	H.T.

Date Filled	Drug Name	Strength	Form	Days' Supply	Quantity	Prescriber Name
9/10/2021	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	30	90	H.T.
10/10/2021	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	30	120	H.T.
11/10/2021	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	30	120	H.T.
12/14/2021	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	30	120	H.T.
1/14/2022	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	30	120	J.M. NP
2/15/2022	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	30	120	C.W.
3/17/2022	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	30	120	C.W.
4/12/2022	OXYCODONE HCL-ACETAMINOPHEN	325 MG-10 MG	TAB	15	60	S.S.
4/13/2022	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	1	4	W.E.
4/14/2022	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	1	2	W.E.
4/16/2022	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	1	4	A.C., M.D.
4/17/2022	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	1	4	A.C., M.D.
4/19/2022	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	1	4	A.C., M.D.
4/19/2022	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	1	4	K.M. NP
4/21/2022	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	1	4	K.M. NP
4/22/2022	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	1	4	K.M. NP
4/23/2022	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	1	4	K.M. NP
4/24/2022	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	1	4	A.C., M.D.
4/26/2022	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	1	2	A.C., M.D.
4/26/2022	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	7	14	A.C., M.D.
4/26/2022	OXYCODONE HCL-ACETAMINOPHEN	325 MG-5 MG	TAB	1	4	K.M. NP
5/5/2022	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	30	60	A.C., M.D.
5/20/2022	OXYCODONE HCL-ACETAMINOPHEN	325 MG-10 MG	TAB	30	120	S.S.

Date Filled	Drug Name	Strength	Form	Days' Supply	Quantity	Prescriber Name
5/31/2022	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	30	120	S.S.
6/28/2022	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	30	120	S.S.
7/27/2022	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	30	120	C.W.
8/29/2022	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	30	120	C.W.
9/28/2022	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	30	120	C.W.
10/28/2022	HYDROCODONE BITARTRATE-ACETAMINOPHEN	325 MG-10 MG	TAB	30	120	C.W.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

41. Respondent has subjected his Doctor of Podiatric Medicine License Number 3323 to disciplinary action under section 2227, as defined by section 2234, subdivision (b), of the Code, in that he committed gross negligence in the care and treatment of Patient A, Patient B, Patient C, Patient D, and Patient E, as more particularly alleged in paragraphs 24 through 40, which are hereby incorporated by reference and realleged as if fully set forth herein. Additional circumstances are as follows:

Patient A – Extreme Departures from the Standard of Care

42. Respondent prescribed opioid medications to Patient A for seven years without regular patient evaluations, drug testing, regular review of the CURES report, communication with her primary care physician, or regular contact with the patient during the seven-year period. Respondent did not pursue any further diagnostic evaluations or treatment options for Patient A. Respondent failed to document any attempts to schedule patient visits with Patient A. Respondent's continued prescribing of controlled substances to Patient A, without regular patient evaluations, drug testing, CURES monitoring, and patient contact constitutes an extreme departure from the standard of care.

43. Respondent continued to prescribe controlled substances to Patient A despite providing minimal office visits for patient evaluations. Prior to November 2019, Respondent only conducted approximately three in person examinations of Patient A during seven years of

prescribing controlled substances, and each of those appointments were initiated by Patient A. Respondent's records for Patient A failed to document even the basic details required by the pain management guidelines regarding the assessment and treatment of Patient A with opiates. Respondent routinely prescribed controlled substances to patient A without a prior appropriate medical examination for approximately seven-years, which constitutes an extreme departure from the standard of care.

44. Respondent failed to maintain adequate medical records pertaining to Patient A while prescribing controlled substances. Respondent did not document an adequate medical history, examination, patient consent, documentation of consultation with specialists, or documentation of review of the CURES database while prescribing to Patient A. Respondent did not adequately document all prescription records for Patient A's prescriptions for controlled substances in the patient medical records. Respondent only documented three visits during the entire seven-year period that he prescribed controlled substances to Patient A. Respondent's failure to adequately document Patient A's medical records constitutes an extreme departure from the standard of care.

45. Respondent's management and treatment of Patient A while prescribing controlled substances was inappropriate. Respondent prescribed controlled substances to Patient A for seven years, even though his training is in podiatric medicine, and he has no training in chronic pain treatment or pain management. Respondent failed to provide alternative therapies, seek consultations with other specialists, or communicate with Patient A's primary care provider. Respondent's care and treatment of Patient A with opiates constitutes an extreme departure from the standard of care.

Patient B – Extreme Departures from the Standard of Care

46. Respondent prescribed opioid medications to Patient B for two years without regular patient evaluations, drug testing, review of the CURES report, communication with her primary care physician, or regular contact with the patient during the two-year period. Respondent continued to prescribe narcotics to Patient B without documentation, despite the fact that her primary reason for treatment was for calluses. Respondent did not pursue any further diagnostic evaluations or treatment options for Patient B in regard to her foot and ankle pain. Respondent's

continued prescribing of controlled substances to Patient B, without regular patient evaluations, drug testing, CURES monitoring, and patient contact constitutes an extreme departure from the standard of care.

47. Respondent continued to prescribe controlled substances to Patient B for pain absent any evidence that it was required to treat her toenails and calluses. Respondent prescribed controlled substances to Patient B that she did not need, as evidence by her ability to wean herself off of narcotic medications without difficulty. Respondent continued to prescribe controlled substances to Patient B without making a determination that the prescriptions were needed. Respondent's prescribing of controlled substances for nearly two years absent an appropriate medical indication for routine narcotic refills constitutes an extreme departure from the standard of care.

48. Respondent's management and treatment of Patient B while prescribing controlled substances was inappropriate. Respondent prescribed controlled substances to Patient B for two years, even though his training is in podiatric medicine, and he has no training in chronic pain treatment or pain management. Respondent failed to provide alternative therapies, seek consultations with other specialists, and communicate with Patient B's primary care provider. Respondent's care and treatment of Patient B with opiates constitutes an extreme departure from the standard of care.

Patient C – Extreme Departures from the Standard of Care

49. Respondent prescribed opioid medications to Patient C for two years without regular patient evaluations, drug testing, review of the CURES report, communication with his primary care physician, or regular contact with the patient during the two-year period. Respondent did not pursue any further diagnostic evaluations or treatment options for Patient C in regard to his foot and ankle pain. Respondent's continued prescribing of controlled substances to Patient C, without regular patient evaluations, drug testing, CURES monitoring, and patient contact constitutes an extreme departure from the standard of care.

50. Respondent continued to prescribe controlled substances to Patient C for nearly two years after he discharged the patient from his care. Respondent's continued prescribing of

controlled substances to Patient C without further evaluation of the patient, which constitutes an extreme departure from the standard of care.

51. Respondent's prescribing of controlled substances for nearly two years absent an appropriate medical indication for routine narcotic refills constitutes an extreme departure from the standard of care.

52. Respondent repeatedly prescribed controlled substances to Patient C for nearly two years after discharging the patient. Respondent did not document any additional evaluation of Patient C, despite repeated routine narcotic refills. Respondent prescribed narcotics to Patient C for two years absent any evaluation or documentation of an evaluation of Patient C, which constitutes an extreme departure from the standard of care.

53. Respondent prescribed narcotics to Patient C for nearly two years after discharging the patient, despite the fact that he is a doctor of podiatric medicine who should typically only prescribe controlled substances to patients for a limited time to treat acute pain. Respondent was not trained in the treatment of chronic pain management with controlled substances, but continued to prescribe opioids to Patient C. Respondent failed to complete a patient evaluation and risk stratification, document informed consent, document counseling the patient on the risk of overdose, or document ongoing patient assessments. Respondent engaged in chronic pain management prescribing to Patient C for two years after discharging Patient C without safe an effective monitoring of the patient, which constitutes an extreme departure from the standard of care.

54. Respondent failed to maintain adequate medical records pertaining to Patient C while prescribing controlled substances. Respondent did not document an adequate medical history, examination, patient consent, documentation of consultation with specialists, or documentation of review of the CURES database while prescribing to Patient C. Respondent did not adequately document all prescription records for Patient C's prescriptions for controlled substances in the patient medical records. Respondent failed to document any patient encounters with Patient C at all while continuing to prescribe controlled substances for two years, which constitutes an extreme departure from the standard of care.

55. Respondent's management and treatment of Patient C while prescribing controlled substances was inappropriate. Respondent prescribed controlled substances to Patient C for two years, even though his training is in podiatric medicine, and he has no training in chronic pain treatment or pain management. Patient C was unsupervised while receiving narcotic prescriptions for a two-year period while under the care of Respondent. Respondent failed to provide alternative therapies, seek consultations with other specialists, and communicate with Patient C's primary care provider. Respondent's demonstrated a lack of knowledge in prescribing controlled substances for both acute and chronic conditions, which constitutes an extreme departure from the standard of care.

Patient D – Extreme Departures from the Standard of Care

56. Respondent prescribed opioid medications to Patient D for three months without regular patient evaluations, drug testing, review of the CURES report, or communication with the primary care physician. Respondent failed to evaluate or develop and document a treatment plan in support of Patient D's need for narcotics. Respondent did not pursue any additional diagnostic evaluations or treatment options for this patient with regard to her foot and ankle pain. Respondent prescribed controlled substances to Patient D absent documentation of an underlying pathology indicating a need for the medication, which constitutes an extreme departure from the standard of care.

57. Respondent prescribed an excessive amount of narcotics relative to Patient D's medical complaint. Respondent prescribed 400 Norco tablets for her pain relief, absent specific documentation in support of the quantity of narcotics. Respondent did not document a justification for the large quantity of narcotics prescribed to Patient D. Respondent's prescription of Norco for Patient D absent any relevant documentation in support of the need for narcotics, combined with the routine refills of medications constitute an extreme departure from the standard of care.

58. Respondent prescribed narcotics to Patient D absent documentation of an appropriate prior medical examination. Respondent's documentation of office visits for Patient D were minimal, and failed to document the areas required for prescribing controlled substances.

Respondent failed to adequately document an appropriate examination of Patient D prior to prescribing and subsequently refilling controlled substances, which constitutes an extreme departure from the standard of care.

59. Respondent failed to adequately document a medical history, examination, patient consent, consultations, CURES database review, and prescription orders while prescribing controlled substances to Patient D. Respondent did not document all prescriptions for controlled substances in patient D's medical records. Respondent failed to document Patient D's condition, need for narcotics, and when Patient D was provided a prescription for narcotics. Respondent's medical record keeping relevant to the prescribing of controlled substances to Patient D constitutes an extreme departure from the standard of care.

60. Respondent did not document any justification for an abnormally large quantity of opioids for Patient D during a short period. Respondent prescribed a large quantity of opioids to Patient D even though his training is in podiatric medicine, and he has no training in chronic pain treatment or pain management. Respondent's care and treatment of Patient D with opiates constitutes an extreme departure from the standard of care.

Patient E – Extreme Departures from the Standard of Care

61. Respondent prescribed opioid medication to Patient E, but failed to adequately review her CURES report while prescribing controlled substances. Respondent should have reviewed the CURES database before prescribing controlled substances, then every three to six months. Respondent only checked the CURES database for Patient E a single time, on October 18, 2018. Respondent failed to adequately utilize the CURES database while prescribing controlled substances to Patient E, which constitutes an extreme departure from the standard of care.

62. Respondent prescribed opioid medications to Patient E for three months without regular patient evaluations, drug testing, review of the CURES report, or communication with the primary care physician. Respondent failed to evaluate or develop and document a treatment plan in support of Patient E's need for narcotics. Respondent did not pursue any additional diagnostic evaluations or treatment options for this patient with regard to his foot pain. Respondent prescribed controlled substances to Patient E absent documentation of any further diagnostic

evaluations or treatment options for Patient E, which constitutes an extreme departure from the standard of care.

63. Respondent prescribed an excessive amount of narcotics relative to Patient E's medical complaint, despite the fact that Patient E was concurrently being treated by a pain specialist and a neurologist for the same condition. Respondent failed to document any justification in support of prescribing daily opiates for toenail pain. Respondent routinely refilled opiate medications for Patient E absent any documented need for narcotic pain medication, which constitutes an extreme departure from the standard of care.

64. Respondent prescribed narcotics to Patient E absent documentation of an appropriate prior medical examination. Respondent's documentation of office visits for Patient E were minimal, and failed to document the areas required for prescribing controlled substances. Respondent failed to document a justification for prescribing opioid medications in the medical records. Respondent failed to adequately document an appropriate examination of Patient E prior to prescribing and subsequently refilling controlled substances, which constitutes an extreme departure from the standard of care.

65. Respondent repeatedly prescribed an excessive amount of narcotics to Patient E, despite the fact that he is a doctor of podiatric medicine who should typically only prescribe controlled substances to patients for a limited time to treat acute pain. Respondent continued to prescribe narcotics to Patient E for more than two years for neuropathic pain, which was already being managed by his neurologist. Respondent failed to document any justification in support of prescribing Patient E narcotics for more than two years. Respondent's prescription of narcotics for Patient E absent any relevant documentation in support of the need for narcotics, combined with the routine refills of medications constitute an extreme departure from the standard of care.

66. Respondent failed to adequately document a medical history, examination, patient consent, consultations, CURES database review, and prescription orders while prescribing controlled substances to Patient E. Respondent did not document all prescriptions for controlled substances in Patient E's medical records. Respondent's failed to document Patient E's condition, need for narcotics, and when Patient E was provided a prescription for narcotics.

Respondent's medical record keeping relevant to the prescribing of controlled substances to Patient E constitutes an extreme departure from the standard of care.

67. Respondent prescribed controlled substances to Patient E for more than 90 days which constitutes pain management and requires specialized training and certification. Respondent did not comply with the pain management guidelines for prescribing controlled substances in the treatment of Patient E. Respondent failed to adequately document a medical history and physical examination, perform a psychological evaluation, establish a diagnosis and medical necessity, explore non-opioid therapeutic treatment options, evaluate the risks and benefits of opioid therapy, evaluate possible drug seeking behavior, utilize urine drug testing, and review the CURES database. Respondent failed to discuss the risks and benefits of opioid therapy with Patient E.

68. Respondent did not document any justification for prescribing opioids for Patient E for both acute and chronic pain. Respondent failed to seek a consultation with Patient E's primary care provider or specialists to coordinate care. Respondent inappropriately engaged in pain management, even though his training is in podiatric medicine, and he has no training in chronic pain treatment or pain management. Respondent consistently failed to meet the minimum requirements to provide controlled substances to Patient E for acute and chronic conditions for several years. Respondent's care and treatment of Patient E with opiates constitutes an extreme departure from the standard of care.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

69. Respondent has subjected his Doctor of Podiatric Medicine License Number 3323 to disciplinary action under section 2227, as defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in the care and treatment Patient A, Patient B, Patient C, Patient D, and Patient E, as more particularly alleged in paragraphs 24 through 68, which are hereby incorporated by reference and realleged as if fully set forth herein. Additional circumstances are as follows:

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Patient A – Departures from the Standard of Care

70. Respondent prescribed opioid medication to Patient A, but failed to adequately review her CURES report while prescribing controlled substances. Respondent only reviewed the CURES database three times from October 9 through 16, 2018. Respondent did not review the CURES database when he began prescribing, or when it became a practice required by the standard of care. Respondent failed to review the CURES database every three months while prescribing controlled substances to Patient A. Respondent's repeated failure to review the CURES database for Patient A while prescribing controlled substances constitutes a departure from the standard of care. The repeated failure to review the CURES database every three months following the initial prescription for controlled substances constitutes a separate simple departures from the standard of care every three months through November 2019.

71. Respondent continued to prescribe controlled substances to Patient A for pain, even though it was not necessary. After eight years of regular prescriptions for controlled substances, Patient A was able to wean herself off opiates without difficulty. Respondent continued to prescribe controlled substances to Patient A without making a determination that the prescriptions were needed, which constitutes a departure from the standard of care for each prescription refill.

72. Respondent prescribed narcotics to Patient A for nearly seven years, despite the fact that he is a doctor of podiatric medicine who should typically only prescribe controlled substances to patients for a limited time to treat acute pain. Respondent treated Patient A for chronic pain. Respondent was not trained in the treatment of chronic pain management with controlled substances, but continued to prescribe opioids to Patient A. Respondent's prescribing of controlled substances to Patient A constitutes a departure from the standard of care for each prescription for opiates.

Patient B – Departures from the Standard of Care

73. Respondent prescribed opioid medication to Patient B, but failed to adequately review her CURES report while prescribing controlled substances. Respondent should have reviewed the CURES database every three to six months, but only reviewed the database a single time during a two year period of prescribing controlled substances. Respondent failed to review the

CURES database every three months while prescribing controlled substances to Patient B after it became the standard of care in April of 2018. Respondent's repeated failure to review the CURES database for Patient B while prescribing controlled substances constitutes a departure from the standard of care. The repeated failure to review the CURES database every three months following the initial prescription for controlled substances each constitutes a separate simple departure from the standard of care every three months through September 2020.

74. Respondent prescribed narcotics to Patient B for nearly seven years, despite the fact that he is a doctor of podiatric medicine who should typically only prescribe controlled substances to patients for a limited time to treat acute pain. Respondent treated Patient B for chronic pain, despite the absence of any indication for opiates. Respondent was not trained in the treatment of chronic pain management with controlled substances, but continued to prescribe opioids to Patient B. Respondent failed to complete a patient evaluation and risk stratification, document obtained consent, document counseling the patient on the risk of overdose, or document ongoing patient assessments. Respondent's prescribing of controlled substances to Patient B constitutes a departure from the standard of care for each prescription for opiates.

75. Respondent failed to maintain adequate medical records pertaining to Patient B while prescribing controlled substances. Respondent did not document an adequate medical history, examination, patient consent, documentation of consultation with specialists, or documentation of review of the CURES database while prescribing to Patient B. Respondent did not adequately document all prescription records for Patient B's prescriptions for controlled substances in the patient medical records. Respondent's failure to adequately document Patient B's medical records constitutes a separate departure from the standard of care for each prescription of controlled substances.

Patient C – Departures from the Standard of Care

76. Respondent prescribed opioid medication to Patient C, but failed to adequately review her CURES report while prescribing controlled substances. Respondent should have reviewed the CURES database every three to six months, but only reviewed the database a single time during a two-year period of prescribing controlled substances. Respondent failed to review the

CURES database every three months while prescribing controlled substances to Patient C after it became the standard of care in April of 2018. Respondent's repeated failure to review the CURES database for Patient C while prescribing controlled substances constitutes a departure from the standard of care.

Patient D – Departures from the Standard of Care

77. Respondent prescribed opioid medication to Patient D, but failed to adequately review her CURES report while prescribing controlled substances. Respondent should have reviewed the CURES database before prescribing controlled substances, then every three to six months. There is no evidence that Respondent ever checked the CURES database for Patient D. Respondent failed to adequately utilize the CURES database while prescribing controlled substances to Patient D, which constitutes a departure from the standard of care.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Medical Records)

78. Respondent has subjected his Doctor of Podiatric Medicine License Number 3323 to disciplinary action under section 2227, as defined by section 2266, of the Code, in that he failed to maintain adequate and accurate records in connection with his care and treatment of Patient A, Patient B, Patient C, Patient D, and Patient E, as more particularly alleged in paragraphs 24 through 77, which are hereby incorporated by reference and realleged as if fully set forth herein.

FOURTH CAUSE FOR DISCIPLINE

(Incompetence)

79. Respondent has subjected his Doctor of Podiatric Medicine License Number 3323 to disciplinary action under section 2227, as defined by section 2234, subdivision (d), of the Code, in that he demonstrated incompetence in connection with his care and treatment of Patient A, Patient B, Patient C, Patient D, and Patient E, as more particularly alleged in paragraphs 24 through 78, which are hereby incorporated by reference and realleged as if fully set forth herein. Additional circumstances are as follows:

80. Respondent's management and treatment of Patient A while prescribing controlled substances was inappropriate. Respondent prescribed controlled substances to Patient A for

seven years, even though his training is in podiatric medicine, and he has no training in chronic pain treatment or pain management. Respondent failed to provide alternative therapies, seek consultations with other specialists, or communicate with Patient A's primary care provider. Respondent's care and treatment of Patient A with opiates demonstrated a lack of knowledge in prescribing controlled substances.

81. Respondent's management and treatment of Patient B while prescribing controlled substances was inappropriate. Respondent prescribed controlled substances to Patient B for two years, even though his training is in podiatric medicine, and he has no training in chronic pain treatment or pain management. Respondent failed to provide alternative therapies, seek consultations with other specialists, and communicate with Patient B's primary care provider. Respondent's care and treatment of Patient B with opiates demonstrated a lack of knowledge in prescribing controlled substances.

82. Respondent's management and treatment of Patient C while prescribing controlled substances was inappropriate. Respondent prescribed controlled substances to Patient C for two years, even though his training is in podiatric medicine, and he has no training in chronic pain treatment or pain management. Patient C was unsupervised while receiving narcotic prescriptions for a two-year period while under the care of Respondent. Respondent failed to provide alternative therapies, seek consultations with other specialists, and communicate with Patient C's primary care provider. Respondent's care and treatment of Patient C with opiates demonstrated a lack of knowledge in prescribing controlled substances for both acute and chronic conditions.

83. Respondent did not document any justification for an abnormally large quantity of opioids for Patient D during a short period. Respondent prescribed a large quantity of opioids to Patient D even though his training is in podiatric medicine, and he has no training in chronic pain treatment or pain management. Respondent's care and treatment of Patient D with opiates demonstrated a lack of knowledge in prescribing controlled substances.

84. Respondent did not document any justification for prescribing opioids for Patient E for both acute and chronic pain. Respondent failed to seek a consultation with Patient E's primary care provider or specialists to coordinate care. Respondent inappropriate engaged in pain

management, even though his training is in podiatric medicine, and he has no training in chronic pain treatment or pain management. Respondent consistently failed to meet the minimum requirements to provide controlled substances to Patient E for acute and chronic conditions for several years. Respondent's care and treatment of Patient E with opiates demonstrated a lack of knowledge in prescribing controlled substances.

PRAYER

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

1. Revoking or suspending Doctor of Podiatric Medicine License Number 3323, issued to Clifford Kazuo Endo, D.P.M.;

2. Revoking, suspending or denying approval of Clifford Kazuo Endo, D.P.M.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Clifford Kazuo Endo, D.P.M., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring;

4. Ordering Respondent Clifford Kazuo Endo, D.P.M., if placed on probation, to provide patient notification in accordance with Business and Professions Code section 2228.1; and

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

DATED: NOV 29 2022

BRIAN NASLUND
Executive Officer
Podiatric Medical Board
Department of Consumer Affairs
State of California
Complainant

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