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

In the Matter of the Accusation Against: JASON KEVIN DEITCHMAN, M.D. Physician's & Surgeon's Certificate No. A 118590 Respondent.	Case No. 800-2019-060233

DECISION

The attached Decision 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 21, 2023.

IT IS SO ORDERED: November 21, 2023.

MEDICAL BOARD OF CALIFORNIA

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

ROB BONTA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
AARON L. LENT
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Attorneys for Complainant

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

In the Matter of the Accusation Against: **JASON KEVIN DEITCHMAN, M.D.** **Mercy Medical Group** **1264 Hawks Flight Court Ste. 100** **El Dorado Hills, CA 95762** **Physician's and Surgeon's Certificate No. A 118590** Respondent.	Case No. 800-2019-060233 OAH No. 2022100177 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

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

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2. Respondent Jason Kevin Deitchman, M.D. (Respondent) is represented in this proceeding by attorney Donna W. Low, Esq., whose address is: 2150 River Plaza Drive, Ste. 250 Sacramento, CA 95833.

3. On or about October 5, 2011, the Board issued Physician's and Surgeon's Certificate No. A 118590 to Respondent Jason Kevin Deitchman, M.D. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2019-060233, and will expire on December 31, 2024, unless renewed.

JURISDICTION

4. Accusation No. 800-2019-060233 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 July 22, 2022. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2019-060233 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2019-060233. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. 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.

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

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CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2019-060233, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

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

11. Respondent does not contest that, at an administrative hearing, Complainant could establish a *prima facie* case with respect to the charges and allegations in Accusation No. 800-2019-060233, a true and correct copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate, No. A 118590 to disciplinary action.

12. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

CONTINGENCY

13. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this stipulation and settlement, 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 Settlement 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.

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

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

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

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 118590 issued to Respondent Jason Kevin Deitchman, M.D., shall be and is hereby publicly reprimanded pursuant to California Business and Professions Code, section 2227, subdivision (a) (4). This public reprimand, which is issued in connection with Respondent's care and treatment of Patients A, B, C, D, and E as set forth in Accusation No. 800-2019-060233, is as follows:

"You failed to properly evaluate, assess, and monitor, as well as prescribe controlled substances to five patients."

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

A prescribing practices course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board

or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision.

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

Failure to successfully complete and provide proof of attendance to the Board or its designee of the prescribing practices course within 60 calendar days of the effective date of this Decision, unless the Board or its designee agrees in writing to an extension of time, shall constitute general unprofessional conduct and may serve as the grounds for further disciplinary action.

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

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

At the end of the evaluation, the program will submit a report to the Board or its designee which unequivocally states whether the Respondent has demonstrated the ability to practice

safely and independently. Based on Respondent's performance on the clinical competence assessment, the program will advise the Board or its designee of its recommendation(s) for the scope and length of any additional educational or clinical training, evaluation or treatment for any medical condition or psychological condition, or anything else affecting Respondent's practice of medicine. Respondent shall comply with the program's recommendations.

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

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

3. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement, including, but not limited to, expert review, amended accusations, legal reviews, investigation(s), and subpoena enforcement, as applicable, in the amount of $39,900 (thirty-nine thousand nine hundred dollars). Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be considered a violation of probation.

Payment must be made in full within 30 calendar days of the effective date of the Order, or by a payment plan approved by the Medical Board of California. Any and all requests for a payment plan shall be submitted in writing by respondent to the Board. Failure to comply with the payment plan shall be considered unprofessional conduct and may serve as the grounds for further disciplinary action. The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to repay investigation and enforcement costs, including expert review costs.

4. FUTURE ADMISSIONS CLAUSE. 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 action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2019-060233 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Accusation, Statement of Issues, or any other proceeding seeking to deny or restrict license.

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ACCEPTANCE

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

DATED: September 11, 2023

JASON KEVIN DEITCHMAN, M.D.
Respondent

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

DATED: September 12, 2023

DONNA W. LOW, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: September 15, 2023

Respectfully submitted,

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

AARON L. LENT
Deputy Attorney General
Attorneys for Complainant

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

In the Matter of the Accusation Against: **JASON KEVIN DEITCHMAN, M.D.** **Mercy Medical Group** **1264 Hawks Flight Court Ste. 100** **El Dorado Hills, CA 95762** **Physician's and Surgeon's Certificate No. A 118590,** Respondent.	Case No. 800-2019-060233 **A C C U S A T I O N**

PARTIES

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

2. On or about October 5, 2011, the Medical Board issued Physician's and Surgeon's Certificate Number A 118590 to Jason Kevin Deitchman, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on December 31, 2022, 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 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

5. 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.
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> (d) Incompetence.
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> (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.
>
> "..."

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6. 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."

7. Section 725 of the Code states:

> "(a) Repeated acts of clearly excessive prescribing, furnishing, dispensing or administering of drugs or treatment, repeated acts of clearly excessive use of diagnostic procedures, or repeated acts of clearly excessive use of diagnostic or treatment facilities as determined by the standard of the community of licensees is unprofessional conduct for a physician and surgeon, dentist, podiatrist, psychologist, physical therapist, chiropractor, optometrist, speech language pathologist, or audiologist.
>
> ". . ."

8. Section 4021 of the Code states: "'Controlled substance' means any substance listed in Chapter 2 (commencing with Section 11053) of Division 10 of the Health and Safety Code."

9. Section 4022 of the Code states:

> "'Dangerous drug' or 'dangerous device' means any drug or device unsafe for self-use, except veterinary drugs that are labeled as such, and includes the following:
>
> (a) Any drug that bears the legend: 'Caution: federal law prohibits dispensing without prescription,' 'Rx only,' or words of similar import.
>
> (b) Any device that bears the statement: 'Caution: federal law restricts this device to sale by or on the order of a _____,' 'Rx only,' or words of similar import, the blank to be filled in with the designation of the practitioner licensed to use or order use of the device.
>
> (c) Any other drug or device that by federal or state law can be lawfully dispensed only on prescription or furnished pursuant to Section 4006."

PERTINENT DRUG INFORMATION

10. Alprazolam – Generic name for the drug Xanax. Alprazolam is a short acting benzodiazepine used to treat anxiety. Alprazolam is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.14. Alprazolam is a dangerous drug pursuant to California Business and Professions Code section 4022 and is a Schedule IV controlled substance pursuant to California Health and Safety Code section 11057(d).

11. Amphetamine Salts – Generic name for the drug Adderall, which is a combination drug containing four salts of the two enantiomers of amphetamine, a Central Nervous System (CNS) stimulant of the phenethylamine class. Adderall is used to treat attention deficit

hyperactivity disorder and narcolepsy but can be used recreationally as an aphrodisiac and euphoriant. Adderall is habit forming. Amphetamine Salts are a Schedule II controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.12(d) and a dangerous drug pursuant to Business and Professions Code section 4022.

12. Diazepam – Generic name for Valium. Diazepam is a long-acting member of the benzodiazepine family used for the treatment of anxiety and panic attacks. Diazepam is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.14(c) and California Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to California Business and Professions Code section 4022.

13. Hydrocodone with acetaminophen – Generic name for the drugs Vicodin, Norco, and Lortab. Hydrocodone with acetaminophen is classified as an opioid analgesic combination product used to treat moderate to moderately severe pain. Prior to October 6, 2014, Hydrocodone with acetaminophen was a Schedule III controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.13(e). Hydrocodone with acetaminophen is a dangerous drug pursuant to California Business and Professions Code section 4022 and is a Schedule II controlled substance pursuant to California Health and Safety Code section 11055, subdivision (b).

14. Hydromorphone hydrochloride – Generic name for the drug Dilaudid. Hydromorphone hydrochloride ("HCL") is a potent opioid agonist that has a high potential for abuse and risk of producing respiratory depression. Hydromorphone HCL is a short-acting medication used to treat severe pain. Hydromorphone HCL is a Schedule II controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.12. Hydromorphone HCL is a dangerous drug pursuant to California Business and Professions Code section 4022 and is a Schedule II controlled substance pursuant to California Health and Safety Code section 11055(b).

15. Lorazepam – Generic name for Ativan. Lorazepam is a member of the benzodiazepine family and is a fast acting anti-anxiety medication used for the short-term management of severe anxiety. Lorazepam is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.14(c) and Health and Safety Code section

11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

16. Morphine – Generic name for the drug MS Contin. Morphine is an opioid analgesic drug. It is the main psychoactive chemical in opium. Like other opioids, such as oxycodone, hydromorphone, and heroin, morphine acts directly on the central nervous system (CNS) to relieve pain. Morphine is a Scheduled II controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.12. Morphine is a Schedule II controlled substance pursuant to Health and Safety Code 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022.

17. Naloxone - Naloxone, sold under the brand name Narcan, is a medication used to reverse the effects of opioids. It is commonly used to counter decreased breathing in opioid overdose. Naloxone may also be combined with an opioid (in the same pill), to decrease the risk of misuse through injection. Effects begin within two minutes when given intravenously, and within five minutes when injected into a muscle. The medicine can also be administered is by spraying it into a person's nose. Naloxone commonly blocks the effects of opioids from 30 to 90 minutes. Naloxone requires a prescription but is not a controlled substance. It has few known adverse effects, and no potential for abuse.

18. Oxycodone – Generic name for OxyContin, Roxicodone, Percocet (with acetaminophen) and Oxecta. Oxycodone has a high risk for addiction and dependence, and it can cause respiratory distress and death when taken in high doses or when combined with other substances, especially alcohol. Oxycodone is a short-acting opioid analgesic used to treat moderate to severe pain. OxyContin ER is a long-acting opioid formulation consisting of an extended release mechanism sold under the brand name OxyContin. Oxycodone is a Schedule II controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.12. Oxycodone is a dangerous drug pursuant to California Business and Professions Code section 4022 and is a Schedule II controlled substance pursuant to California Health and Safety Code section 11055(b).

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19. Zolpidem Tartrate – Generic name for Ambien. Zolpidem Tartrate is a sedative and hypnotic used for short term treatment of insomnia. Zolpidem Tartrate is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.14(c). 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.

COST RECOVERY

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

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

22. 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."

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

23. Respondent is subject to disciplinary action under section 2234, subdivision (b), of the Code, in that Respondent committed gross negligence in his care and treatment of Patients A,[1] B, C, D, and E. The circumstances are as follows:

Patient A

24. At all relevant times in this action, Respondent has been practicing as a family physician at the Mercy Medical Group in El Dorado Hills, California. Patient A was a then 27-year-old female, suffering from Attention Deficit Hyperactivity Disorder (ADHD), gastrointestinal pain, muscle spasms, neck pain, and knee pain. Patient A established care with Respondent in 2015.

25. The Medical Board obtained certified pharmacy profiles pertaining to Patient A. During the below time period, Respondent prescribed large amounts of a variety of controlled substances to Patient A, in dosages and drug combinations that could have had potentially lethal effects. Respondent prescribed or re-filled the following controlled substances to Patient A:

Date Filled	Prescription	Quantity	Dosage	Schedule
January 8, 2017	Hydrocodone Bitartrate - Acetaminophen	60 tablets	325 milligrams /10 milligrams	II
January 9, 2017	Amphetamine Salt Combination	30 tablets	15 milligrams	II
January 26, 2017	Hydrocodone Bitartrate - Acetaminophen	30 tablets	325 milligrams /10 milligrams	II
January 26, 2017	Amphetamine Salt Combination	30 tablets	15 milligrams	II
February 7, 2017	Lorazepam	30 tablets	.5 milligrams	IV
February 7, 2017	Hydrocodone Bitartrate - Acetaminophen	90 tablets	325 milligrams /10 milligrams	II

[1] Patient names and information have been redacted to protect privacy. All witnesses will be identified in discovery.

March 7, 2017	Hydrocodone Bitartrate - Acetaminophen	30 tablets	325 milligrams /10 milligrams	II
March 7, 2017	Amphetamine Salt Combination	30 tablets	15 milligrams	II
March 17, 2017	Hydrocodone Bitartrate - Acetaminophen	90 tablets	325 milligrams /10 milligrams	II
April 7, 2017	Amphetamine Salt Combination	30 tablets	15 milligrams	II
April 13, 2017	Hydrocodone Bitartrate - Acetaminophen	90 tablets	325 milligrams /10 milligrams	II
May 8, 2017	Amphetamine Salt Combination	30 tablets	15 milligrams	II
May 10, 2017	Hydrocodone Bitartrate - Acetaminophen	90 tablets	325 milligrams /10 milligrams	II
June 7, 2017	Amphetamine Salt Combination	30 tablets	15 milligrams	II
June 16, 2017	Hydrocodone Bitartrate - Acetaminophen	90 tablets	325 milligrams /10 milligrams	II
July 5, 2017	Amphetamine Salt Combination	30 tablets	15 milligrams	II
July 14, 2017	Hydrocodone Bitartrate - Acetaminophen	60 tablets	325 milligrams /10 milligrams	II
August 2, 2017	Amphetamine Salt Combination	30 tablets	15 milligrams	II
August 13, 2017	Hydrocodone Bitartrate - Acetaminophen	60 tablets	325 milligrams /10 milligrams	II
August 29, 2017	Amphetamine Salt Combination	30 tablets	15 milligrams	II
September 9, 2017	Hydrocodone Bitartrate - Acetaminophen	90 tablets	325 milligrams /10 milligrams	II
September 26, 2017	Amphetamine Salt Combination	30 tablets	15 milligrams	II
October 7, 2017	Hydrocodone Bitartrate - Acetaminophen	90 tablets	325 milligrams /10 milligrams	II
October 27, 2017	Amphetamine Salt Combination	30 tablets	15 milligrams	II
November 6, 2017	Hydrocodone Bitartrate - Acetaminophen	90 tablets	325 milligrams /10 milligrams	II
January 3, 2018	Amphetamine Salt Combination	30 tablets	15 milligrams	II

January 3, 2018	Hydrocodone Bitartrate - Acetaminophen	90 tablets	325 milligrams /10 milligrams	II
January 4, 2018	Zolpidem Tartrate	30 tablets	10 milligrams	IV
January 31, 2018	Amphetamine Salt Combination	30 tablets	15 milligrams	II
January 31, 2018	Hydrocodone Bitartrate - Acetaminophen	90 tablets	325 milligrams /10 milligrams	II
February 9, 2018	Zolpidem Tartrate	30 tablets	10 milligrams	IV
March 1, 2018	Mixed Amphetamine Salt	30 tablets	20 milligrams	II
March 1, 2018	Alprazolam	30 tablets	1 milligrams	IV
March 1, 2018	Hydrocodone Bitartrate - Acetaminophen	90 tablets	325 milligrams /10 milligrams	II
March 30, 2018	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
March 30, 2018	Alprazolam	30 tablets	1 milligram	IV
March 30, 2018	Amphetamine Salt Combination	30 tablets	20 milligrams	II
April 26, 2018	Hydrocodone Bitartrate - Acetaminophen	90 tablets	325 milligrams /10 milligrams	II
April 26, 2018	Amphetamine Salt Combination	30 tablets	15 milligrams	II
May 4, 2018	Alprazolam	30 tablets	1 milligram	IV
May 22, 2018	Hydrocodone Bitartrate - Acetaminophen	90 tablets	325 milligrams /10 milligrams	II
May 22, 2018	Amphetamine Salt Combination	30 tablets	20 milligrams	II
June 1, 2018	Alprazolam	30 tablets	1 milligram	IV
June 14, 2018	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
June 23, 2018	Amphetamine Salt Combination	30 tablets	20 milligrams	II
June 23, 2018	Alprazolam	60 tablets	1 milligram	IV
July 21, 2018	Amphetamine Salt Combination	30 tablets	20 milligrams	II
August 17, 2018	Hydrocodone Bitartrate - Acetaminophen	90 tablets	325 milligrams /10 milligrams	II

August 19, 2018	Amphetamine Salt Combination	30 tablets	20 milligrams	II
August 25, 2018	Alprazolam	60 tablets	1 milligram	IV
September 16, 2018	Hydrocodone Bitartrate - Acetaminophen	90 tablets	325 milligrams /10 milligrams	II
September 18, 2018	Amphetamine Salt Combination	30 tablets	20 milligrams	II
October 17, 2018	Amphetamine Salt Combination	30 tablets	20 milligrams	II
October 17, 2018	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
October 18, 2018	Alprazolam	60 tablets	1 milligram	IV
November 16, 2018	Mixed Amphetamine Salt	30 tablets	20 milligrams	IV
November 16, 2018	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
November 23, 2018	Alprazolam	45 tablets	1 milligram	IV
December 15, 2018	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
December 15, 2018	Mixed Amphetamine Salt	30 tablets	20 milligrams	IV
December 28, 2018	Alprazolam	45 tablets	1 milligram	IV
January 14, 2019	Mixed Amphetamine Salts	30 tablets	20 milligrams	IV
January 14, 2019	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
February 13, 2019	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
February 13, 2019	Mixed Amphetamine Salts	30 tablets	20 milligrams	IV
March 14, 2019	Mixed Amphetamine Salts	30 tablets	20 milligrams	IV
March 14, 2019	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
April 10, 2019	Mixed Amphetamine Salts	30 tablets	20 milligrams	IV
April 10, 2019	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
May 7, 2019	Alprazolam	30 tablets	1 milligram	IV

May 8, 2019	Hydrocodone Bitartrate - Acetaminophen	90 tablets	325 milligrams /10 milligrams	II
May 8, 2019	Amphetamine Salt Combination	30 tablets	20 milligrams	IV
June 7, 2019	Alprazolam	30 tablets	1 milligram	IV
June 7, 2019	Amphetamine Salt Combination	30 tablets	20 milligrams	IV
June 7, 2019	Hydrocodone Bitartrate - Acetaminophen	90 tablets	325 milligrams /10 milligrams	II
July 5, 2019	Hydrocodone Bitartrate - Acetaminophen	60 tablets	325 milligrams /10 milligrams	II
July 5, 2019	Alprazolam	60 tablets	1 milligram	IV
July 5, 2019	Amphetamine Salt Combination	30 tablets	20 milligrams	IV
August 2, 2019	Amphetamine Salt Combination	45 tablets	20 milligrams	IV
August 2, 2019	Hydrocodone Bitartrate - Acetaminophen	90 tablets	325 milligrams /10 milligrams	II
August 9, 2019	Alprazolam	60 tablets	1 milligram	IV
September 9, 2019	Alprazolam	60 tablets	1 milligram	IV
October 2, 2019	Hydrocodone Bitartrate - Acetaminophen	90 tablets	325 milligrams /10 milligrams	II
October 2, 2019	Amphetamine Salt Combination	45 tablets	20 milligrams	IV

26. On or about February 7, 2017, Patient A attended a visit with Respondent. During the visit, Patient A stated that she had been using more Norco due to pain. Respondent stated that a temporary increase in Norco is "Ok," or words to that effect, and otherwise did not address the increase in usage. Respondent then increased Patient A's Norco prescription to between 90 and 100 tablets per month (approximately), which was never titrated back down to Patient A's February 7, 2017 dosage levels.

27. On or about March 1, 2018, following a visit with Patient A, Respondent noted that Patient A reported that Ambien had not helped her with anxiety and that she was continuing to have difficulties sleeping. Patient A further inquired about using Xanax. Although benzodiazepines and high dose narcotics are a potentially lethal combination, Respondent added

30 tablets of Xanax to Patient A's prescription regimen. Respondent stated that he was going to discontinue the prescription, however, he continued to regularly prescribe Xanax to Patient A until September 2019. Respondent additionally failed to consider and/or note a medical rationale for prescribing benzodiazepines and opioids together.

28. On or about June 13, 2018, during a visit, Patient A stated that she had been using more Norco than Respondent had prescribed her. Patient A also stated that she had been taking Adderall when she feels tired or unmotivated. Respondent noted that Patient A's Adderall prescription is for hyperactivity, not fatigue, and that he would decline to adjust her dosage. He otherwise failed to address Patient A's misuse of Adderall. Respondent further noted that he would renew her Norco and allow an increase of 4 tablets per day. Conversely, Respondent noted that he intended to reduce Patient A's Norco prescription. However, following the visit, Respondent increased Patient A's Norco prescription from 90 tablets (issued on May 22, 2018) to 120 tablets.

29. On or about July 5, 2019, during a visit, Patient A stated that her anxiety is increasing and requested a higher dose of Xanax. Respondent then doubled the Xanax prescription to 60 tablets per month (approximately).

30. Between January 8, 2017 and October 2, 2019, Respondent prescribed dangerous and potentially lethal combinations of controlled substances to Patient A, including benzodiazepines, opioids, and sedative/hypnotics. Respondent failed to consider and/or note a medical rationale for prescribing combinations of said controlled substances.

31. Between March 1, 2018, and October 2, 2019, Respondent improperly prescribed alprazolam to Patient A for routine and long-term use. This was despite the fact that Respondent noted in Patient A's chart that he planned to discontinue prescribing the drug.

32. During his care and treatment of Patient A, Respondent improperly prescribed opioids for chronic muscular-skeletal pain. Despite the likelihood of harm associated with long-term opioid use, Respondent regularly prescribed Patient A high doses of opioids, from January 8, 2017, to October 2, 2019.

33. During his care and treatment of Patient A, Respondent failed to develop and/or specify a treatment plan and/or goals. Respondent failed to discuss with Patient A and/or document whether pain improved during his care and treatment of Patient A. Respondent further failed to include an exit strategy for discontinuing the controlled substances that were prescribed to her.

34. During his care and treatment of Patient A, Respondent failed to properly engage in an ongoing assessment, regarding his care and treatment of Patient A. Respondent failed to discuss and/or document care goals and/or desired outcomes. Specifically, Respondent failed to evaluate and/or document Patient A's progress toward any typical treatment objectives. Respondent failed to utilize a 1-10 pain scale to assess the level of Patient A's pain. Respondent failed to evaluate Patient A's functional goals, adverse effects, whether Patient A might be engaging in aberrant behaviors (drug or alcohol abuse, unsanctioned dose escalation, and early refill requests), and Patient A's mood.

35. Respondent failed to properly engage in compliance monitoring of Patient A's prescription regimen. Between January 8, 2017 and October 2, 2019, Respondent reviewed Patient A's records in the CURES[2] database only once. Respondent additionally only undertook one urine drug screen with Patient A, despite signs that she was misusing her controlled substances. Respondent further failed to perform a pill count of Patient A's medication.

36. On or about January 4, 2018 and February 9, 2018, Respondent prescribed Patient A zolpidem tartrate in dosages that exceed what is appropriate for a female patient. Respondent prescribed zolpidem in 10 milligram dosages. However, the recommended dose of zolpidem for a female patient is 5 milligrams.

Patient B

[2] The Controlled Substance Utilization Review and Evaluation System (CURES), maintained by the Department of Justice (DOJ), is a platform that tracks all Schedule II – V controlled substances dispensed to patients in California.

37. On or about May 21, 2014, Respondent began treating Patient B. Patient B was a then 44 year-old female with fibromyalgia[3], chronic back pain, hypoplastic[4] thumb, arthritis, and Crohn's disease,

38. The Medical Board obtained certified pharmacy profiles pertaining to Patient B. During the below time period, Respondent prescribed large amounts of a variety of controlled substances to Patient B, in dosages and drug combinations that could have had potentially lethal effects. Respondent prescribed or re-filled the following controlled substances to Patient B:

Date Filled	Prescription	Quantity	Dosage	Schedule
October 23, 2017	Oxycodone HCL - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
November 14, 2017	Hydrocodone Bitartrate - Acetaminophen	40 tablets	325 milligrams /10 milligrams	II
November 22, 2017	Hydromorphone HCL	30 tablets	12 milligrams	II
November 22, 2017	Oxycodone HCL - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
December 18, 2017	Oxycodone HCL - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
December 18, 2017	Hydromorphone HCL	30 tablets	12 milligrams	II
January 16, 2018	Hydromorphone HCL	30 tablets	12 milligrams	II
January 16, 2018	Oxycodone HCL - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
February 15, 2018	Oxycodone HCL - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
February 16, 2018	Morphine sulfate	30 tablets	80 milligrams	II
March 15, 2018	Morphine sulfate	30 tablets	80 milligrams	II
March 15, 2018	Oxycodone HCL - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
March 16, 2018	Hydrocodone Bitartrate - Acetaminophen	40 tablets	325 milligrams /10 milligrams	II
May 11, 2018	Morphine sulfate	30 tablets	80 milligrams	II

[3] Fibromyalgia is a disorder characterized by widespread musculoskeletal pain accompanied by fatigue, sleep, memory and mood issues.

[4] Hypoplasia is the underdevelopment or incomplete development of a tissue or organ.

May 11, 2018	Oxycodone HCL - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
June 10, 2018	Morphine sulfate	30 tablets	80 milligrams	II
June 10, 2018	Oxycodone HCL - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
July 9, 2018	Oxycodone HCL - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
July 9, 2018	Morphine sulfate	30 tablets	80 milligrams	II
August 8, 2018	Oxycodone HCL - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
November 5, 2018	Morphine sulfate	30 tablets	80 milligrams	II
November 5, 2018	Oxycodone HCL - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
December 5, 2018	Morphine sulfate	30 tablets	80 milligrams	II
December 5, 2018	Oxycodone HCL - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
January 5, 2019	Morphine sulfate	30 tablets	80 milligrams	II
January 5, 2019	Oxycodone HCL - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
February 4, 2019	Morphine sulfate	30 tablets	80 milligrams	II
February 4, 2019	Oxycodone HCL - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
March 3, 2019	Morphine sulfate	30 tablets	80 milligrams	II
March 3, 2019	Oxycodone HCL - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
April 1, 2019	Oxycodone HCL - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
April 1, 2019	Morphine sulfate	30 tablets	80 milligrams	II
April 4, 2019	Hydrocodone Bitartrate - Acetaminophen	15 tablets	325 milligrams /10 milligrams	II
April 27, 2019	Oxycodone HCL - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
April 27, 2019	Morphine sulfate	30 tablets	80 milligrams	II
May 28, 2019	Morphine sulfate	30 tablets	80 milligrams	II
May 28, 2019	Oxycodone HCL - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
June 25, 2019	Oxycodone HCL - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
June 25, 2019	Morphine sulfate	30 tablets	80 milligrams	II

July 26, 2019	Oxycodone HCL - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
July 26, 2019	Morphine sulfate	30 tablets	80 milligrams	II
August 24, 2019	Oxycodone HCL - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
August 24, 2019	Morphine sulfate	30 tablets	80 milligrams	II
September 23, 2019	Morphine sulfate	30 tablets	80 milligrams	II
September 23, 2019	Oxycodone HCL - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
October 22, 2019	Oxycodone HCL - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
October 22, 2019	Morphine sulfate	30 tablets	80 milligrams	II
November 20, 2019	Oxycodone HCL - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
November 20, 2019	Morphine sulfate	30 tablets	80 milligrams	II
December 20, 2019	Oxycodone HCL - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
December 20, 2019	Morphine sulfate	30 tablets	80 milligrams	II
January 19, 2020	Morphine sulfate	30 tablets	80 milligrams	II
January 19, 2020	Oxycodone HCL - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
February 18, 2020	Morphine sulfate	30 tablets	80 milligrams	II
February 18, 2020	Oxycodone HCL - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
March 17, 2020	Oxycodone HCL - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II

39. Between October 23, 2017 and March 17, 2020, Respondent routinely overprescribed opioids to Patient B, resulting in morphine milligram equivalents (MME[5]) of 131-165.

40. During his care and treatment of Patient B, Respondent improperly prescribed opioids for chronic muscular-skeletal pain, Crohn's disease, lupus, and fibromyalgia, while failing to consider less harmful pain treatments. Despite the likelihood of harm associated with

[5] Morphine equivalent dosing is employed to determine a patient's cumulative intake of any opioids over 24 hours, in an attempt to avoid the higher dosages of opioids that are associated with higher risk of overdose and mortality. Tracking MMEs helps minimize the potential for prescription drug abuse/misuse. MME is determined by using an equivalency factor to calculate a dose of morphine that is equivalent to the ordered opioid.

long-term opioid use, Respondent regularly prescribed Patient B high doses of opioids, from October 3, 2017, to March 17, 2020.

41. During his care and treatment of Patient B, Respondent failed to develop and/or specify a treatment plan and/or goals. Respondent failed to discuss with Patient B and/or document whether pain improved during his care and treatment of Patient B. Respondent further failed to include an exit strategy for discontinuing the controlled substances that were prescribed to her.

42. During his care and treatment of Patient B, Respondent failed to properly engage in an ongoing assessment. Respondent failed to discuss or document care goals and/or desired outcomes. Specifically, Respondent failed to evaluate and/or document Patient B's progress toward any typical treatment objectives. Respondent failed to utilize a 1-10 pain scale to assess the level of Patient B's pain. Respondent failed to evaluate Patient B's functional goals, adverse effects, whether Patient B might be engaging in aberrant behaviors (drug or alcohol abuse, unsanctioned dose escalation, and early refill requests), and Patient B's mood.

43. Beginning on or about January 1, 2019, Respondent failed to prescribe Narcan to Patient B, even though he was prescribing high levels of opioids to her. Respondent additionally failed to engage Patient B in a discussion regarding Narcan and/or document said discussions.

Patient C

44. On or about June 20, 2017, Respondent began treating Patient C. Patient C was a then 43-year-old female with bipolar disorder, chronic pain, and breast pain. Prior to prescribing controlled substances to Patient C, Respondent failed to create a controlled substances contract with Patient C.

45. The Medical Board obtained certified pharmacy profiles pertaining to Patient C. During the below time period, Respondent prescribed large amounts of a variety of controlled substances to Patient C, in dosages and drug combinations that could have had potentially lethal effects. Respondent prescribed or re-filled the following controlled substances to Patient C:

Date Filled	Prescription	Quantity	Dosage	Schedule

October 21, 2017	Zolpidem Tartrate	30 tablets	10 milligrams	IV
October 21, 2017	Morphine sulfate	30 tablets	60 milligrams	II
November 2, 2017	Hydrocodone Bitartrate - Acetaminophen	180 tablets	325 milligrams /10 milligrams	II
November 7, 2017	Alprazolam	90 tablets	1 milligram	IV
November 21, 2017	Morphine sulfate	60 tablets	60 milligrams	II
November 22, 2017	Zolpidem Tartrate	30 tablets	10 milligrams	IV
December 22, 2017	Morphine sulfate	60 tablets	60 milligrams	II
January 20, 2018	Zolpidem Tartrate	30 tablets	10 milligrams	IV
January 20, 2018	Morphine sulfate	30 tablets	60 milligrams	II
February 10, 2018	Hydrocodone Bitartrate - Acetaminophen	180 tablets	325 milligrams /10 milligrams	II
February 20, 2018	Morphine sulfate	60 tablets	60 milligrams	II
February 26, 2018	Zolpidem Tartrate	30 tablets	10 milligrams	IV
March 9, 2018	Alprazolam	90 tablets	1 milligram	IV
March 24, 2018	Morphine sulfate	60 tablets	60 milligrams	II
April 4, 2018	Hydrocodone Bitartrate - Acetaminophen	90 tablets	325 milligrams /10 milligrams	II
April 11, 2018	Zolpidem Tartrate	30 tablets	10 milligrams	IV
April 27, 2018	Morphine sulfate	60 tablets	60 milligrams	II
May 4, 2018	Hydrocodone Bitartrate - Acetaminophen	180 tablets	325 milligrams /10 milligrams	II
June 18, 2018	Hydrocodone Bitartrate - Acetaminophen	180 tablets	325 milligrams /10 milligrams	II
July 23, 2018	Alprazolam	90 tablets	1 milligram	IV
August 10, 2018	Hydrocodone Bitartrate - Acetaminophen	180 tablets	325 milligrams /10 milligrams	II
August 31, 2018	Morphine sulfate	60 tablets	60 milligrams	II
September 10, 2018	Zolpidem Tartrate	30 tablets	10 milligrams	IV
October 3, 2018	Hydrocodone Bitartrate - Acetaminophen	180 tablets	325 milligrams /10 milligrams	II

November 10, 2018	Zolpidem Tartrate	30 tablets	10 milligrams	IV
December 1, 2018	Hydrocodone Bitartrate - Acetaminophen	180 tablets	325 milligrams /10 milligrams	II
December 31, 2018	Hydrocodone Bitartrate - Acetaminophen	180 tablets	325 milligrams /10 milligrams	II
December 31, 2018	Morphine sulfate	60 tablets	60 milligrams	II
January 31, 2019	Hydrocodone Bitartrate - Acetaminophen	180 tablets	325 milligrams /10 milligrams	II
January 31, 2019	Morphine sulfate	60 tablets	60 milligrams	II
March 2, 2019	Morphine sulfate	60 tablets	60 milligrams	II
May 10, 2019	Hydrocodone Bitartrate - Acetaminophen	180 tablets	325 milligrams /10 milligrams	II
May 28, 2019	Alprazolam	30 tablets	0.5 milligram	IV
May 31, 2019	Zolpidem Tartrate	30 tablets	10 milligrams	IV
June 5, 2019	Morphine sulfate	60 tablets	60 milligrams	II
June 9, 2019	Hydrocodone Bitartrate - Acetaminophen	180 tablets	325 milligrams /10 milligrams	II
July 9, 2018	Hydrocodone Bitartrate - Acetaminophen	180 tablets	325 milligrams /10 milligrams	II
July 29, 2018	Zolpidem Tartrate	30 tablets	10 milligrams	IV
August 8, 2018	Hydrocodone Bitartrate - Acetaminophen	180 tablets	325 milligrams /10 milligrams	II
September 9, 2019	Morphine sulfate	60 tablets	60 milligrams	II
September 18, 2019	Hydrocodone Bitartrate - Acetaminophen	180 tablets	325 milligrams /10 milligrams	II
October 2, 2019	Zolpidem Tartrate	30 tablets	10 milligrams	IV
October 10, 2019	Morphine sulfate	60 tablets	60 milligrams	II
October 29, 2019	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
November 7, 2019	Zolpidem Tartrate	30 tablets	10 milligrams	IV
November 19, 2019	Morphine sulfate	60 tablets	60 milligrams	II

December 6, 2019	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
December 20, 2019	Zolpidem Tartrate	30 tablets	10 milligrams	IV
December 20, 2019	Alprazolam	30 tablets	0.5 milligrams	IV
January 21, 2020	Alprazolam	30 tablets	0.5 milligrams	IV
January 21, 2020	Zolpidem Tartrate	30 tablets	10 milligrams	IV
January 24, 2020	Morphine sulfate	60 tablets	60 milligrams	II
January 24, 2020	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
February 24, 2020	Zolpidem Tartrate	30 tablets	10 milligrams	IV
February 24, 2020	Alprazolam	30 tablets	0.5 milligrams	IV
February 26, 2020	Morphine sulfate	60 tablets	60 milligrams	II
February 28, 2020	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
March 25, 2020	Zolpidem Tartrate	30 tablets	10 milligrams	IV
March 28, 2020	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
March 28, 2020	Morphine sulfate	60 tablets	60 milligrams	II
April 27, 2020	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
April 28, 2020	Zolpidem Tartrate	30 tablets	10 milligrams	IV
April 29, 2020	Morphine sulfate	60 tablets	60 milligrams	II
May 27, 2020	Zolpidem Tartrate	30 tablets	10 milligrams	IV
May 28, 2020	Morphine sulfate	60 tablets	60 milligrams	II
May 28, 2020	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
June 25, 2020	Zolpidem Tartrate	30 tablets	10 milligrams	IV
August 9, 2020	Alprazolam	90 tablets	0.5 milligrams	IV
August 9, 2020	Zolpidem Tartrate	90 tablets	10 milligrams	IV

August 10, 2020	Morphine sulfate	60 tablets	60 milligrams	II
August 11, 2020	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
September 10, 2020	Morphine sulfate	60 tablets	60 milligrams	II

46. During his care and treatment of Patient C, Respondent failed to discuss and/or document any discussion regarding the potential risks of long-term opioid use, chronic benzodiazepine use, combined opioid/benzodiazepine use, and combined opioid/benzodiazepine/hypnotic-sedative use. Additionally, Respondent failed to discuss and/or document discussions of risks for dependence, misuse, and addiction.

47. On or about July 2, 2018, Patient C reported severe constipation with her pain medications.

48. On or about April 22, 2019, Respondent ran a urine drug screen on Patient C, which tested positive for alprazolam. However, according to Patient C's CURES report, she had not been prescribed alprazolam since July 23, 2018. Respondent failed to appropriately address and/or document the inconsistent drug screen.

49. On or about August 10, 2020, Respondent was notified that Patient C's pharmacy refused to fill her controlled medications. Patient C reported that she was going through withdrawals, due to not having access to her opioid regimen. The pharmacy then contacted Respondent's office and requested a letter stating the reason for Patient C's prescription regimen and care plan. They additionally requested a letter regarding the decrease of Patient C's MME level to less than 90.

50. Between October 21, 2017 and September 10, 2020, Respondent prescribed dangerous and potentially lethal combinations of controlled substances to Patient C, including benzodiazepines, opioids, and sedative/hypnotics. Respondent failed to consider and/or note a medical rationale for prescribing combinations of said controlled substances.

51. During his care and treatment of Patient C, Respondent improperly prescribed opioids for chronic muscular-skeletal pain, while failing to consider less harmful pain treatments.

Despite the likelihood of harm associated with long-term opioid use, Respondent regularly prescribed Patient C high doses of opioids, from October 21, 2017, to September 10, 2020.

52. During his care and treatment of Patient C, Respondent failed to develop and/or specify a treatment plan and/or goals. Respondent failed to discuss with Patient C and/or document whether pain improved during his care and treatment of Patient C. Respondent further failed to include an exit strategy for discontinuing the controlled substances that were prescribed to her.

53. During his care and treatment of Patient C, Respondent failed to properly engage in an ongoing assessment, regarding his care and treatment of Patient C. Respondent failed to discuss or document care goals and/or desired outcomes. Specifically, Respondent failed to utilize any of the five objectives to fully evaluate Patient C's substances needs. Those objectives include analgesia, activity level, adverse effects, aberrant behaviors, and affect.

54. Between October 21, 2017 and August 9, 2020, Respondent prescribed Patient C zolpidem tartrate in dosages that exceed what is appropriate for a female patient. Respondent prescribed zolpidem tartrate in 10 milligram dosages. However, the recommended dose of zolpidem for a female patient is 5 milligrams. Although it is recommended to discontinue zolpidem tartrate after four to six weeks, Respondent continued to prescribe zolpidem tartrate to Patient C for several years.

55. Between October 21, 2017 and September 10, 2020, Respondent improperly prescribed alprazolam to Patient C for long-term use.

56. During his care and treatment of Patient C, Respondent failed to conduct pill counts, despite the fact that Patient C was being prescribed high amounts of dangerous and addictive drugs in potentially dangerous combinations.

Patient D

57. On or about December 8, 2017, Respondent re-established care with Patient D, who was formerly a patient, but had not sought treatment for approximately one year prior. Patient D was a then 59-year-old male with arthritis and carpel tunnel in both wrists and hands, anxiety, depression, history of alcoholism, insomnia, and bipolar disorder.

58. The Medical Board obtained certified pharmacy profiles pertaining to Patient D. During the below time period, Respondent prescribed large amounts of a variety of controlled substances to Patient D, in dosages and drug combinations that could have had potentially lethal effects. Respondent prescribed or re-filled the following controlled substances to Patient D:

Date Filled	Prescription	Quantity	Dosage	Schedule
December 8, 2017	Lorazepam	30 tablets	1 milligram	IV
January 2, 2018	Hydrocodone Bitartrate - Acetaminophen	90 tablets	325 milligrams /10 milligrams	II
February 8, 2018	Hydrocodone Bitartrate - Acetaminophen	90 tablets	325 milligrams /10 milligrams	II
February 8, 2018	Morphine sulfate	30 tablets	60 milligrams	II
February 8, 2018	Zolpidem Tartrate	30 tablets	12.5 milligrams	IV
March 7, 2018	Lorazepam	90 tablets	1 milligram	IV
March 8, 2018	Zolpidem Tartrate	30 tablets	12.5 milligrams	IV
April 5, 2018	Morphine sulfate	30 tablets	60 milligrams	II
April 12, 2018	Lorazepam	90 tablets	1 milligram	IV
April 13, 2018	Zolpidem Tartrate	30 tablets	12.5 milligrams	IV
April 17, 2018	Hydrocodone Bitartrate - Acetaminophen	90 tablets	325 milligrams /10 milligrams	II
May 18, 2018	Lorazepam	90 tablets	1 milligram	IV
May 18, 2018	Zolpidem Tartrate	30 tablets	12.5 milligrams	IV
June 13, 2018	Hydrocodone Bitartrate - Acetaminophen	90 tablets	325 milligrams /10 milligrams	II
June 20, 2018	Zolpidem Tartrate	30 tablets	12.5 milligrams	IV
June 20, 2018	Lorazepam	90 tablets	1 milligram	IV
July 24, 2018	Hydrocodone Bitartrate - Acetaminophen	90 tablets	325 milligrams /10 milligrams	II
July 25, 2018	Morphine sulfate	30 tablets	60 milligrams	II
July 31, 2018	Zolpidem Tartrate	30 tablets	12.5 milligrams	IV

July 31, 2018	Lorazepam	90 tablets	1 milligram	IV
September 24, 2018	Morphine sulfate	30 tablets	60 milligrams	II
September 25, 2018	Lorazepam	30 tablets	1 milligram	IV
September 26, 2018	Zolpidem Tartrate	30 tablets	12.5 milligrams	IV
October 12, 2018	Lorazepam	60 tablets	1 milligram	IV
October 26, 2018	Morphine sulfate	30 tablets	60 milligrams	II
October 26, 2018	Hydrocodone Bitartrate - Acetaminophen	90 tablets	325 milligrams /10 milligrams	II
October 30, 2018	Zolpidem Tartrate	30 tablets	12.5 milligrams	IV
November 29, 2018	Lorazepam	60 tablets	1 milligram	IV
December 18, 2018	Hydrocodone Bitartrate - Acetaminophen	90 tablets	325 milligrams /10 milligrams	II
December 18, 2018	Morphine sulfate	30 tablets	60 milligrams	II
January 2, 2019	Lorazepam	60 tablets	1 milligram	IV
January 7, 2019	Zolpidem Tartrate	30 tablets	12.5 milligrams	IV
January 22, 2019	Hydrocodone Bitartrate - Acetaminophen	90 tablets	325 milligrams /10 milligrams	II
January 22, 2019	Morphine sulfate	30 tablets	60 milligrams	II
March 4, 2019	Morphine sulfate	30 tablets	60 milligrams	II
March 4, 2019	Hydrocodone Bitartrate - Acetaminophen	90 tablets	325 milligrams /10 milligrams	II
March 5, 2019	Zolpidem Tartrate	30 tablets	12.5 milligrams	IV
March 6, 2019	Lorazepam	60 tablets	1 milligram	IV
April 7, 2019	Hydrocodone Bitartrate - Acetaminophen	90 tablets	325 milligrams /10 milligrams	II
April 7, 2019	Morphine sulfate	30 tablets	60 milligrams	II
April 8, 2019	Zolpidem Tartrate	30 tablets	12.5 milligrams	IV
April 14, 2019	Lorazepam	60 tablets	1 milligram	IV
May 8, 2019	Zolpidem Tartrate	30 tablets	12.5 milligrams	IV

May 9, 2019	Hydrocodone Bitartrate - Acetaminophen	90 tablets	325 milligrams /10 milligrams	II
May 9, 2019	Morphine sulfate	30 tablets	60 milligrams	II
May 24, 2019	Lorazepam	60 tablets	1 milligram	IV
June 11, 2019	Morphine sulfate	30 tablets	60 milligrams	II
June 13, 2019	Hydrocodone Bitartrate - Acetaminophen	90 tablets	325 milligrams /10 milligrams	II
June 13, 2019	Zolpidem Tartrate	30 tablets	12.5 milligrams	IV
July 19, 2019	Zolpidem Tartrate	30 tablets	12.5 milligrams	IV
July 19, 2019	Lorazepam	60 tablets	1 milligram	IV
July 30, 2019	Hydrocodone Bitartrate - Acetaminophen	90 tablets	325 milligrams /10 milligrams	II
July 30, 2019	Morphine sulfate	30 tablets	60 milligrams	II
August 22, 2019	Zolpidem Tartrate	30 tablets	12.5 milligrams	IV
August 22, 2019	Lorazepam	60 tablets	1 milligram	IV
September 4, 2019	Hydrocodone Bitartrate - Acetaminophen	90 tablets	325 milligrams /10 milligrams	II
September 4, 2019	Morphine sulfate	30 tablets	60 milligrams	II
September 25, 2019	Lorazepam	60 tablets	1 milligram	IV
September 25, 2019	Zolpidem Tartrate	30 tablets	12.5 milligrams	IV
October 4, 2019	Hydrocodone Bitartrate - Acetaminophen	90 tablets	325 milligrams /10 milligrams	II
October 4, 2019	Morphine sulfate	30 tablets	60 milligrams	II
October 30, 2019	Lorazepam	28 tablets	1 milligram	IV
October 30, 2019	Zolpidem Tartrate	14 tablets	12.5 milligrams	IV
November 13, 2019	Hydrocodone Bitartrate - Acetaminophen	75 tablets	325 milligrams /10 milligrams	II
November 13, 2019	Morphine sulfate	30 tablets	60 milligrams	II
November 26, 2019	Zolpidem Tartrate	14 tablets	12.5 milligrams	IV
November 26, 2019	Lorazepam	28 tablets	1 milligram	IV

December 7, 2019	Lorazepam	28 tablets	1 milligram	IV
December 12, 2019	Zolpidem Tartrate	14 tablets	12.5 milligrams	IV
December 26, 2019	Zolpidem Tartrate	14 tablets	12.5 milligrams	IV
February 16, 2020	Lorazepam	28 tablets	1 milligram	IV
February 16, 2020	Hydrocodone Bitartrate - Acetaminophen	75 tablets	325 milligrams /10 milligrams	II
February 16, 2020	Morphine sulfate	30 tablets	60 milligrams	II
April 16, 2020	Lorazepam	28 tablets	1 milligram	IV
May 18, 2020	Lorazepam	28 tablets	1 milligram	IV
May 19, 2020	Hydrocodone Bitartrate - Acetaminophen	75 tablets	325 milligrams /10 milligrams	II
May 19, 2020	Morphine sulfate	30 tablets	60 milligrams	II
June 22, 2020	Zolpidem Tartrate	30 tablets	12.5 milligrams	IV
July 14, 2020	Lorazepam	28 tablets	1 milligram	IV
July 24, 2020	Zolpidem Tartrate	30 tablets	12.5 milligrams	IV
August 3, 2020	Hydrocodone Bitartrate - Acetaminophen	75 tablets	325 milligrams /10 milligrams	II
August 3, 2020	Lorazepam	28 tablets	1 milligram	IV
August 13, 2020	Lorazepam	60 tablets	2 milligrams	IV
October 11, 2020	Lorazepam	60 tablets	2 milligrams	IV

59. Between December 8, 2017 and October 11, 2020, Respondent prescribed dangerous and potentially lethal combinations of controlled substances to Patient D, including benzodiazepines, opioids, and sedative/hypnotics. Additionally, Respondent was aware that Patient D was an alcohol abuser, which Respondent failed to consider and/or note a medical rationale for prescribing combinations of said controlled substances.

60. Between February 8, 2018, and July 24, 2020, Respondent improperly prescribed zolpidem to Patient D for an extended period of time, despite the fact that zolpidem should be prescribed for a maximum of 4-6 weeks for the treatment of insomnia. Additionally, Respondent

solely prescribed 12.5 milligram dosages of zolpidem—the highest available dose—despite the fact that the lowest effective dose should be initially attempted.

61. Between December 8, 2017 and October 11 2020, Respondent improperly prescribed benzodiazepines to Patient D for long-term use.

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62. During his care and treatment of Patient D, Respondent improperly prescribed opioids for chronic muscular-skeletal pain, while failing to consider less harmful pain treatments. Despite the likelihood of harm associated with long-term opioid use, from January 2, 2018, to August 3, 2020, Respondent regularly prescribed Patient D high doses of opioids.

63. During his care and treatment of Patient D, Respondent failed to develop and/or specify a treatment plan and/or goals. Respondent failed to discuss with Patient D and/or document whether pain improved during his care and treatment of Patient D. Respondent further failed to include an exit strategy for discontinuing the controlled substances that were prescribed to him.

64. During his care and treatment of Patient D, Respondent failed to properly engage in an ongoing assessment. Respondent failed to discuss or document care goals and/or desired outcomes. Specifically, Respondent failed to utilize any of the five objective to fully evaluate Patient D's substances needs. Those objectives include analgesia, activity level, adverse effects, aberrant behaviors, and affect.

65. On or about November 13, 2019, Respondent performed a urine drug screen on Patient D. The results revealed that Patient D had traces of fentanyl in his system. Respondent failed to recognize and address Patient D's inconsistent drug screen, in which fentanyl was found in Patient D's system.

66. During his care and treatment of Patient D, Respondent failed to regularly conduct pill counts regarding Patient D's prescriptions.

67. Between December 8, 2017 and October 11, 2020, Respondent failed to undertake an adequate risk assessment for prescribing long-term use of opioids. Specifically, Respondent failed to use available screening tools and failed to evaluate potential risks of combining opiate

therapy, combining opiates with other medications (listed above), and combining said medications with alcohol.

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Patient E

68. On or about April 7, 2017, Respondent began treating Patient E. Patient E was a then 62-year-old female with cancer of the jaw, a foot deformity, anxiety, chronic back pain from a horse riding accident and asthma.

69. The Medical Board obtained certified pharmacy profiles pertaining to Patient E. During the below time period, Respondent prescribed large amounts of a variety of controlled substances to Patient E, in dosages and drug combinations that could have had potentially lethal effects. Respondent prescribed or re-filled the following controlled substances to Patient E:

Date Filled	Prescription	Quantity	Dosage	Schedule
October 24, 2017	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
November 4, 2017	Morphine sulfate	90 tablets	30 milligrams	II
November 24, 2017	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
December 3, 2017	Morphine sulfate	90 tablets	30 milligrams	II
December 24, 2017	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
January 3, 2018	Lorazepam	30 tablets	1 milligram	IV
January 3, 2018	Morphine sulfate	90 tablets	30 milligrams	II
January 13, 2018	Hydrocodone Bitartrate - Acetaminophen	84 tablets	325 milligrams /10 milligrams	II
January 21, 2018	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
February 2, 2018	Morphine sulfate	90 tablets	30 milligrams	II

February 20, 2018	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
March 4, 2018	Morphine sulfate	90 tablets	30 milligrams	II
March 21, 2018	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
April 19, 2018	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
May 3, 2018	Morphine sulfate	90 tablets	30 milligrams	II
May 19, 2018	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
June 1, 2018	Morphine sulfate	90 tablets	30 milligrams	II
June 17, 2018	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
June 30, 2018	Morphine sulfate	90 tablets	30 milligrams	II
July 16, 2018	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
July 29, 2018	Morphine sulfate	90 tablets	30 milligrams	II
August 14, 2018	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
August 28, 2018	Morphine sulfate	90 tablets	30 milligrams	II
September 13, 2018	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
September 17, 2018	Diazepam	2 tablets	5 milligrams	IV
September 27, 2018	Morphine sulfate	90 tablets	30 milligrams	II
October 12, 2018	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
October 26, 2018	Morphine sulfate	90 tablets	30 milligrams	II
November 10, 2018	Lorazepam	6 tablets	1 milligram	IV
November 10, 2018	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
November 19, 2018	Oxycodone HCL - Acetaminophen	60 tablets	325 milligrams /10 milligrams	II
November 27, 2018	Morphine sulfate	90 tablets	30 milligrams	II

November 27, 2018	Oxycodone HCL - Acetaminophen	18 tablets	325 milligrams /10 milligrams	II
December 4, 2018	Hydrocodone Bitartrate - Acetaminophen	50 tablets	325 milligrams /10 milligrams	II
December 21, 2018	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
December 26, 2018	Morphine sulfate	90 tablets	30 milligrams	II
January 21, 2019	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
January 25, 2019	Morphine sulfate	90 tablets	30 milligrams	II
February 20, 2019	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
February 24, 2019	Morphine sulfate	90 tablets	30 milligrams	II
March 1, 2019	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
March 25, 2019	Morphine sulfate	90 tablets	30 milligrams	II
April 20, 2019	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
April 24, 2019	Morphine sulfate	90 tablets	30 milligrams	II
May 20, 2019	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
May 23, 2019	Morphine sulfate	90 tablets	30 milligrams	II
June 18, 2019	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
June 21, 2019	Morphine sulfate	90 tablets	30 milligrams	II
July 17, 2019	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
July 21, 2019	Morphine sulfate	90 tablets	30 milligrams	II
August 16, 2019	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
August 20, 2019	Morphine sulfate	90 tablets	30 milligrams	II
September 15, 2019	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
September 18, 2019	Morphine sulfate	90 tablets	30 milligrams	II

October 14, 2019	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
October 17, 2019	Morphine sulfate	90 tablets	30 milligrams	II
November 13, 2019	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
November 15, 2019	Morphine sulfate	90 tablets	30 milligrams	II
December 12, 2019	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
December 14, 2019	Morphine sulfate	90 tablets	30 milligrams	II
January 11, 2020	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
January 13, 2020	Morphine sulfate	90 tablets	30 milligrams	II
February 10, 2020	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
February 12, 2020	Morphine sulfate	90 tablets	30 milligrams	II
March 10, 2020	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
March 12, 2020	Morphine sulfate	90 tablets	30 milligrams	II
April 9, 2020	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
April 10, 2020	Morphine sulfate	90 tablets	30 milligrams	II
May 9, 2020	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
May 10, 2020	Morphine sulfate	90 tablets	30 milligrams	II
June 7, 2020	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
June 8, 2020	Morphine sulfate	90 tablets	30 milligrams	II
July 7, 2020	Hydrocodone Bitartrate - Acetaminophen	120 tablets	325 milligrams /10 milligrams	II
July 8, 2020	Morphine sulfate	90 tablets	30 milligrams	II

70. Between October 24, 2017 and July 8, 2020, Respondent routinely overprescribed opioids to Patient E, resulting in morphine milligram equivalents (MME[6]) of 128-151.

71. During his care and treatment of Patient E, Respondent improperly prescribed opioids for chronic muscular-skeletal pain, while failing to consider less harmful pain treatments. Despite the likelihood of harm associated with long-term opioid use, Respondent regularly prescribed Patient E high doses of opioids, from October 24, 2017, to July 8, 2020.

72. During his care and treatment of Patient E, Respondent failed to develop and/or specify a treatment plan and/or goals. Respondent failed to discuss with Patient E and/or document whether pain improved during his care and treatment of her. Respondent further failed to include an exit strategy for discontinuing the controlled substances that were prescribed to her.

73. During his care and treatment of Patient E, Respondent failed to properly engage in an ongoing assessment. Respondent failed to discuss or document care goals and/or desired outcomes. Specifically, Respondent failed to utilize any of the five objectives to fully evaluate Patient E's substances needs. Those objectives include analgesia, activity level, adverse effects, aberrant behaviors, and affect.

74. During his care and treatment of Patient A, Patient B, Patient C, Patient D and Patient E, Respondent committed the following grossly negligent acts:

A. Prescribing concurrent medications with dangerous interactions to Patient A;

B. Prescribing benzodiazepines to Patient A for long-term use;

C. Failing to establish a diagnosis of medical necessity before prescribing high level, long-term opioid therapy for Patient A's muscular skeletal pain;

D. Failing to develop and/or record an adequate treatment plan and objectives for Patient A's treatment;

E. Failing to adequately conduct and/or document ongoing assessments, regarding his care and treatment of Patient A;

[6] Morphine equivalent dosing is employed to determine a patient's cumulative intake of any opioids over 24 hours, in an attempt to avoid the higher dosages of opioids that are associated with higher risk of overdose and mortality. Tracking MMEs helps minimize the potential for prescription drug abuse/misuse. MME is determined by using an equivalency factor to calculate a dose of morphine that is equivalent to the ordered opioid.

F. Failing to conduct pill counts as part of the compliance monitoring of Patient A's opioid regimen;

G. Prescribing excessive amounts of controlled substances to Patient B;

H. Prescribing high level, long-term opioid therapy for Patient B's muscular skeletal pain and autoimmune disease;

I. Failing to develop and/or record an adequate treatment plan and objectives for Patient B's treatment;

J. Failing to adequately conduct and/or document ongoing assessments, regarding his care and treatment of Patient B;

K. Failing to offer naloxone to Patient B, despite prescribing over 90 MME's to the patient;

L. Prescribing excessive amounts of controlled substances to Patient C;

M. Prescribing concurrent medications with dangerous interactions to Patient C;

N. Failing to establish a diagnosis of medical necessity before prescribing high dosage, long-term opioid therapy for Patient C's muscular skeletal pain;

O. Failing to develop and/or record an adequate treatment plan and objectives for Patient C's treatment;

P. Failing to adequately conduct and/or document ongoing assessments, regarding his care and treatment of Patient C;

Q. Prescribing sedatives/hypnotics to Patient C in high doses for long-term use;

R. Prescribing benzodiazepines to Patient C for long-term use;

S. Failing to adequately obtain Patient C's consent, and/or document said consent, by failing to clearly explain long-term risks and/or side effects from opioids, benzodiazepines, and zolpidem;

T. Failing to properly assent to a controlled substances contract with Patient C;

U. Prescribing concurrent medications with dangerous interactions to Patient D;

V. Prescribing sedatives/hypnotics to Patient D in high doses for long-term use;

W. Prescribing benzodiazepines to Patient D for long-term use;

X. Failing to establish a medical necessity before prescribing high dosage, long-term opioid therapy for Patient D's muscular skeletal pain;

Y. Failing to develop and/or record an adequate treatment plan and objectives for Patient D's treatment;

Z. Failing to conduct pill counts as part of the compliance monitoring of Patient D's opioid regimen;

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AA. failing to undertake an adequate risk assessment for prescribing long-term us of opioids to Patient D;

BB. Prescribing excessive amounts of controlled substances to Patient E;

CC. Failing to establish a medical necessity before prescribing high dosage, long-term opioid therapy for Patient E's muscular skeletal pain;

DD. Failing to develop and/or record an adequate treatment plan and objectives for Patient E's treatment; and

EE. Failing to adequately conduct and/or document ongoing assessments, regarding his care and treatment of Patient E;

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

75. Respondent's license is subject to disciplinary action under section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts during the care and treatment of Patients A, B, C, D, and E as more particularly alleged in paragraphs 23 through 74, above, which are hereby incorporated by reference and re-alleged as if fully set forth herein.

76. During his care and treatment of Patient A, Patient B, Patient C, Patient D, Respondent committed the following repeated negligent acts:

A. Prescribing an excessive zolpidem dosage for Patient A; and

B. Failure to adequately monitor Patient C's compliance with her prescription regimen;

THIRD CAUSE FOR DISCIPLINE

(Excessive Prescribing)

77. Respondent's license is subject to disciplinary action under sections 2227, 2234, and 725, of the Code, in that he engaged in excessive prescribing of controlled substances and dangerous drugs to Patients A, B, C, D, and E, as more particularly alleged in paragraphs 23 through 76, above, which are hereby incorporated by reference and re-alleged as if fully set forth herein.

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FOURTH CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

78. Respondent's license is subject to disciplinary action under section 2266 of the Code, in that he failed to maintain adequate and accurate medical records relating to his care and treatment of Patients A, B, C, D, and E, as more particularly alleged in paragraphs 23 through 77, above, which are hereby incorporated by reference and re-alleged as if fully set forth herein.

FIFTH CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

79. Respondent's license is subject to disciplinary action under sections 2227 and 2234 of the Code, in that he has engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 23 through 78, above, which are hereby incorporated by reference and re-alleged as if fully set forth herein.

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PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 118590, issued to Jason Kevin Deitchman, M.D.;

2. Revoking, suspending or denying approval of Jason Kevin Deitchman, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Jason Kevin Deitchman, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and

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

DATED: JUL 22 2022

WILLIAM PRASIFKA
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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