

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

In the Matter of the Accusation  
Against:

Michael L. Friedman, M.D.

Physician's and Surgeon's  
Certificate No. G 15327

Respondent.

Case No. 800-2021-080534

DECISION

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

This Decision shall become effective at 5:00 p.m. on November 30, 2023.

IT IS SO ORDERED November 28, 2023.

MEDICAL BOARD OF CALIFORNIA

Jenna Jones For

Reji Varghese  
Executive Director

1 ROB BONTA  
Attorney General of California  
2 ROBERT MCKIM BELL  
Supervising Deputy Attorney General  
3 VLADIMIR SHALKEVICH  
Deputy Attorney General  
4 State Bar No. 173955  
300 South Spring Street, Suite 1702  
5 Los Angeles, California 90013  
Telephone: (213) 269-6538  
6 Facsimile: (916) 731-2117  
*Attorneys for Complainant*  
7

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

13 In the Matter of the Accusation Against:

14 **MICHAEL L. FRIEDMAN, M.D.**  
4201 Torrance Boulevard, Suite 530  
Torrance, CA 90503-4509

15 **Physician's and Surgeon's Certificate No.**  
16 **G 15327**

17 Respondent.

Case No. 800-2021-080534

OAH No. 2023100119

**STIPULATED SURRENDER OF  
LICENSE AND ORDER**

18  
19 **IT IS HEREBY STIPULATED AND AGREED BY AND BETWEEN THE PARTIES**  
20 **TO THE ABOVE-ENTITLED PROCEEDINGS THAT THE FOLLOWING MATTERS**  
21 **ARE TRUE:**

22 **PARTIES**

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

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

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

27           //

28           //

1 **ADDITIONAL PROVISIONS**

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

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

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

11 **ORDER**

12 **IT IS HEREBY ORDERED THAT** Physician's and Surgeon's Certificate No. G 15327,  
13 issued to Respondent Michael L. Friedman, M.D., is surrendered and accepted by the Board.

14 1. The surrender of Respondent's Physician's and Surgeon's Certificate and the  
15 acceptance of the surrendered license by the Board shall constitute the imposition of discipline  
16 against Respondent. This stipulation constitutes a record of the discipline and shall become a part  
17 of the Respondent's license history with the Board.

18 2. Respondent shall lose all rights and privileges as a Physician and Surgeon in  
19 California as of the effective date of the Board's Decision and Order.

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

22 4. If Respondent ever files an application for licensure or a petition for reinstatement in  
23 the State of California, the Board shall treat it as a petition for reinstatement. Respondent must  
24 comply with all the laws, regulations, and procedures for reinstatement of a revoked or  
25 surrendered license in effect at the time the petition is filed. All of the charges and allegations  
26 contained in Accusation No. 800-2021-080534 shall be deemed to be true, correct, and admitted  
27 by Respondent when the Board determines whether to grant or deny the petition.  
28

1 5. If Respondent should ever apply or reapply for a new license or certification, or  
2 petition for reinstatement of a license by any other health care licensing agency in the State of  
3 California, all of the charges and allegations contained in Accusation No. 800-2021-080534 shall  
4 be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of  
5 Issues or any other proceeding seeking to deny or restrict licensure.

6 6. Respondent shall pay the agency its costs of investigation and enforcement in the  
7 amount of \$25,617.00 prior to issuance of a new or reinstated license.

8 7. If Respondent should ever apply or reapply for a new license or certification, or  
9 petition for reinstatement of a license, by any other health care licensing agency in the State of  
10 California, all of the charges and allegations contained in Accusation No. 800-2021-080534  
11 before the Medical Board of California shall be deemed to be true, correct, and admitted by  
12 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or  
13 restrict licensure.

14 ACCEPTANCE

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

20  
21 DATED: 11-17-23

  
MICHAEL L. FRIEDMAN, M.D.

*Respondent*

23 I have read and fully discussed with Respondent Michael L. Friedman, M.D., the terms and  
24 conditions and other matters contained in this Stipulated Surrender of License and Order. I  
25 approve its form and content.

26  
27 DATED: 11/17/23

  
GARY WITTENBERG

*Attorney for Respondent*

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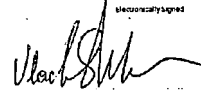
**ENDORSEMENT**

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

DATED: November 22, 2023

Respectfully submitted,

ROB BONTA  
Attorney General of California  
ROBERT MCKIM BELL  
Supervising Deputy Attorney General



VLADIMIR SHALKEVICH  
Deputy Attorney General  
*Attorneys for Complainant*

LA2023601373



**Exhibit A**

**Accusation No. 800-2021-080534**

1 ROB BONTA  
Attorney General of California  
2 ROBERT MCKIM BELL  
Supervising Deputy Attorney General  
3 VLADIMIR SHALKEVICH  
Deputy Attorney General  
4 State Bar No. 173955  
300 South Spring Street, Suite 1702  
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9 **MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 800-2021-080534

13 **MICHAEL L. FRIEDMAN, M.D.**  
14 **4201 Torrance Boulevard, Suite 530**  
**Torrance, California 90503-4509**

**A C C U S A T I O N**

15 **Physician's and Surgeon's Certificate No.**  
16 **G 15327,**

Respondent.

17  
18 **PARTIES**

19 1. Reji Varghese (Complainant) brings this Accusation solely in his official capacity as  
20 the Executive Director of the Medical Board of California (Board).

21 2. On August 27, 1968, the Board issued a Physician and Surgeon's Certificate Number  
22 G 15327 to Michael L. Friedman, M.D. (Respondent). That license was in full force and effect at  
23 all times relevant to the charges brought herein and will expire on November 30, 2024, unless  
24 renewed.

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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 4. Section 2227 of the Code states:

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

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

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

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

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

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

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

27 5. Section 2234 of the Code, states:

28 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

1 appropriate for that negligent diagnosis of the patient shall constitute a single  
2 negligent act.

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

8 (d) Incompetence.

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

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

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

16 6. Section 2242 of the Code states:

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

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

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

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

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

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

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

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

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

11 8. Health and Safety Code section 11165.4, subdivision (a) states, in pertinent part:

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

#### 17 COST RECOVERY

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

#### 24 DEFINITIONS

25 10. Butalbital is a barbiturate. It has sedative and analgesic properties and is frequently  
26 combined with other medicines, such as aspirin, paracetamol and codeine, available under brand  
27 name Fioricet. It is often used for treatment of pain and headache. It derives from a barbituric  
28 acid and is a DEA Schedule III controlled substance and a dangerous drug pursuant to Business  
and Professions Code section 4022.

11. Alprazolam is a benzodiazepine used predominantly for therapy of anxiety, available  
under brand name Xanax. It is a dangerous drug pursuant to Business and Professions Code

1 section 4022, and a Schedule IV controlled substance pursuant Health and Safety Code section  
2 11057, subdivision (d)(1).

3 12. Adderall is a brand name for amphetamine salts, which is a combination medication,  
4 generally used to treat attention deficit hyperactivity disorder and narcolepsy. It is a stimulant  
5 that contains a combination of amphetamine salts, and is a dangerous drug pursuant to Business  
6 and Professions Code section 4022, and a Schedule II controlled substance pursuant to Health and  
7 Safety Code section 11055, subdivision (d)(1).

### 8 FACTUAL ALLEGATIONS

9 13. Respondent is a board-certified obstetrician-gynecologist. He saw Patient 1<sup>1</sup>, a  
10 female who was then 34 years old, for the first time on September 11, 2019. Respondent believed  
11 that she was referred to him by another gynecologist whom Respondent knew for a long time.  
12 The referring doctor has subsequently passed away. Respondent's medical assistant documented  
13 that Patient 1's weight was 126 pounds, her height was 5 feet 7 inches, her blood pressure was  
14 "127" her temperature was "90" and pulse was "107." The medical assistant also documented the  
15 reason for the visit as "annual pap smear" and "migraines." In his interview with the Board's  
16 investigators, Respondent stated that he did not notice that Patient 1's blood pressure and  
17 temperature notes appeared to be incomplete or inaccurate. He stated "I never saw that I don't  
18 think. I don't think her temperature was 90. I probably never looked at that because she was  
19 perfectly healthy."

20 14. During that first visit on September 11, 2019, Respondent performed a pelvic  
21 examination on Patient 1 during which he performed a PAP smear, though he failed to adequately  
22 document this. Respondent told Board investigators that he later found out that he did not obtain  
23 enough cells, and the Pap smear exam had to be repeated at the next visit. Eventually, the result  
24 of the PAP smear was normal.

25 15. With regard to Patient 1's complaints of migraine headaches, Respondent  
26 documented illegibly that Patient 1 has taken somatropin or Sumatriptan, Compazine and

27 <sup>1</sup> The patient's name is anonymized for privacy. Respondent is aware of the patient's  
28 name, and this information will also be provided to him in response to a written Request for  
Discovery.

1 Topamax, and they did not work. Respondent did not document any details with regard to who  
2 prescribed these medications to Patient 1, in what doses or when this occurred. In his interview,  
3 Respondent stated: "I don't know who prescribed all those other medications for her – um – that  
4 she said that she tried for migraines." Respondent did not perform, order and/or document any  
5 type of workup for the patient's migraines during her visit on September 11, 2019. Respondent  
6 explained: "I didn't do a workup on the migraines. I mean, if – because I assume – that however  
7 I made an assumption, maybe wrong – that the other doctors who prescribed all the medicines  
8 that didn't work, the Topamax, and the sumatriptan – all those things that someone had done a  
9 workup for that. I mean – uh – I know how to do a workup for that. You know, I would  
10 obviously take a better history...I did not do a brain scan. I did not do an MRI or anything like  
11 that. And she didn't ask me for any of that . . . . She just mentioned the migraines."

12 16. Although Respondent documented his intent to obtain medical records from Patient  
13 1's prior gynecologist, Respondent never obtained those. On September 11, 2019, he prescribed  
14 90 pills of Fioricet Plain (no Codeine) to Patient 1, for 1 month, with two refills, for a total of 3  
15 months.

16 17. Respondent also noted that Patient 1 was taking both, Adderall 40 mg. and Xanax, 2  
17 mg., twice a day, as prescribed by Patient 1's psychiatrist. Respondent did not document who  
18 that psychiatrist was, or how long or at what doses the patient had been taking these medications.

19 18. Respondent prescribed Adderall and Xanax to Patient 1 during her first visit on  
20 September 11, 2019, explaining that the patient "was out of medicines" and that her psychiatrist,  
21 who Patient 1 told him prescribed this combination of medicines, was unavailable. Respondent  
22 explained in his interview that he could see this combination of medicines being given by a  
23 psychiatrist, not a gynecologist, but that discontinuing Adderall and Xanax abruptly could cause  
24 withdrawal symptoms.

25 19. In prescribing controlled substances to Patient 1 for the first time as alleged herein,  
26 Respondent did not consult California's Prescription Drug Monitoring Program known as  
27 Controlled Substance Utilization Review and Evaluation System (CURES), which allows  
28 physicians to view information about Schedule II through V controlled substances dispensed to

1 patients in California. Consulting CURES before prescribing controlled substances to patients is  
2 the standard of care and a legal requirement of Health and Safety Code section 11165.4.

3 Therefore, other than what Patient 1 told him, Respondent was not aware when and in what  
4 amount Patient 1 was previously prescribed Fioricet, Xanax and Adderall by other providers.  
5 Respondent did not obtain and/or document an adequate history of Patient 1.

6 20. Patient 1 returned to see Respondent on January 10, 2020. Once again, Respondent  
7 prescribed Fioricet without any additional workup of her migraine complaints and without  
8 checking CURES. Respondent believed that Patient 1's psychiatrist had died, and Respondent  
9 agreed to continue refilling the medications prescribed by her psychiatrist until she could find a  
10 new psychiatrist. Respondent, therefore, also refilled Patient 1's Adderall and Xanax, again  
11 without any work up and without checking the CURES database.

12 21. Patient 1 returned to see Respondent on February 19, 2020, complaining of specific  
13 female problems. This was the last documented visit Respondent had with Patient 1. Respondent  
14 examined her and performed another PAP smear. Respondent noted that Patient 1 previously  
15 tried antibiotics, though he obtained and documented no details about that. Respondent  
16 prescribed Diflucan, an antifungal medication, to Patient 1. On this date Respondent also  
17 provided Patient 1 with a prescription for Adderall without checking the CURES database.

18 22. In his interview with the Board investigators, Respondent denied that he wrote any  
19 further prescriptions to Patient 1 after her visit on February 19, 2020, but when confronted with  
20 Patient 1's numerous subsequent telephone prescription orders and refills, he stated that he may  
21 have called in prescriptions for Fioricet once or twice. Respondent's documentation of the three  
22 office visits by Patient 1 were disorganized and barely legible. Respondent's notes were difficult  
23 for him to read during his interview with the Board's investigators. Respondent's chart for Patient  
24 1 did not contain documentation of any telephone prescriptions, even though he acknowledged he  
25 may have provided those for Patient 1 once or twice. Respondent also stated in his interview:  
26 "the pharmacy may have call me for a refill which is possible. I don't keep a record of that, if  
27 they call me."  
28



1           23. Patient 1's CURES database report shows that after her visit with Respondent on  
2 February 19, 2020, she continued to be dispensed controlled substances prescribed by  
3 Respondent, as follows:

- 4           a. On March 13, 2020, Patient 1 was dispensed 90 pills of Fioricet at a CVS  
5           Pharmacy in Lomita, California.
- 6           b. On March 21, 2020, Patient 1 was dispensed 90 pills of Xanax at a CVS Pharmacy  
7           in Lomita, California.
- 8           c. On April 16, 2020, Patient 1 was dispensed 90 pills of Fioricet at a CVS Pharmacy  
9           in Lomita, California.
- 10          d. On May 2, 2020, Patient 1 was dispensed 90 pills of Fioricet at a CVS Pharmacy  
11          in Lomita, California.
- 12          e. On May 19, 2020, Patient 1 was dispensed 90 pills of Fioricet at a CVS Pharmacy  
13          in Lomita, California.
- 14          f. On May 24, 2020, Patient 1 was dispensed 90 pills of Xanax at a CVS Pharmacy  
15          in Lomita, California.
- 16          g. On June 8, 2020, Patient 1 was dispensed 60 pills of Fioricet at a CVS Pharmacy  
17          in Lomita, California.
- 18          h. On June 23, 2020, Patient 1 was dispensed 90 pills of Xanax at a CVS Pharmacy  
19          in Lomita, California.
- 20          i. On June 28, 2020, Patient 1 was dispensed 60 pills of Fioricet at a CVS Pharmacy  
21          in Lomita, California.
- 22          j. On July 8, 2020, Patient 1 was dispensed 60 pills of Fioricet at a CVS Pharmacy in  
23          Lomita, California.
- 24          k. On July 30, 2020, Patient 1 was dispensed 120 pills of Fioricet at a CVS Pharmacy  
25          in Lomita, California.
- 26          l. On August 27, 2020, Patient 1 was dispensed 120 pills of Fioricet at a CVS  
27          Pharmacy in Lomita, California.
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- m. On October 7, 2020, Patient 1 was dispensed 120 pills of Fioricet at a CVS Pharmacy in Lomita, California.
- n. On November 1, 2020, Patient 1 was dispensed 120 pills of Fioricet at a CVS Pharmacy in Lomita, California.
- o. On November 26, 2020, Patient 1 was dispensed 120 pills of Fioricet at a CVS Pharmacy in Lomita, California.
- p. On December 19, 2020, Patient 1 was dispensed 120 pills of Fioricet at a CVS Pharmacy in Lomita, California.
- q. On January 20, 2021, Patient 1 was dispensed 120 pills of Fioricet at a CVS Pharmacy in Lomita, California.
- r. On February 15, 2021, Patient 1 was dispensed 120 pills of Fioricet at a CVS Pharmacy in Lomita, California.
- s. On March 5, 2021, Patient 1 was dispensed 120 pills of Fioricet at a CVS Pharmacy in Lomita, California.
- t. On March 30, 2021, Patient 1 was dispensed 120 pills of Fioricet at a CVS Pharmacy in Lomita, California.
- u. On April 26, 2021, Patient 1 was dispensed 120 pills of Fioricet at a CVS Pharmacy in Lomita, California.

24. On May 14, 2021, Patient 1 was found unresponsive in the bathroom of her home by a young family member. Paramedics were called. Patient 1 was pronounced dead at the scene. Following a formal autopsy, which included a forensic toxicology examination, the Los Angeles County Coroner determined that Patient 1's death was an accident and caused by the combined effects of Xanax and Fioricet.

**FIRST CAUSE FOR DISCIPLINE**

**(Gross Negligence)**

25. Respondent Michael L. Friedman, M.D., is subject to disciplinary action under Code section 2234, subdivision (b) in that he was grossly negligent in prescribing controlled substances to Patient 1. The circumstances are as follows:

1 26. The allegations of Paragraphs 13 through 24 are incorporated herein by reference.

2 27. Each of the following acts or omissions constitutes an extreme departure from the  
3 standard of care:

4 a. Repeatedly prescribing controlled substances to Patient 1 without checking the  
5 CURES database was an extreme departure from the standard of care.

6 b. Prescribing controlled substances to Patient 1 without a prior good faith  
7 examination was an extreme departure from the standard of care.

8 c. Prescribing controlled substances without surveilling Patient 1 in person or by  
9 remote visit was an extreme departure from the standard of care.

10 d. Respondent's record keeping with regard to the care and treatment he rendered to  
11 Patient 1 was an extreme departure from the standard of care.

12 **SECOND CAUSE FOR DISCIPLINE**

13 **(Repeated Negligent Acts)**

14 28. Respondent Michael L. Friedman, M.D., is subject to disciplinary action under Code  
15 section 2234, subdivision (c) in that he was repeatedly negligent in the care and treatment of  
16 Patient 1. The circumstances are as follows:

17 29. The allegations of the First Cause for Discipline are incorporated herein by reference.

18 **THIRD CAUSE FOR DISCIPLINE**

19 **(Prescribing Without an Appropriate Prior Examination)**

20 30. Respondent Michael L. Friedman, M.D., is subject to disciplinary action under Code  
21 section 2242, because he did not conduct an appropriate examination prior to prescribing  
22 controlled substances or dangerous drugs to Patient 1. The circumstances are as follows:

23 31. The allegations of the First Cause for Discipline are incorporated herein by reference.

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1 **FOURTH CAUSE FOR DISCIPLINE**

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

3 32. Respondent Michael L. Friedman, M.D., is subject to disciplinary action under Code  
4 section 2266 in that he failed to keep adequate and accurate records of his care and treatment of  
5 Patient 1. The circumstances are as follows:

6 33. The allegations of the First Cause for Discipline are incorporated herein by reference.

7 **PRAYER**

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

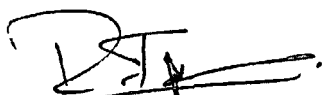
10 1. Revoking or suspending Physician's and Surgeon's Certificate G 15327, issued to  
11 Michael L. Friedman, M.D.;

12 2. Revoking, suspending or denying approval of his authority to supervise physician  
13 assistants and advanced practice nurses;

14 3. Ordering him to pay the Board the costs of the investigation and enforcement of this  
15 case, and if placed on probation, the costs of probation monitoring; and

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

17  
18 DATED: AUG 09 2023

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20 REJI VARGHESE  
21 Executive Director  
22 Medical Board of California  
23 Department of Consumer Affairs  
24 State of California

25 *Complainant*

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