

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

In the Matter of the Accusation
Against:

Xing-Jian Ren, M.D.

Physician's and Surgeon's
Certificate No. A 54295

Case No.: 800-2019-053374

Respondent.

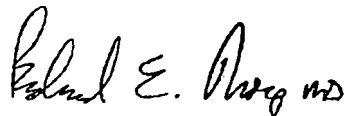
DECISION

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

This Decision shall become effective at 5:00 p.m. on December 15, 2023.

IT IS SO ORDERED: November 16, 2023.

MEDICAL BOARD OF CALIFORNIA



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

1 ROB BONTA
Attorney General of California
2 ALEXANDRA M. ALVAREZ
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9
10 **BEFORE THE**
11 **MEDICAL BOARD OF CALIFORNIA**
12 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

13 In the Matter of the Accusation Against:

Case No. 800-2019-053374

14 **XING-JIAN REN, M.D.**
15 **7565 Mission Valley Road, Suite 200**
San Diego, California 92108

OAH No. 2022070541

16 **Physician's and Surgeon's Certificate**
17 **No. A 54295,**

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

18 Respondent.

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

21 **PARTIES**

22 1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of
23 California (Board). This action was brought by then Complainant William Prasifka,¹ solely in his
24 official capacity. Complainant is represented in this matter by Rob Bonta, Attorney General of
25 the State of California, and by Joseph F. McKenna III, Deputy Attorney General.

26 2. Respondent Xing-Jian Ren, M.D. (Respondent) is represented in this proceeding by
27 attorney Raymond J. McMahon, Esq., whose address is: 5440 Trabuco Road, Irvine, CA, 92620.

28 ¹ Mr. Prasifka retired on December 20, 2022.

1 (CME) requirements for renewal of licensure. Following the completion of each course, the
2 Board or its designee may administer an examination to test Respondent's knowledge of the
3 course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours
4 were in satisfaction of this condition.

5 3. PRESCRIBING PRACTICES COURSE.

6 Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a
7 course in prescribing practices approved in advance by the Board or its designee. Respondent
8 shall provide the approved course provider with any information and documents that the approved
9 course provider may deem pertinent. Respondent shall participate in and successfully complete
10 the classroom component of the course not later than 6 months after Respondent's initial
11 enrollment. Respondent shall successfully complete any other component of the course within
12 1 year of enrollment. The prescribing practices course shall be at Respondent's expense and shall
13 be in addition to the CME requirements for renewal of licensure.

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

19 Respondent shall submit a certification of successful completion to the Board or its
20 designee not later than 15 calendar days after successfully completing the course, or not later than
21 15 calendar days after the effective date of the Decision, whichever is later.

22 4. MEDICAL RECORD KEEPING COURSE.

23 Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a
24 course in medical record keeping approved in advance by the Board or its designee. Respondent
25 shall provide the approved course provider with any information and documents that the approved
26 course provider may deem pertinent. Respondent shall participate in and successfully complete
27 the classroom component of the course not later than 6 months after Respondent's initial
28 enrollment. Respondent shall successfully complete any other component of the course within

1 1 year of enrollment. The medical record keeping course shall be at Respondent's expense and
2 shall be in addition to the CME requirements for renewal of licensure.

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

8 Respondent shall submit a certification of successful completion to the Board or its
9 designee not later than 15 calendar days after successfully completing the course, or not later than
10 15 calendar days after the effective date of the Decision, whichever is later.

11 5. MONITORING – PRACTICE.

12 Within 30 calendar days of the effective date of this Decision, Respondent shall submit to
13 the Board or its designee for prior approval as a practice monitor, the name and qualifications of
14 one or more licensed physicians and surgeons whose licenses are valid and in good standing, and
15 who are preferably American Board of Medical Specialties certified. A practice monitor shall
16 have no prior or current business or personal relationship with Respondent, or other relationship
17 that could reasonably be expected to compromise the ability of the practice monitor to render fair
18 and unbiased reports to the Board, including but not limited to any form of bartering, shall be in
19 Respondent's field of practice, and must agree to serve as Respondent's practice monitor.
20 Respondent shall pay all monitoring costs.

21 The Board or its designee shall provide the approved practice monitor with copies of the
22 Decision and Disciplinary Order and Accusation, and a proposed practice monitoring plan.
23 Within 15 calendar days of receipt of the Decision and Disciplinary Order and Accusation, and
24 proposed practice monitoring plan, the practice monitor shall submit a signed statement that the
25 monitor has read the Decision and Disciplinary Order and Accusation, fully understands the role
26 of a practice monitor, and agrees or disagrees with the proposed monitoring plan. If the practice
27 monitor disagrees with the proposed monitoring plan, the practice monitor shall submit a revised
28 practice monitoring plan with the signed statement for approval by the Board or its designee.

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

6 If Respondent fails to obtain approval of a practice monitor within 60 calendar days of the
7 effective date of this Decision, Respondent shall receive a notification from the Board or its
8 designee to cease the practice of medicine within 3 calendar days after being so notified.
9 Respondent shall cease the practice of medicine until a practice monitor is approved to provide
10 monitoring responsibility.

11 The practice monitor shall submit a quarterly written report to the Board or its designee
12 which includes an evaluation of Respondent's performance, indicating whether Respondent's
13 practice is within the standards of the practice of medicine and whether Respondent is practicing
14 medicine safely. It shall be the sole responsibility of Respondent to ensure that the practice
15 monitor submits the quarterly written reports to the Board or its designee within 10 calendar days
16 after the end of the preceding quarter.

17 If the practice monitor resigns or is no longer available, Respondent shall, within 5 calendar
18 days of such resignation or unavailability, submit to the Board or its designee, for prior approval,
19 the name and qualifications of a replacement practice monitor who will be assuming that
20 responsibility within 15 calendar days. If Respondent fails to obtain approval of a replacement
21 practice monitor within 60 calendar days of the resignation or unavailability of the practice
22 monitor, Respondent shall receive a notification from the Board or its designee to cease the
23 practice of medicine within 3 calendar days after being so notified. Respondent shall cease the
24 practice of medicine until a replacement practice monitor is approved and assumes practice
25 monitoring responsibility.

26 In lieu of a practice monitor, Respondent may participate in a professional enhancement
27 program approved in advance by the Board or its designee that includes, at minimum, quarterly
28 chart review, semi-annual practice assessment, and semi-annual review of professional growth

1 and education. Respondent shall participate in the professional enhancement program at
2 Respondent's expense during the term of probation.

3 6. SOLO PRACTICE PROHIBITION.

4 Respondent is prohibited from engaging in the solo practice of medicine. Prohibited
5 solo practice includes, but is not limited to, a practice where: 1) Respondent merely shares
6 office space with another physician but is not affiliated for purposes of providing patient care,
7 or 2) Respondent is the sole physician practitioner at that location.

8 If Respondent fails to establish a practice with another physician or secure employment in
9 an appropriate practice setting within 60 calendar days of the effective date of this Decision,
10 Respondent shall receive a notification from the Board or its designee to cease the practice of
11 medicine within 3 calendar days after being so notified. The Respondent shall not resume
12 practice until an appropriate practice setting is established.

13 If, during the course of the probation, the Respondent's practice setting changes and the
14 Respondent is no longer practicing in a setting in compliance with this Decision, the Respondent
15 shall notify the Board or its designee within 5 calendar days of the practice setting change. If
16 Respondent fails to establish a practice with another physician or secure employment in an
17 appropriate practice setting within 60 calendar days of the practice setting change, Respondent
18 shall receive a notification from the Board or its designee to cease the practice of medicine within
19 3 calendar days after being so notified. The Respondent shall not resume practice until an
20 appropriate practice setting is established.

21 7. PROHIBITED PRACTICE.

22 During probation, Respondent will be prohibited from practicing, performing, or treating
23 any patients in the area of pain management, which shall be defined as utilizing pharmacological
24 approaches to prevent, reduce, or eliminate pain of a recurrent or chronic nature. Any new
25 patients must be provided this notification at the time of their initial appointment.

26 Respondent shall maintain a log of all patients to whom the required oral notification was
27 made. The log shall contain the: 1) patient's name, address and phone number; 2) patient's
28 medical record number, if available; 3) the full name of the person making the notification; 4) the

1 date the notification was made; and 5) a description of the notification given. Respondent shall
2 keep this log in a separate file or ledger, in chronological order, shall make the log available for
3 immediate inspection and copying on the premises at all times during business hours by the Board
4 or its designee, and shall retain the log for the entire term of probation.

5 8. NOTIFICATION.

6 Within 7 days of the effective date of this Decision, the Respondent shall provide a true
7 copy of the Decision and Disciplinary Order and Accusation to the Chief of Staff or the Chief
8 Executive Officer at every hospital where privileges or membership are extended to Respondent,
9 at any other facility where Respondent engages in the practice of medicine, including all
10 physician and locum tenens registries or other similar agencies, and to the Chief Executive
11 Officer at every insurance carrier which extends malpractice insurance coverage to Respondent.
12 Respondent shall submit proof of compliance to the Board or its designee within 15 calendar
13 days.

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

15 9. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
16 NURSES.

17 During probation, Respondent is prohibited from supervising physician assistants and
18 advanced practice nurses.

19 10. OBEY ALL LAWS.

20 Respondent shall obey all federal, state and local laws, all rules governing the practice of
21 medicine in California and remain in full compliance with any court ordered criminal probation,
22 payments, and other orders.

23 11. INVESTIGATION/ENFORCEMENT COST RECOVERY.

24 Respondent is hereby ordered to reimburse the Board its costs of investigation and
25 enforcement, including legal review and expert review, as applicable, twenty eight thousand six
26 hundred thirty one dollars (\$28,631.00). Costs shall be payable to the Board. Failure to pay
27 such costs shall be considered a violation of this agreement and shall be deemed an act of
28 unprofessional conduct and a separate and distinct basis for discipline.

1 Any and all requests for a payment plan shall be submitted in writing by Respondent to the
2 Board.

3 The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility
4 to repay investigation and enforcement costs, including expert review costs (if applicable).

5 12. QUARTERLY DECLARATIONS.

6 Respondent shall submit quarterly declarations under penalty of perjury on forms provided
7 by the Board, stating whether there has been compliance with all the conditions of probation.

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

10 13. GENERAL PROBATION REQUIREMENTS.

11 Compliance with Probation Unit

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

13 Address Changes

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

19 Place of Practice

20 Respondent shall not engage in the practice of medicine in Respondent's or patient's place
21 of residence, unless the patient resides in a skilled nursing facility or other similar licensed
22 facility. However, Respondent is permitted to visit patients in their place of residence solely for
23 the limited purposes of certifying and/or recertifying their eligibility for hospice services.

24 License Renewal

25 Respondent shall maintain a current and renewed California physician's and surgeon's
26 license.

27 Travel or Residence Outside California

28 Respondent shall immediately inform the Board or its designee, in writing, of travel to any

1 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than 30
2 calendar days.

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

6 14. INTERVIEW WITH THE BOARD OR ITS DESIGNEE.

7 Respondent shall be available in person upon request for interviews either at Respondent's
8 place of business or at the probation unit office, with or without prior notice throughout the term
9 of probation.

10 15. NON-PRACTICE WHILE ON PROBATION.

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

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

1 Respondent's period of non-practice while on probation shall not exceed 2 years.
2 Periods of non-practice will not apply to the reduction of the probationary term.
3 Periods of non-practice for a Respondent residing outside of California will relieve
4 Respondent of the responsibility to comply with the probationary terms and conditions with the
5 exception of this condition and the following terms and conditions of probation: Obey All Laws;
6 General Probation Requirements; and Quarterly Declarations.

7 16. COMPLETION OF PROBATION.

8 Respondent shall comply with all financial obligations (e.g., probation costs) not later than
9 120 calendar days prior to the completion of probation. This term does not include cost recovery,
10 which is due within 30 calendar days of the effective date of the Order, or by a payment plan
11 approved by the Board and timely satisfied. Upon successful completion of probation,
12 Respondent's certificate shall be fully restored.

13 17. VIOLATION OF PROBATION.

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

20 18. LICENSE SURRENDER.

21 Following the effective date of this Decision, if Respondent ceases practicing due to
22 retirement or health reasons or is otherwise unable to satisfy the terms and conditions of
23 probation, Respondent may request to surrender his license. The Board reserves the right to
24 evaluate Respondent's request and to exercise its discretion in determining whether or not to
25 grant the request, or to take any other action deemed appropriate and reasonable under the
26 circumstances. Upon formal acceptance of the surrender, Respondent shall within 15 calendar
27 days deliver Respondent's wallet and wall certificate to the Board or its designee and Respondent
28 shall no longer practice medicine. Respondent will no longer be subject to the terms and

1 conditions of probation. If Respondent re-applies for a medical license, the application shall be
2 treated as a petition for reinstatement of a revoked certificate.

3 19. PROBATION MONITORING COSTS.

4 Respondent shall pay the costs associated with probation monitoring each and every year of
5 probation, as designated by the Board, which may be adjusted on an annual basis. Such costs shall
6 be payable to the Medical Board of California and delivered to the Board or its designee no later
7 than January 31 of each calendar year.

8 20. FUTURE ADMISSIONS CLAUSE.

9 If Respondent should ever apply or reapply for a new license or certification, or petition for
10 reinstatement of a license, by any other health care licensing action agency in the State of
11 California, all of the charges and allegations contained in Accusation No. 800-2019-053374 shall
12 be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of
13 Issues or any other proceeding seeking to deny or restrict license.

14 ACCEPTANCE

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


20
21 DATED: 07/11/2023



XING-JIAN REN, M.D.
Respondent

22
23 I have read and fully discussed with Respondent Xing-Jian Ren, M.D., the terms and
24 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
25 I approve its form and content.

26
27 DATED: July 11, 2023



RAYMOND J. MCMAHON, ESQ.
Attorney for Respondent

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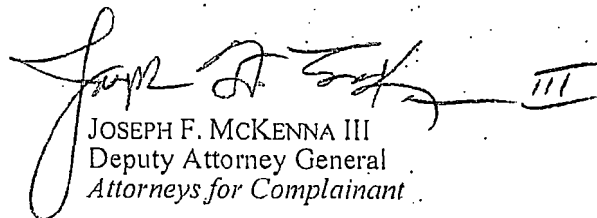
ENDORSEMENT

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

DATED: July 11, 2023

Respectfully submitted,

ROB BONTA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General


JOSEPH F. MCKENNA III
Deputy Attorney General
Attorneys for Complainant

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10

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

11

12

13

In the Matter of the Accusation Against:

Case No. 800-2019-053374

14

XING-JIAN REN, M.D.
7565 Mission Valley Road, Suite 200
15 San Diego, California 92108

A C C U S A T I O N

16

Physician's and Surgeon's Certificate
No. A 54295,

17

Respondent.

18

19

20

Complainant alleges:

21

PARTIES

22

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

25

2. On or about June 7, 1995, the Board issued Physician's and Surgeon's Certificate No.
26 A 54295 to Xing-Jian Ren, M.D. (Respondent). The Physician's and Surgeon's Certificate was in
27 full force and effect at all times relevant to the charges brought herein and will expire on June 30,
28 2023, unless renewed.

1 JURISDICTION

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

5 STATUTORY PROVISIONS

6 4. Section 2227 of the Code states:

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

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

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

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

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

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

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

22 5. Section 2234 of the Code states, in pertinent part:

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

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

27 (b) Gross negligence.

28 (c) Repeated-negligent-acts. -To be repeated, there must be two or more

1 negligent acts or omissions. An initial negligent act or omission followed by a
2 separate and distinct departure from the applicable standard of care shall constitute
3 repeated negligent acts.

4 ...

5 6. Section 2238 of the Code states:

6 A violation of any federal statute or federal regulation or any of the statutes
7 or regulations of this state regulating dangerous drugs or controlled substances
8 constitutes unprofessional conduct.

9 7. Section 2266 of the Code states:

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

13 **GENERAL STATUTES**

14 8. At all times relevant to the acts or omissions alleged herein between and including
15 January 1, 2017 and December 31, 2021, Health and Safety Code section 11165, subdivision (a)
16 stated, in pertinent part:¹

17 (a) To assist health care practitioners in their efforts to ensure appropriate
18 prescribing, ordering, administering, furnishing, and dispensing of controlled
19 substances, law enforcement and regulatory agencies in their efforts to control the
20 diversion and resultant abuse of Schedule II, Schedule III, and Schedule IV
21 controlled substances, and for statistical analysis, education, and research, the
22 Department of Justice shall, contingent upon the availability of adequate funds in
23 the CURES Fund, maintain the Controlled Substance Utilization Review and
24 Evaluation System (CURES) for the electronic monitoring of, and Internet access
25 to information regarding, the prescribing and dispensing of Schedule II, Schedule
26 III, and Schedule IV controlled substances by all practitioners authorized to
27 prescribe, order, administer, furnish, or dispense these controlled substances.

28 ...

9. As in effect at all times between and including October 2, 2018 and December
31, 2021, Health and Safety Code section 11165.4 stated, in pertinent part:

(a) (1) (A) (i) A health care practitioner authorized to prescribe, order,
administer, or furnish a controlled substance shall consult the CURES database to
review a patient's controlled substance history before prescribing a Schedule II,
Schedule III, or Schedule IV controlled substance to the patient for the first time and
at least once every four months thereafter if the substance remains part of the
treatment of the patient.

¹ Effective January 1, 2021, subdivision (a) of section 11165 of the Health and Safety Code was amended to add references to Schedule V controlled substances. (See Stats. 2019, c. 677, § 6.)

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

9 (B) For purposes of this paragraph, first time means the initial occurrence in
10 which a health care practitioner, in his or her role as a health care practitioner, intends
11 to prescribe, order, administer, or furnish a Schedule II, Schedule III, or Schedule IV
12 controlled substance to a patient and has not previously prescribed a controlled
13 substance to the patient.

14 (2) A health care practitioner shall obtain a patient's controlled substance
15 history from the CURES database no earlier than 24 hours, or the previous business
16 day, before he or she prescribes, orders, administers, or furnishes a Schedule II,
17 Schedule III, or Schedule IV controlled substance to the patient.

18 ...

19 (d) (1) A health care practitioner who fails to consult the CURES database, as
20 described in subdivision (a), shall be referred to the appropriate state professional
21 licensing board solely for administrative sanctions, as deemed appropriate by that
22 board.

23 ...

24 COST RECOVERY

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

29 PERTINENT DRUG INFORMATION

30 11. Opioids are Schedule II controlled substances pursuant to Health and Safety Code
31 section 11055, and are a dangerous drug pursuant to Code section 4022. The Drug Enforcement
32 Administration (DEA) has identified opioids as a drug of abuse. (Drugs of Abuse, DEA Resource
33 Guide (2017 Edition), at pp. 38-39.)

34 ////

1 16. For a comparison of opioid doses, morphine equivalent dose was developed to equate
2 the many different opioids into one standard value. This standard value is based on morphine and
3 its potency. A morphine equivalency is commonly referred to as MED, MEDD, MME, or MEq.

4 17. The Controlled Substance Utilization Review and Evaluation System (CURES) is a
5 program operated by the California Department of Justice (DOJ) to assist health care practitioners
6 in their efforts to ensure appropriate prescribing of controlled substances, and law enforcement
7 and regulatory agencies in their efforts to control diversion and abuse of controlled substances.
8 (Health & Saf. Code, § 11165.) California law requires dispensing pharmacies to report to the
9 DOJ the dispensing of Schedule II, III, IV and V controlled substances as soon as reasonably
10 possible after the prescriptions are filled. (Health & Saf. Code, § 11165, subd. (d).)

11 **FIRST CAUSE FOR DISCIPLINE**

12 **(Gross Negligence)**

13 18. Respondent has subjected his Physician's and Surgeon's Certificate No. A 54295
14 to disciplinary action under sections 2227 and 2234, as defined in section 2234, subdivision (b),
15 of the Code, in that Respondent committed gross negligence in his care and treatment of Patients
16 A and B,² as more particularly alleged hereinafter:

17 19. **Patient A**

18 (a) Between in or around February 2017 to June 2021, Respondent³
19 rendered care as a primary care physician to Patient A, an adult, female patient
20 with a history of ailments including, but not limited to: chronic neck and back
21 pains, chronic abdominal pain, anxiety, depression, and insomnia. During that
22 timeframe, Respondent also coordinated care of Patient A's pulmonary sarcoidosis
23 and thyroid cancer with cardiology, pulmonary, and endocrinology specialties.⁴

24 (b) In or around March 2017, Patient A was evaluated by a pain
25 management specialist who recommended weaning her off of opiate therapy.

26 ² To protect the privacy of the patients involved in this matter, patient names have not
27 been included in this pleading. Respondent is aware of the identities of Patients A and B.

28 ³ Respondent has board certifications in Internal Medicine and Geriatrics. Respondent
has no fellowship or other specialty training in the field of Pain Medicine.

⁴ A physician assistant (PA) supervised by Respondent also provided care to Patient A.

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(c) In or around February 2018, Patient A was evaluated by a rheumatology specialist who also recommended weaning her off of opiate therapy.

(d) Between in or around March 2017 to 2021, Respondent issued recurring prescriptions of opiates to Patient A and at high morphine equivalency dosage levels. During that same timeframe, Respondent diagnosed Patient A with narcotic/opioid dependence.

(e) Between in or around 2017 to 2021, Respondent treated Patient A's anxiety, depression, and insomnia issues with medication management, and he issued recurring prescriptions of benzodiazepines⁵, antidepressants⁶, and sedatives.⁷

(f) During Respondent's care and treatment of Patient A's mental health and insomnia issues he did not consult with and/or refer her to mental health providers for managing her persistent anxiety; he did not perform a comprehensive anxiety evaluation before prescribing alprazolam to her; he did not adequately document the medical justification for discontinuing alprazolam and replacing it with diazepam, a stronger benzodiazepine; he did not attempt to use a serotonergic antidepressant (SSRI) or a serotonin norepinephrine reuptake inhibitor (SNRI) to reduce her benzodiazepine dependency; and he did not recognize her benzodiazepine dependency and refer her to a drug treatment program.

(g) Between in or around March 2017 to October 2018, Respondent routinely prescribed Soma to Patient A for concurrent use with other central nervous system (CNS) depressant medications that he routinely prescribed to this patient.

(h) Between in or around February 2017 to June 2021, Respondent did not consult the CURES database to review Patient A's controlled substance history.

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⁵ Diazepam and alprazolam.
⁶ Trazodone.
⁷ Ambien.

1 (i) Between in or around February 2017 to June 2021, Respondent did not
2 obtain routine urine toxicology testing of Patient A.

3 (j) On or about July 12, 2020, Patient A was hospitalized in an intensive
4 care unit (ICU) due to acute hypoxic respiratory failure. Patient A was
5 hospitalized for more than a week in the ICU and was later discharged with
6 chronic home oxygen therapy. Respondent, despite Patient A becoming
7 chronically oxygen dependent, did not reduce Patient A's opiate dosage after her
8 discharge from the ICU.

9 (k) Respondent's medical records pertaining to his care and treatment of
10 Patient A did not adequately document relevant physical examinations nor the "5
11 A's" of pain management (i.e., analgesia, affect, activities of daily living, adverse
12 effects, and aberrant drug-related behaviors.).

13 (l) Respondent's medical records pertaining to his care and treatment of
14 Patient A did not document that he ever performed an independent assessment of
15 Patient A's opiate needs.

16 (m) Respondent did not evaluate and/or document evaluating in the medical
17 records pertaining to his care and treatment of Patient A, what the potential
18 gastrointestinal side effects of long-term opiate therapy would be on this patient.

19 (n) Respondent, despite recommendations from both rheumatology and
20 pain management specialists to wean Patient A off of opiate drug therapy, did not
21 taper down her oxycodone dosage to minimize gastrointestinal and pulmonary
22 complications during the four (4) years of pain management therapy for this
23 patient.

24 20. Respondent committed gross negligence in his care and treatment of Patient A
25 including, but not limited to, the following:

26 (a) Respondent improperly initiated and monitored Patient A's use of opiate
27 pain medications;

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- (b) Respondent improperly managed Patient A's generalized anxiety disorder;
and
- (c) Respondent improperly prescribed Soma for concurrent use with other
CNS depressant medications; which increased Patient A's risk of accidental
fatal drug overdose.

21. **Patient B**

(a) Between in or around May 2017 to May 2019, Respondent rendered
care as a primary care physician to Patient B, an adult, female patient with a
history of ailments including, but not limited to: chronic neck and low back pains,
anxiety, depression, and attention deficit hyperactivity disorder (ADHD).

(b) During Respondent's care and treatment of Patient B's chronic pain
issues, Respondent did not perform and/or document performing in the medical
records pertaining to his care and treatment of Patient B, a relevant
musculoskeletal examination of this patient.

(c) Respondent did not monitor and/or document monitoring in the medical
records pertaining to his care and treatment of Patient B, the benefits and side-
effects of the opiates being taken by this patient.

(d) Respondent did not evaluate and/or document evaluating in the medical
records pertaining to his care and treatment of Patient B, the use of less potent
narcotics other than hydrocodone.

(e) Respondent did not evaluate and/or document evaluating in the medical
records pertaining to his care and treatment of Patient B, the decision to escalate
this patient's hydrocodone dosage from 20 mg daily to 60 mg daily.

(f) Between in or around May 2017 to May 2019, Respondent did not
consult the CURES database to review Patient B's controlled substance history.

(g) Between in or around May 2017 to May 2019, Respondent did not
obtain routine urine toxicology testing of Patient B.

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- (f) Respondent issued recurring prescriptions of Ambien to Patient A for concurrent use with opiates and benzodiazepines.
- (g) Respondent did not evaluate and/or document evaluating in the medical records pertaining to his care and treatment of Patient A, the use of safer non-addictive muscle relaxants prior to issuing recurring prescriptions of Soma to this patient.
- (h) Respondent's medical records pertaining to his care and treatment of Patient A did not adequately document a medical indication for prescribing Soma for a prolonged period of time (i.e., 18 months) to this patient.
- (i) Respondent's medical records pertaining to his care and treatment of Patient A did not adequately document a medical indication for why he issued recurring prescriptions of opiates and benzodiazepines for concurrent use by this patient.
- (j) Respondent's medical records pertaining to his care and treatment of Patient A did not document that he had obtained informed consent and/or a signed pain management agreement with this patient.

25. Respondent committed repeated negligent acts in his care and treatment of Patient A including, but not limited to, the following:

- (a) Paragraphs 19 and 20, above, are hereby incorporated by reference and realleged as if fully set forth herein;
- (b) Respondent failed to evaluate and/or document evaluating in Patient A's medical records the use of safer pharmacotherapy like serotonergic medications (SSRI and SNRI), gabapentin, and pregabalin;
- (c) Respondent failed to refer and/or document referring in Patient A's medical records the need for her to seek mental health treatment for anxiety and insomnia;

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- (d) Respondent failed to perform an independent assessment of chronic insomnia and/or document an assessment in Patient A's medical records before refilling her prescription for Ambien;
- (e) Respondent failed to evaluate and/or document evaluating in Patient A's medical records the use of safer alternatives (e.g., melatonin and antihistamines) to manage her insomnia;
- (f) Respondent issued recurring prescriptions of Ambien to Patient A for concurrent use with opiates and benzodiazepines;
- (g) Respondent failed to evaluate and/or document evaluating in Patient A's medical records the use of safer non-addictive muscle relaxants prior to issuing recurring prescriptions of Soma to this patient;
- (h) Respondent failed to adequately document in Patient A's medical records a medical indication for prescribing Soma for a prolonged period of time to this patient;
- (i) Respondent failed to adequately document in Patient A's medical records a medical indication for why he issued recurring prescriptions of opiates and benzodiazepines for concurrent use by this patient; and
- (j) Respondent failed to document in Patient A's medical records that he had obtained informed consent and/or a signed pain management agreement with this patient.

26. **Patient B**

- (a) Paragraphs 21 and 22, above, are hereby incorporated by reference and realleged as if fully set forth herein.
- (b) Respondent did not evaluate and/or document evaluating in the medical records pertaining to his care and treatment of Patient B, the use of safer alternative drugs such as non-steroidal anti-inflammatory drugs (NSAIDS) and/or topical therapies to manage her chronic pain.

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- (c) Respondent did not refer Patient B to physical therapy, chiropractic manipulation, or acupuncture, and/or document a referral in the medical records pertaining to his care and treatment of this patient.
- (d) On or about May 18, 2017, Respondent issued a recurring prescription of Soma to Patient B at her initial office visit with Respondent.
- (e) Respondent did not evaluate and/or document evaluating in the medical records pertaining to his care and treatment of Patient B, the use of safer non-addictive muscle relaxants prior to issuing recurring prescriptions of Soma to this patient.
- (f) Respondent's medical records pertaining to his care and treatment of Patient B did not adequately document a medical indication for prescribing Soma for a prolonged period of time to this patient.
- (g) Respondent's medical records pertaining to his care and treatment of Patient B did not document that he had obtained informed consent and/or a signed pain management agreement with this patient.

27. Respondent committed repeated negligent acts in his care and treatment of Patient B including, but not limited to, the following:

- (a) Paragraphs 21 and 22, above, are hereby incorporated by reference and realleged as if fully set forth herein;
- (b) Respondent failed to evaluate and/or document evaluating in Patient B's medical records the use of safer alternative drugs such as non-steroidal anti-inflammatory drugs (NSAIDS) and/or topical therapies to manage her chronic pain;
- (c) Respondent failed to refer and/or document a referral in Patient B's medical records for this patient to physical therapy, chiropractic manipulation, and/or acupuncture;

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1 (d) Respondent failed to evaluate and/or document evaluating in Patient B's
2 medical records the use of safer non-addictive muscle relaxants prior to
3 issuing recurring prescriptions of Soma to this patient;

4 (e) Respondent failed to adequately document in Patient B's medical records
5 a medical indication for prescribing Soma for a prolonged period of time
6 to this patient; and

7 (f) Respondent failed to document in Patient B's medical records that he had
8 obtained informed consent and/or a signed pain management agreement
9 with this patient.

10 **THIRD CAUSE FOR DISCIPLINE**

11 **(Failure to Consult CURES)**

12 28. Respondent has further subjected his Physician's and Surgeon's Certificate
13 No. A 54295 to disciplinary action under section 2227 of the Code and section 11165.4,
14 subdivision (d), paragraph (1) of the Health and Safety Code, as well as sections 2227 and 2234,
15 as defined by section 2238, of the Code, in that on one or more occasions on or after October 2,
16 2018, he failed to consult the CURES database to review Patient A's or Patient B's controlled
17 substance history before prescribing to either of them a Schedule II, Schedule III, or Schedule IV
18 controlled substance(s) for the first time, or at least once every four months if the controlled
19 substance(s) remained part of the respective patient's treatment, as more particularly alleged in
20 paragraphs 19(h) and 21(f), above, which are hereby incorporated by reference as if fully set forth
21 herein.

22 **FOURTH CAUSE FOR DISCIPLINE**

23 **(Failure to Maintain Adequate and Accurate Records)**

24 29. Respondent has further subjected his Physician's and Surgeon's Certificate
25 No. A 54295 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of
26 the Code, in that he failed to maintain adequate and accurate records relating to the provision of
27 services to Patient A or Patient B, or both, as more particularly alleged in paragraphs 18
28 through 28, above, which are hereby incorporated by reference as if fully set forth herein.

1 FIFTH CAUSE FOR DISCIPLINE

2 (Violation of the Medical Practice Act)

3 30. Respondent has further subjected his Physician's and Surgeon's Certificate
4 No. A 54295 to disciplinary action under sections 2227 and 2234, as defined by section 2234,
5 subdivision (a), of the Code, in that he violated or attempted to violate, directly or indirectly, one
6 or more provisions of the Medical Practice Act as more particularly alleged in paragraphs 18
7 through 29, above, which are hereby incorporated by reference as if fully set forth herein.

8 PRAYER

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


11 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 54295,
12 issued to Respondent Xing-Jian Ren, M.D.;

13 2. Revoking, suspending or denying approval of Respondent Xing-Jian Ren, M.D.'s
14 authority to supervise physician assistants pursuant to section 3527 of the Code, and advanced
15 practice nurses;

16 3. Ordering Respondent Xing-Jian Ren, M.D., to pay the Board the costs of the
17 investigation and enforcement of this case, and if placed on probation, the costs of probation
18 monitoring; and

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

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21 DATED: MAR 02 2022

22 
23 WILLIAM PRASHKA
24 Executive Director
25 Medical Board of California
26 Department of Consumer Affairs
27 State of California
28 Complainant