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

In the Matter of the Accusation Against: Ric Scott Garrison, M.D. Physician's and Surgeon's Certificate No. G 50780 Respondent.	Case No.: 800-2022-094005

DECISION

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

This Decision shall become effective at 5:00 p.m. on January 5, 2024.

IT IS SO ORDERED: December 7, 2023.

MEDICAL BOARD OF CALIFORNIA

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

ROB BONTA
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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: **RIC SCOTT GARRISON, M.D.** **41210 11th Street West, Suite C** **Palmdale, CA 93551** **Physician's and Surgeon's** **Certificate No. G 50780** Respondent.	Case No. 800-2022-094005 OAH No. 2023020016 **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 Jason J. Ahn, Deputy Attorney General.

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2. Respondent Ric Scott Garrison, M.D. (Respondent) is representing himself in this proceeding and has chosen not to exercise his right to be represented by counsel.

3. On or about July 25, 1983, the Board issued Physician's and Surgeon's Certificate No. G 50780 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation/Petition to Revoke Probation No. 800-2022-094005, and will expire on May 31, 2025, unless renewed.

JURISDICTION

4. On January 13, 2023, the Accusation No. 800-2022-094005 was filed before the Board, and is currently pending against Respondent. The Accusation all other statutorily required documents were properly served on Respondent on or about January 13, 2023. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2022-094005 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, and understands the charges and allegations in Accusation No. 800-2022-094005. Respondent has also carefully read, and fully 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/Petition to Revoke Probation; the right to be represented by counsel at his own expense; 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 does not contest that, at an administrative hearing, Complainant could establish a *prima facie* case with respect to the charges and allegations contained in First Amended Accusation No. 800-2022-094005, a copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate No. G 50780 to disciplinary action.

10. Respondent agrees that if an accusation is ever filed against him before the Medical Board of California, all of the charges and allegations contained in First Amended Accusation No. 800-2022-094005 shall be deemed true, correct, and fully admitted by Respondent for purposes of that proceeding or any other licensing proceeding involving Respondent in the State of California.

11. Respondent agrees that his Physician's and Surgeon's Certificate No. G 50780 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

12. 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. 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.

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13. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in Accusation No. 800-2022-094005 shall be deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

ADDITIONAL PROVISIONS

14. 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.

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 50780 issued to Respondent RIC SCOTT GARRISON, M.D. is revoked. However, the revocation is stayed and the termination date of the Board's Decision and Order in Case No. 800-2017-209844 is hereby extended by two (2) additional years, on the same terms and conditions contained therein, which are reiterated below:

1. CONTROLLED SUBSTANCES - MAINTAIN RECORDS AND ACCESS TO RECORDS AND INVENTORIES. Respondent shall maintain a record of all controlled substances ordered, prescribed, dispensed, administered, or possessed by Respondent, and any recommendation or approval which enables a patient or patient's primary caregiver to possess or cultivate marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5, during probation, showing all of the following: 1) the name and address of the patient; 2) the date; 3) the character and quantity of controlled substances involved;

and 4) the indications and diagnosis for which the controlled substances were furnished.

Respondent shall keep these records in a separate file or ledger, in chronological order. All records and any inventories of controlled substances shall be available for immediate inspection and copying on the premises by the Board or its designee at all times during business hours and shall be retained for the entire term of probation.

2. EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

3. 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.

4. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping 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 medical record keeping course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A medical record keeping 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.

5. MONITORING - PRACTICE/BILLING. Within 30 calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for prior approval as a practice monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose licenses are valid and in good standing, and who are preferably American Board of Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or personal relationship with Respondent, or other relationship that could reasonably be expected to compromise the ability of the monitor to render fair and unbiased reports to the Board, including

but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

The Board or its designee shall provide the approved monitor with copies of the Decision(s) and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed statement for approval by the Board or its designee.

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

If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective date of this Decision, 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. Respondent shall cease the practice of medicine until a monitor is approved to provide monitoring responsibility.

The monitor(s) shall submit a quarterly written report to the Board or its designee which includes an evaluation of Respondent's performance, indicating whether Respondent's practices are within the standards of practice of medicine, and whether Respondent is practicing medicine safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure that the monitor submits the quarterly written reports to the Board or its designee within 10 calendar days after the end of the preceding quarter.

If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of such resignation or unavailability, submit to the Board or its designee, for prior approval, the name and qualifications of a replacement monitor who will be assuming that responsibility within 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60

calendar days of the resignation or unavailability of the monitor, 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. Respondent shall cease the practice of medicine until a replacement monitor is approved and assumes monitoring responsibility.

In lieu of a monitor, Respondent may participate in a professional enhancement program approved in advance by the Board or its designee that includes, at minimum, quarterly chart review, semi-annual practice assessment, and semi-annual review of professional growth and education. Respondent shall participate in the professional enhancement program at Respondent's expense during the term of probation.

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

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

7. SUPERVISION OF PHYSICIAN ASSISTANTS. During probation, Respondent is prohibited from supervising physician assistants.

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

9. 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, accusation, legal reviews, and investigation(s), in the amount of $45,609.25 (forty-five thousand six hundred and nine dollars and twenty-five cents). 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 a violation of probation.

The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to repay investigation and enforcement costs, including expert review costs.

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

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

11. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

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

Place of Practice

Respondent shall not engage in the practice of medicine in Respondent's or patient's place of residence, unless the patient resides in a skilled nursing facility or other similar licensed facility.

License Renewal

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

Travel or Residence Outside California

Respondent shall immediately inform the Board or its designee, in writing, of travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty (30) calendar days.

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

12. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be available in person upon request for interviews either at Respondent's place of business or at the probation unit office, with or without prior notice throughout the term of probation.

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

In the event Respondent's period of non-practice while on probation exceeds 18 calendar months, Respondent shall successfully complete the Federation of State Medical Boards' Special Purpose Examination, or, at the Board's discretion, a clinical competence assessment program that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model

Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

Respondent's period of non-practice while on probation shall not exceed two (2) years.

Periods of non-practice will not apply to the reduction of the probationary term.

Periods of non-practice for a Respondent residing outside of California will relieve Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; General Probation Requirements; Quarterly Declarations.

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

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

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

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

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

18. 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. 800-2022-094005 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

ACCEPTANCE

I have carefully read the Stipulated Settlement and Disciplinary Order. 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 fully agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 8/15/2023

RIC SCOTT GARRISON, M.D.
Respondent

ENDORSEMENT

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

DATED: 8/15/2023

Respectfully submitted,

ROB BONTA
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General

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: **Ric Scott Garrison, M.D.** **41210 11th Street West, Suite C** **Palmdale, CA 93551** **Physician's and Surgeon's Certificate No. G 50780,** Respondent.	Case No. 800-2022-094005 **ACCUSATION**

PARTIES

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

2. On or about July 25, 1983, the Medical Board issued Physician's and Surgeon's Certificate No. G 50780 to Ric Scott Garrison, 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 May 31, 2023, unless renewed.

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JURISDICTION

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

4. Section 2227 of the Code states:

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

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

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

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

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

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

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

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.

(d) Incompetence.

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

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

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

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. Unprofessional conduct under Business and Professions Code section 2234 is 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. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.)

COST RECOVERY

8. Section 125.3 of the Code states:

(a) Except as otherwise provided by law, in any order issued in resolution of a disciplinary proceeding before any board within the department or before the Osteopathic Medical Board, upon request of the entity bringing the proceeding, the administrative law judge may 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.

(b) In the case of a disciplined licensee that is a corporation or a partnership, the order may be made against the licensed corporate entity or licensed partnership.

(c) A certified copy of the actual costs, or a good faith estimate of costs where actual costs are not available, signed by the entity bringing the proceeding or its designated representative shall be prima facie evidence of reasonable costs of investigation and prosecution of the case. The costs shall include the amount of investigative and enforcement costs up to the date of the hearing, including, but not

limited to, charges imposed by the Attorney General.

(d) The administrative law judge shall make a proposed finding of the amount of reasonable costs of investigation and prosecution of the case when requested pursuant to subdivision (a). The finding of the administrative law judge with regard to costs shall not be reviewable by the board to increase the cost award. The board may reduce or eliminate the cost award, or remand to the administrative law judge if the proposed decision fails to make a finding on costs requested pursuant to subdivision (a).

(e) If an order for recovery of costs is made and timely payment is not made as directed in the board's decision, the board may enforce the order for repayment in any appropriate court. This right of enforcement shall be in addition to any other rights the board may have as to any licensee to pay costs.

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

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

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

(h) All costs recovered under this section shall be considered a reimbursement for costs incurred and shall be deposited in the fund of the board recovering the costs to be available upon appropriation by the Legislature.

(i) Nothing in this section shall preclude a board from including the recovery of the costs of investigation and enforcement of a case in any stipulated settlement.

(j) This section does not apply to any board if a specific statutory provision in that board's licensing act provides for recovery of costs in an administrative disciplinary proceeding.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

9. Respondent has subjected his Physician's and Surgeon's Certificate No. G 50780 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that he committed gross negligence in his care and treatment of Patients A,[1] B, and C, as more particularly alleged hereinafter:

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[1] References to "Patient A, B, and C" are used to protect patient privacy.

Patient A

10. In or around 2013,[2] Patient A first presented to Respondent. On or about November 16, 2017 Patient A presented to Respondent. At that time, Patient A was a twenty-eight (28) year-old male with a history of anxiety disorder, ADHD,[3] back pain, opioid dependence in remission, post-concussion syndrome,[4] sedative, hypnotic,[5] or anxiolytic[6] abuse. According to the medical records, it states, among other things, that Patient A has had four (4) seizures over the past few days and that he was on a benzodiazepine[7] for prevention of a seizure. The medical records also state, among other things, that Respondent had a positive result for cocaine,[8] benzodiazepines, and buprenorphine[9] on a past urine drug screen from September 2017. Respondent's urine drug screen from March 16, 2017 was positive for THC,[10] cocaine, and buprenorphine. Respondent's urine drug screen from August 2016 was positive for THC and buprenorphine. According to the medical records, Suboxone[11] was started in 2013. In the active

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[2] Conduct occurring more than seven (7) years from the filing date of this Accusation is for informational purposes only and is not alleged as a basis for disciplinary action.

[3] Attention Deficit Hyperactivity Disorder (ADHD) is a chronic condition, which may include attention difficulty, hyperactivity, and impulsiveness.

[4] Post-concussion syndrome is a condition that is typically associated with a head injury and a medical problem that persists for a period of time after a head injury has occurred.

[5] Hypnotic medication is a sleep-inducing drug.

[6] Anxiolytic drugs are medications used to reduce anxiety.

[7] Benzodiazepines are depressants that produce sedation and hypnosis, relieve anxiety and muscle spasms, and reduce seizures.

[8] Cocaine, also called crack cocaine, is a highly addictive stimulant.

[9] Buprenorphine is a prescription medication for people addicted to heroin or other opiates that acts by relieving the symptoms of opiate withdrawal such as agitation, nausea, and insomnia.

[10] THC or Tetrahydrocannabinol is the major psychoactive component and one of the 113 cannabinoids recognized in cannabis.

[11] Suboxone® (buprenorphine and naloxone) is a Schedule III controlled substance pursuant to Health and Safety Code section 11055, subdivision (c), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for the treatment of opioid dependence and should be used as part of a complete treatment program to include counseling and psychosocial support.

medication list, it states clonazepam[12] 1 mg, daily, buprenorphine 8 mg, 4 times daily, Adderall[13] 20 mg twice daily, cyclobenzaprine,[14] and levetiracetam.[15] Respondent refilled Adderall, clonazepam, and buprenorphine.

11. On or about January 29, 2018, Patient A returned to Respondent. The History of Present Illness (HPI) section is identical from the previous note. According to the medical records, it states, among other things, that Patient A requested a refill of Suboxone, stating that the current dose is working well, without side effects or relapse. It is also noted that Patient A was taking four (4) pills of Suboxone but was experiencing chills at night and so now was taking two in the morning and two in the evening. There is a minimal documentation of a physical examination performed, if any. Respondent refilled buprenorphine, clonazepam, and Adderall. In the "plan" section of the medical records, it states, among other things, "urine drug screen 1/29/18 [of Respondent] was positive for THC and cocaine. Opi and MET negative. AMP / BZO negative. BAR / MTD negative. Buprenorphine / BUPG/TC positive. MDMA/Oxy is negative." The plan was to taper buprenorphine by 1/4.

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

[13] Adderall®, a mixture of d-amphetamine and l-amphetamine salts in a ratio of 3:1, is a central nervous system stimulant of the amphetamine class, and is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for attention-deficit hyperactivity disorder and narcolepsy. According to the DEA, amphetamines, such as Adderall®, are considered a drug of abuse. "The effects of amphetamines and methamphetamine are similar to cocaine, but their onset is slower and their duration is longer." (Drugs of Abuse – A DEA Resource Guide (2011), at p. 44.) Adderall and other stimulants are contraindicated for patients with a history of drug abuse.

[14] Cyclobenzaprine is a medication used with rest, physical therapy, and other measures to relax muscles and relive pain and discomfort caused by strains, sprains, and other muscle injuries.

[15] Levetiracetam is used alone and along with other medications to control partial-onset seizures (seizures that involve only one part of the brain) in adults, children, and infants.

12. On or about March 23, 2018, Patient A returned to Respondent. The HPI section of the medical records are identical to the previous note. The physical examination, if any, documented was the same as the previous note. According to the medical records, Respondent reviewed Patient A's conditions and dosage of buprenorphine, that Patient A was not using opioids, and that he denied using other illicit drugs. Respondent refilled Adderall, buprenorphine, and clonazepam.

13. On or about May 22, 2018, Patient A returned to Respondent. The HPI section of the medical records are identical to the previous note. According to the medical records, Patient A admitted to Respondent that Patient A consumed 2 pills of Norco[16] due to tooth pain and that he was trying to taper buprenorphine. The "plan" section of the medical records state, among other things, urine drug screen, CURES[17] reviewed, and refilled medications. According to the medical records, Respondent counseled Patient A on tapering medication and added clonidine.[18]

14. On or about July 25, 2018, Patient A returned to Respondent. The HPI section of the medical records is identical to the previous note. According to the medical records, Patient A requested Suboxone and Adderall refills. At that time, Patient A was taking buprenorphine 2 mg,

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

[17] CURES is the Controlled Substances Utilization Review and Evaluation System (CURES), a database of schedule II, III, and IV controlled substance prescriptions dispensed in California, serving the public health, regulatory oversight agencies, and law-enforcement.

[18] Clonidine tablets (Catapres) are used alone or in combination with other medications to treat high blood pressure, ADHD, drug withdrawal, and other conditions.

three (3) times per day. In the "plan" section of the medical records, it states that CURES were reviewed and medications were refilled. Urine drug screen results [purportedly] state that Patient A was negative for benzodiazepines and amphetamines and positive of buprenorphine and negative for other drugs of abuse. Respondent refilled buprenorphine, clonazepam, and Adderall.

15. On or about October 17, 2018, Patient A returned to Respondent. The HPI section of the medical records is identical to the previous note. According to the medical records, Patient A came in for a refill of Suboxone. According to the medical records, Respondent discussed Lucemyra with Patient A and a drug screen of Respondent from October 17, 2018 showed a negative result for amphetamines and benzodiazepines and for "BUPG/TCA." Respondent ordered buprenorphine 8 mg and 2 mg tablets, Adderall, and amoxicillin.[19]

16. On or about January 10, 2019, Patient A returned to Respondent for a refill of his medications. The HPI section of the medical records is identical to the previous note. Respondent ordered buprenorphine, Adderall, and clonazepam.

17. On or about March 7, 2019, Respondent returned to Patient A. The HPI section of the medical records is identical to the previous note. Respondent ordered clonidine, buprenorphine, and Adderall. According to the medical records, there is a urine drug screen of Respondent with no date, which was negative for amphetamines and benzodiazepines and positive for buprenorphine.

18. On or about April 4, 2019, Respondent returned to Respondent. The HPI section of the medical records is identical to the previous note. Respondent ordered Adderall and buprenorphine.

19. On or about May 2, 2019, Patient A returned to Respondent. The HPI section of the medical records is identical to the previous note. Respondent ordered Adderall, buprenorphine, and ampicillin.

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[19] Amoxicillin is an antibiotic, which is used to treat a wide variety of bacterial infections.

20. On or about June 3, 2019, Patient A returned to Respondent. According to the medical records, Patient A went to an AA meeting for the first time. The plan is to refill medications consisting of clonazepam, buprenorphine, Adderall, and gabapentin.[20] Respondent reduced buprenorphine 2 mg from number 75 to number 60.

21. On or about July 1, 2019, Patient A returned to Respondent. The HPI section of the medical records is identical to the previous note. Respondent ordered buprenorphine 2 mg and 8 mg and Adderall.

22. On or about August 26, 2019, according to the medical records, there is a letter from Respondent's parent, V.A., expressing his concern for Patient A's well-being, specifically, regarding Patient A's use of clonazepam. According to this parent, Patient A abuses clonazepam and this causes mental status changes, argumentative behavior, and violent behavior.

23. On or about August 29, 2019, Patient A returned to Respondent. The HPI section of the medical records is identical to the previous note. According to the medical records, Patient A informed Respondent that Patient A does not react well to clonazepam and that according to Patient A's father, Patient A becomes aggressive while on clonazepam. Patient A started taking Adderall thirteen (13) years ago at age 24, prescribed by a psychiatrist. Respondent ordered clonidine, Adderall, lorazepam,[21] buprenorphine, and gabapentin. According to the medical records, Respondent's drug screen of August 29, 2019 was positive for THC and cocaine, and negative for amphetamine, benzodiazepine, and buprenorphine. According to the medical records, Respondent referred Patient A to a psychiatrist and changed clonazepam to lorazepam.

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[20] Gabapentin is a medication that is used with other medications in order to prevent and control seizures.

[21] Ativan® (lorazepam), a benzodiazepine, is a centrally acting hypnotic-sedative that is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for the management of anxiety disorders or for the short term relief of anxiety or anxiety associated with depressive symptoms. Concomitant use of Ativan® with opioids "may result in profound sedation, respiratory depression, coma, and death." The Drug Enforcement Administration (DEA) has identified benzodiazepines, such as Ativan®, as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2011 Edition), at p. 53.)

24. On or about September 26, 2019, Patient A returned to Respondent. The HPI section of the medical records is identical to the previous note. Respondent refilled lorazepam, buprenorphine, and Adderall. According to the medical records, Patient A [purportedly] informed Respondent that Patient A will bring a copy of the psychiatrist's note approving current medications.

25. On or about October 24, 2019, Patient A returned to Respondent. A urine drug screen of Respondent on this date showed a negative result for benzodiazepines, amphetamines, and buprenorphine, and all other drugs of abuse. Respondent decreased buprenorphine and refilled Adderall.

26. On or about November 21, 2019, Patient A returned to Respondent. The HPI section of the medical records is identical to the previous note. Respondent refilled buprenorphine and Adderall.

27. On or about December 19, 2019, Patient A returned to Respondent. The HPI section of the medical records is identical to the previous note. Respondent refilled buprenorphine, Adderall, and lorazepam. According to the medical records, Patient A was planning on seeing a psychiatrist this month.

28. On or about January 9, 2020, in the medical records, there is a letter from Patient A' parent, C.A., expressing concern for Patient A's use of Neurontin.[22]

29. On or about January 15, 2020, Patient A returned to Respondent. The HPI section of the medical records is identical to the previous note. Respondent refilled gabapentin and Adderall. There is no discussion in the medical records regarding whether Patient A went to see a psychiatrist.

30. On or about March 11, 2020, Patient A returned to Respondent. The urine drug screen for this date showed Patient A was negative for all drugs. According to the medical records, it states that Respondent reviewed the CURES report and decreased prescription of buprenorphine. Respondent ordered Adderall, buprenorphine, and lorazepam.

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[22] Neurontin is an anti-epileptic drug, also called an anticonvulsant.

31. On or about April 8, 2020, Patient A returned to Respondent. The HPI section of the medical records is identical to the previous note. According to the medical records, Patient A was having difficulty with tapering and requested buprenorphine 8 mg, number 3. Patient A purportedly attempted to see a psychiatrist recently who recommended methadone which Patient A declined. Respondent ordered buprenorphine, Adderall, and lorazepam. According to the medical records, Respondent purportedly reviewed CURES and reported decreasing prescription of buprenorphine 2 mg, number 30 to number 20.

32. On or about May 5, 2020, Patient A returned to Respondent. The HPI section of the medical records is identical to the previous note. According to the medical records, it states, among other things, that Patient A was having difficulty decreasing buprenorphine and that 26 mg is ideal. Patient A was purportedly waiting to obtain enough funds to see a psychiatrist for a second opinion on his benzodiazepine consumption. Respondent ordered Adderall, buprenorphine, and lorazepam.

33. On or May 11, 2020, in the medical records, there is a letter from C.A., Patient A's parent, expressing concern that Patient A routine tampers with urine drug tests during office visits. Additionally, C.A. noted that Patient A abuses lorazepam.

34. On or about June 3, 2020, Patient A returned to Respondent. The HPI section of the medical records is identical to the previous note. According to the medical records, Patient A was unable to schedule an appointment with psychiatry due to being out of [insurance] network. Patient A's parents alerted Respondent that they suspect that Patient A is engaged in unusual activity such as drug abuse. According to the medical records, it states, among other things, that Respondent will [purportedly] only prescribe for Patient A's opioid dependence and that Respondent will stop prescribing Adderall and lorazepam to Patient A. Respondent ordered Suboxone.

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35. On or about June 3, 2020, there is a letter from Patient A to "Vivian, or any available nurse." According to the letter, it states, among other things, that he is concerned about a dosage drop [referring to suboxone prescription] causing side effects compared to Subutex[23] and that if Patient A does not take lorazepam, the side effects Patient A experiences become worse. The letter states that Patient A will discuss this issue with Respondent, noting that the pharmacy will ask for an approval for early refill. The letter also states that "the last thing I [Patient A] want to do is resort to relapse or have to call around for other crap." According to the letter, Patient A states that he feels he is being tortured.

36. On or about June 30, 2020, Patient A returned to Respondent. The HPI section of the medical records is identical to the previous note. According to the medical records, Patient A reported that consuming Suboxone causes constipation, but consuming Subutex did not. Respondent noted that this is not a common side effect and that he will prescribe lactulose[24] or refer Patient A to a different clinic for his Suboxone. Respondent refilled Suboxone and referred Patient A to psychiatry. The urine drug screen of Respondent, for this date, showed a positive result for "THC/COC" and buprenorphine.

37. On or about July 27, 2020, Patient A returned to Respondent. The HPI section of the medical records is identical to the previous note. According to the medical records, the plan is to continue to Suboxone, gabapentin, and clonidine.

38. On or about August 27, 2020, in the medical records, there is an addendum stating that Patient A left a voicemail, requesting Suboxone until his next appointment scheduled for August 31, 2020. According to the medical records, Respondent denied this request.

39. On or about August 31, 2020, Patient A returned to Respondent. The HPI section of the medical records is identical to the previous note. According to the medical records, the June 20, 2020 urine drug screen of Respondent was positive for cocaine and THC. Patient A [purportedly] had a pending referral to psychiatry. Respondent refilled Suboxone and

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[23] Subutex is a buprenorphine product, whereas Suboxone refers to a brand mediation containing a combination of buprenorphine and naloxone. Naloxone (for example, Narcan) is a medicine that can help people who are overdosing on an opioiod.

[24] Lactulose is a laxative taken to treat constipation (difficulty pooling).

[purportedly] reviewed CURES report.

40. From on or about November 15, 2018 through September 7, 2020, Respondent prescribed to Patient A Adderall 20 mg, number 1200, buprenorphine 2 mg, number 1115, and 8 mg, number 1965, clonazepam 1 mg, number 480, lorazepam 1 mg, number 300, and diazepam 10 mg, number 20.

Treatment of ADHD / ADD[25]

41. During Respondent's care and treatment of Patient A, from on about November 16, 2017 through September 7, 2020, Respondent prescribed amphetamine based stimulants to Patient A, a known drug user, when safe alternatives existed. Additionally, Patient A may have been diverting the amphetamine-based stimulants Respondent prescribed to him on or about the following dates when Patient A tested negative for the amphetamines in question: January 29, 2018, July 25, 2018, October 17, 2018, March 7, 2019, August 29, 2019, October 24, 2019, and March 11, 2020. Despite these negative test results and apparent diversion, Respondent continued to prescribe amphetamine-based stimulants to Patient A.

Ongoing Assessment

42. During Respondent's care and treatment of Patient A, from on about November 16, 2017 through September 7, 2020, Respondent failed to adequately evaluate Patient A's progress toward treatment objectives, including, but not limited to, ADD, anxiety, and seizure control. Respondent failed to use and/or failed to document having used, standardized ADD assessment tools such as the Brown Attention Deficit Disorder Symptom Assessment Scale for Adults[26] or the Adult ADHD Self Report Scale. For Patient A's anxiety, Respondent failed to use and/or failed to document having used, standardized anxiety assessment tools such as GAD-7.[27] For

[25] Attention Deficit Disorder (ADD) is a neurological condition with symptoms of inattention, distractibility, and poor working memory.

[26] Brown Attention-Deficit Disorder Scales are a consistent measure of ADD across the life span. Based on Thomas Brown's cutting-edge model of cognitive impairment in ADD, Brown ADD Scales reliably screen for and explore the executive cognitive functioning associated with ADHD.

[27] Generalized Anxiety Disorder Assessment (GAD-7) is an easy-to-use self-administered patient questionnaire, which is used as a screening tool and severity measure for generalized anxiety disorder (GAD).

Patient A's seizure disorder, Respondent failed to obtain a detailed seizure history. Additionally, Respondent failed to adequately consider and/or failed to document having adequately considered evidence of aberrant behavior by Patient A, including, but not limited to, misuse, abuse, or diversion when on multiple occasions Patient A tested negative for controlled substances Respondent prescribed to him.

Patient Consent

43. Before initiating and/or considering long-term prescription of controlled substances to Patient A, Respondent failed to adequately discuss and/or failed to document having adequately discussed, with Patient A, potential risks of long-term opioid use, chronic benzodiazepine use, and concurrent usage of opioid and benzodiazepine, including, but not limited to, side-effects such as risk of respiratory depression, motor impairment, cognitive impairment, dependence, misuse, addiction, overdose, and death.

44. Respondent committed gross negligence in his care and treatment of Patient A, which included, but was not limited to, the following:

(a) Respondent prescribed benzodiazepines to a known poly-substance abuser;

(b) Respondent prescribed dangerous combinations of controlled substances, including, but not limited to, benzodiazepines and opioids;

(c) Respondent did not properly treat Patient A's ADHD / ADD;

(d) Respondent failed to adequately assess treatment and failed to consider multiple inconsistent drug screens;

(e) Respondent failed to obtain and/or failed to document having obtained adequate consent from Patient A regarding use of controlled substances.

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Patient B

45. In or around 2012, Patient B first presented to Respondent for severe back pain. At that time, Patient B was a fifty-one (51) year-old male who had a history of chronic back pain.

46. On or about December 12, 2017, Patient B returned to Respondent for dermatological issues. According to the medical records, Respondent also noted chronic back pain and [purportedly] discussed tapering pain medication. Patient B's active medications at that time for pain management included Oxycontin 15 mg, twice daily, and Norco 10 mg, every 4 hours, as needed. Respondent noted, among other things, that Patient B has chronic lumbar pain controlled with Oxycontin and Norco, and that without pain medication, Patient B is unable to function. Respondent ordered oxycontin and Norco. According to the medical records, Respondent reviewed CURES report(s) and [purportedly] discussed with Patient B initiation of pain medication tapering.

47. On or about January 4, 2018, Patient B returned to Respondent for treatment of chronic back pain. Respondent noted, among other things, that there is no limit to activity, no drug seeking, no depression, and no side effects such as constipation. According to the medical records, Patient B's PEG score[28] was an eight (8) out of ten (10) for pain, seven (7) out of ten (10) for interference with enjoyment, and eight (8) or nine (9) out of ten (10) for interference with general activity. Respondent refilled Norco and Oxycontin. According to the medical records, Respondent [purportedly] reviewed Patient B's conditions, medication tolerance, and pain control.

48. On or about February 20, 2018, Patient B returned to Respondent for treatment of chronic back pain. According to the medical records, Patient B requested pain management for low back pain stating that if he does not consume his medicine, his activity is limited. According to the medical records, Respondent [purportedly] reviewed CURES reports. Respondent refilled Oxycontin and Norco. A urine drug screen of Respondent for this date showed a positive result for hydrocodone and hydromorphone and a negative result for other controlled substances,

[28] Pain, Enjoyment of Life, and General Activity Scale (PEG scale) is a pain scale, which is used for quickly and thoroughly assessing and monitoring chronic pain in primary care settings.

including oxycodone, and drugs of abuse.

49. On or about April 11, 2018, Patient B returned to Respondent. Respondent refilled Norco and Oxycontin.

50. On or about June 7, 2018, Patient B returned to Respondent. In the past medical history, urine drug screen of Patient B on February 20, 2018 was positive for Norco, gabapentin, and Sudafed.[29] According to the medical records, the plan was to taper the dosage of Oxycontin from 15 mg to 10 mg. In the medications ordered section of the medical record, it states Norco 10 mg and Oxycontin 10 mg.

51. On or about August 1, 2018, Patient B returned to Respondent. Respondent noted, among other things, that Patient B was taking Oxycontin and Norco for chronic low back pain, with a 5 mg decrease since last month. According to the medical records, Patient B's PEG scores were 8, 8, and 9. Respondent ordered Oxycontin 10 mg and Norco 10 mg. According to the medical records, the plan was to decrease prescription of Norco in one (1) to two (2) months.

52. On or about September 21, 2018, Patient B returned to Respondent. Respondent noted that the PEG scores are 8~9, 8~9, and 8. Respondent ordered Norco and Oxycontin and a urine drug screen. According to the medical records, Respondent states that he is going to taper Norco from 180 tablets to 170 tablets per month. The urine drug screen of Patient B for this date showed positive for hydrocodone, hydromorphone, and oxycodone, and negative for all other substances and drugs of abuse.

53. On or about October 31, 2018, Patient B returned to Respondent. According to the medical records, Patient B's PEG scores were 8~9, 8~9, and 8~9. Respondent ordered Norco 10 mg and Oxycontin 10 mg.

54. On or about December 20, 2018, Patient B returned to Respondent. According to the medical records, Respondent tapered Norco from 165 tablets to 160. Respondent refilled Oxycontin and Norco.

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[29] Sudafed (pseudoephedrine) is a medication used for the temporary relief of stuffy nose and sinus pain/pressure caused by infection or other breathing illnesses.

55. On or about February 18, 2019, Patient B returned to Respondent. Patient B's PEG scores were 8~9, 8~9, and 8. Respondent ordered Oxycontin and Norco, decreasing from 160 tablets to 155 tablets. A urine drug screen of Respondent for this date showed a positive result for hydrocodone, hydromorphone, and oxycodone, and a negative result for all other controlled substances and drugs of abuse. The CURES reports showed, among other things, that on February 18, 2019 a prescription for Patient B for Oxycontin 10 m, number 60 and hydrocodone 10 mg, number 155 were filled at Walgreens #04357 in Huntington Beach, California and the next day, on February 19, 2019, Patient B filled a prescription from Respondent for Oxycontin 10 mg, number 60 and hydrocodone 10 mg, number 155 at Zoey Pharmacy in Santa Clarita, California.

56. On or about March 18, 2019, Patient B returned to Respondent, reporting pain radiating down the right hip. Respondent ordered an MRI of the lumbar and hip. Respondent noted in the medical records, among other things, that he reviewed an x-ray showing severe arthritis of the right hip in Patient B. Respondent prescription of Norco from 155 tablets to 150 tablets. Respondent prescribed Narcan and noted that the urine drug screen for Patient B on this date is negative for controlled substances.

57. On or about May 15, 2019, Patient B returned to Respondent. Respondent refilled medications including Oxycontin and Norco.

58. On or about June 12, 2019, Patient B returned to Respondent. Respondent noted, among other things, that he reviewed Patient B's lab results and ordered two separate prescriptions of Oxycontin and Norco.

59. On or about August 6, 2019, Patient B returned to Respondent. PEG scores were 8~9, 8~9, and 7~8. An MRI of Patient B's lumber spine was ordered. Respondent refilled Norco and Oxycontin. A urine drug screen of Respondent for this date shows Patient B was positive for hydromorphone, hydrocodone, and oxycodone.

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60. On or about September 10, 2019, Patient B returned to Respondent. PEG scores were 8, 9, and 8. Respondent noted that Patient B requested Norco and Oxycontin to be sent to Zoey Pharmacy, stating that Walgreens Pharmacy on Warner Avenue (Huntington Beach) did not have enough to fill. Respondent also noted that upon cancelling medications at Walgreens, the pharmacist stated that Patient B had already picked up the Norco prescription [at the Huntington Beach Walgreens]. Respondent noted that he canceled the prescriptions at Zoey Pharmacy and left Oxycontin prescription to fill at Walgreens. According to the CURES report, on September 4, 2019, Patient B filled prescriptions for Oxycontin number 60, and hydrocodone number 120 at Zoey Pharmacy, both prescribed by Respondent. On September 10, 2019, Patient B filled hydrocodone number 145 at Walgreens

61. On or about October 8, 2019, Patient B returned to Respondent. PEG scores were 8, 8, 8. Respondent noted that he reduced Norco from 145 tablets to 140 tablets.

62. On or about December 2, 2019, Patient B returned to Respondent. PEG scores were 8~9, 8~9, and 8. According to the medical records, Respondent reviewed a urine drug screen of Patient B for this visit and will discuss the results with Patient B at the next visit. Respondent refilled Norco and Oxycontin and referred Patient B to pain management.

63. On or about January 22, 2020, a urine drug screen of Patient B was positive for hydromorphone, hydrocodone, and oxycodone.

64. On or about January 27, 2020, Patient B returned to Respondent. PEG scores were 8~9, 8~9, and 8~9. The urine drug screen of Patient B for this date was positive for hydromorphone, hydrocodone, and oxycodone, and negative for other drugs of abuse. Respondent noted, among other things, that he reviewed Patient B's medications, lab results, and CURES reports. Respondent refilled Patient B's medications to Zoey Pharmacy and reduced Norco from 140 tablets to 135 tablets. CURES report showed, among other things, that Patient B filled oxycontin prescriptions both at Walgreens and Zoey Pharmacy.

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65. On or about February 19, 2020, Patient B returned to Respondent. PEG scores were 8~9, 8~9, and 8. Respondent noted that he reviewed Patient B's lab results, medications, and CURES reports. Respondent refilled Oxycontin and Norco for two (2) more months to allow sufficient time for Patient B to see a pain management specialist who will then take over the prescriptions of controlled substances.

66. On or about April 20, 2020, Patient B had a telemedicine visit [due to Covid 19 pandemic] with Respondent. Patient B [purportedly] reported that he is currently living in Arizona and has not been able to see a local pain specialist to transfer medications from Respondent, due to Covid-19 and persistent knee pain. PEG scores were 9, 9, and 9. Respondent ordered Norco number 75, which was sent to Sunrise Pharmacy in Arizona.

Compliance Monitoring

67. Patient B filled two prescriptions for opioids at two different pharmacies on multiple occasions: On or about November 27, 2018, Patient B filled hydrocodone 10 mg, 165 tablets at Zoey Pharmacy. On or about November 28, 2018, Patient B filled hydrocodone 10 mg, 165 tablets at Walgreens. On or about January 18, 2019, Patient B filled Oxycontin 10 mg, number 60 at Walgreens. On or about January 21, 2019, Patient B filled the same prescription (Oxycontin 10 mg, number 60) at Zoey Pharmacy. On or about February 18, 2019, Patient B filled hydrocodone 10 mg, number 155 at Walgreens and on February 19, 2019, Patient B filled the same prescription (hydrocodone 10 mg, number 155) at Zoe Pharmacy. On or about February 18, 2019, Patient B filled 60 tablets of Oxycontin at Walgreens. On or about February 19, 2019, Patient B filled the same prescription (60 tablets of Oxycontin) at Zoe Pharmacy. On or about March 18, 2019, Patient B filled 150 tablets of hydrocodone at Walgreens. On or about March 18, 2019, Patient B filled the same prescription (150 tablets of hydrocodone at Zoey Pharmacy. On or about April 16, 2019, Patient B filled hydrocodone 150 tablets at Walgreens. On or about April 17, 2019, Patient B filled the same prescription (hydrocodone 150 tablets) at Zoe Pharmacy. On or about May 15, 2019, Patient B filled Oxycontin number 60 at both Zoey Pharmacy and Walgreens. On or about June 13, 2019, Patient B filled hydrocodone number 150 at both Zoey Pharmacy and Walgreens. On or about July 10, 2019, Patient B filled hydrocodone number 145

at Walgreens. On or about July 11, 2019, Patient B filled hydrocodone number 150 at Zoey Pharmacy. On or about July 11, 2019, Patient B filled Oxycontin number 60 at Zoey Pharmacy. On or about July 12, 2019, Patient B filled the same prescription (Oxycontin number 60) at Walgreens. On or about August 8, 2019, Patient B filled hydrocodone, 150 tablets at both Zoey Pharmacy and Walgreens. On or about August 8, 2019, Patient B filled Oxycontin 60 tablets at Zoey Pharmacy. On or about August 10, 2019, Patient B filled the same prescription (Oxycontin 60 tablets) at Walgreens. On or about September 4, 2019, Patient B filled hydrocodone 120 tablets at Zoey Pharmacy. On or about September 10, 2019, Patient B filled hydrocodone 145 tablets at Walgreens. On or about October 8, 2019, Patient B filled Oxycontin number 60 at both Zoey Pharmacy and Walgreens.

In addition, urine drug screens showed negative results for prescribed medications, including, but not limited to, negative result for oxycodone on or about February 20, 2018, another negative result on or about March 18, 2019. Respondent failed to adequately respond or failed to document having adequately responded to these concerning issues (pharmacy shopping and possible diversion of drugs).

Excessive Prescribing

68. According to CURES reports, Respondent prescribed to Patient B, from November 27, 2018 through July 11, 2020, an average of 110 MME.[30]

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[30] Morphine equivalency dose (MED) or Morphine milligram equivalent (MME) is a value assigned to opioids to represent their relative potencies. MED is determined by using an equivalency factor to calculate a dose of morphine that is equivalent to the prescribed opioid. Daily MED is the sum total of all opioids, with conversation factors applied, that are being taken within a 24-hour period, which is used to determine if a patient is at risk of addiction, respiratory depression, or other delirious effects associated with opioids. The process of converting opioid doses to an overall morphine equivalency dose can be accomplished by using a MED calculator or a morphine equivalency table, also known as opioid conversation chart.

Patient Evaluation for Opioid Use

69. Respondent treated Patient B for muscle-skeletal pain involving Patient B's back and knee, with high dosage of opioids, without adequate evidence to support such chronic and high dose usage of opioids.

Patient/Provider Responsibilities for Long-Term Use of Controlled Substances

70. Respondent failed to obtain and utilize and/or failed to document having obtained and utilized a pain management contract with Patient B, before initiating Patient B on a long-term use (greater than 90 days) of controlled substance(s).

71. Respondent committed gross negligence in his care and treatment of Patient B, which included, but was not limited to, the following:

(a) Respondent failed to adequately conduct compliance monitoring;

(b) Respondent prescribed excessive amounts of opioids to Patient B;

(c) Respondent failed to adequately establish medical necessity or justification for long-term high dose prescription of controlled substances to Patient B; and

(d) Respondent failed to obtain and utilize and/or failed to document having obtained and utilized a pain management contract with Patient B.

Patient C

72. In or around September 2013, Patient C first presented to Respondent. At that time, Patient C was forty-two (42) year-old female.

73. On or about November 6, 2018, Patient C returned to Respondent for treatment of genital warts. Respondent noted, among other things, that Patient C's opioid abuse was in remission. Respondent ordered buprenorphine 8 mg daily.

74. On or about January 11, 2019, Patient C returned to Respondent. Respondent noted, among other things, that he [purportedly] reviewed Patient C's current conditions and discussed with her the dosage of buprenorphine. Respondent also noted that Patient C is currently not having any significant cravings of illicit narcotics and [purportedly] recommended staying at the current dose of 8 mg tablet, per day. Respondent ordered a urine drug screen of Patient C on this date and it showed that Patient C was positive for clonazepam and buprenorphine.

75. On or about April 10, 2019, Patient C returned to Respondent, reporting that the current dosage of medications helps her with her pain control and that she has a nail fungus. Respondent refilled buprenorphine.

76. On or about April 23, 2019, Patient C returned to Respondent for the treatment of her nail fungus.

77. On or about April 30, 2019, Patient C returned to Respondent for treatment of her nail fungus. Respondent refilled buprenorphine.

78. On or about July 8, 2019, Patient C returned to Respondent, reporting that she is experiencing pain from uterine fibroids, but is unable to afford surgery. Respondent refilled buprenorphine.

79. On or about September 3, 2019, Patient C returned to Respondent. Respondent refilled buprenorphine and ordered lab tests, noting elevated white blood cell count. Respondent also ordered urine drug testing for Patient C.

80. On or about September 10, 2019, a lab report in the medical records shows an elevated white blood cell count and a normal red blood cell count for Patient C.

81. On or about October 2, 2019, a lap report in the medical records showed that Patient C had an elevated white blood cell count with elevated neutrophils.[31] A urine drug screen of Patient C for this date showed Patient C was negative for benzodiazepines, opiates, and drugs of abuse. Patient C was not tested for buprenorphine.

82. On or about October 11, 2019, Patient C returned to Respondent. Respondent noted, among other things, that he reviewed with Patient C, her laboratory test results. Respondent diagnosed Patient C with iron deficiency anemia[32] and ordered a ferritin[33] laboratory test.

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[31] Neutrophils are a type of white blood cell (leukocytes) that act as your immune system's first line of defense.

[32] Anemia is a condition marked by a deficiency of red blood cells or of hemoglobin in the blood, resulting in pallor [an unhealthy pale appearance] or weariness. Iron deficiency is a condition of too little iron in the body, and is a common cause of anemia.

[33] Ferritin is a protein that stores iron, a nutrient that is necessary for the production of healthy red blood cells and the distribution of oxygen throughout the body.

83. On or about November 14, 2019, Patient C returned to Respondent. According to the medical records, Respondent ordered a urine drug screen for Patient C and additional laboratory tests for blood cell counts. Respondent refilled buprenorphine and blood pressure medications. The urine drug screen of Patient C for this date showed a negative result for benzodiazepines and opiates. Patient C was not tested for buprenorphine. According to the CURES report, the last clonazepam prescription was on September 26, 2019.

84. On or about January 30, 2020, Patient C returned to Respondent. Respondent noted, among other things, that Patient C takes her medication daily and Respondent suspects that she metabolizes buprenorphine quickly. Respondent refilled buprenorphine. Respondent [purportedly] reviewed the urine drug screen results and CURES report.

85. On or about March 13, 2020, Patient C returned to Respondent. In the active medications list, it states clonazepam 1 mg, 3 times daily. Respondent ordered a urine drug screen of Patient C for April 20, 2020. Respondent refilled buprenorphine. A urine drug screen of Patient C for this date showed a negative result for benzodiazepines and opiates. Patient C was not tested for buprenorphine. According to the CURES report, on February 28, 2020, Patient C filled a prescription for clonazepam from provider J.M.I.S., M.D.

86. On or about April 13, 2020, Patient C returned to Respondent. Respondent noted, among other things, that he reviewed Patient C's medications, urine drug screen, and CURES report. Respondent refilled buprenorphine.

87. According to the CURES report(s), from on or about November 9, 2018 through June 30, 2020, Patient C received 630 tablets of 8 mg buprenorphine from Respondent and was concurrently prescribed 2,070 tablets of clonazepam 1 mg from provider J.M.I.S., M.D.

Patient Consent

88. Respondent failed to adequately discuss with Patient C and/or failed to document having discussed with Patient C, the benefits and risks of concurrent usage of opiates and benzodiazepines, including, but not limited to, risk of respiratory depression, motor impairment, cognitive impairment, risk for dependence, misuse, addiction, overdose, and death.

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Prescribing Narcan[34]

89. Respondent failed to offer and/or failed to document having offered a prescription for naloxone to Patient C, even though Respondent was prescribing to Patient C, opioids concurrently with benzodiazepines. Respondent also failed to educate and/or failed to document having educated Patient C regarding overdose prevention and the use of naloxone.

Compliance Monitoring

90. Although Respondent purportedly ordered urine drug screens for Patient C and reviewed CURES reports, Respondent failed to adequately test for buprenorphine and/or failed to document having adequately tested for buprenorphine, the medication he was prescribing to Patient C.

Medical Records

91. During his care and treatment of Patient C, from on or about November 6, 2018 through April 13, 2020, Respondent failed to maintain adequate records, including a section discussing Respondent's treatment plan for Patient C.

92. Respondent committed gross negligence in his care and treatment of Patient C, which included, but was not limited to, the following:

(a) Respondent failed to obtain adequate patient consent regarding concurrent prescription of opioids and benzodiazepines; and

(b) Respondent failed to offer Narcan and/or adequately educate Patient C regarding overdose prevention.

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[34] Narcan (naloxone) is a medication used to reverse or reduce the effects of opioids.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

93. Respondent has subjected his Physician's and Surgeon's Certificate No. G 50780 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in his care and treatment of Patient A, Patient B, and Patient C, as more particularly alleged herein:

94. Respondent committed repeated negligent acts in his care and treatment of Patient A Patient B, and Patient C, including, but not limited to:

Patient A

91. Paragraphs 10 through 44, above, are hereby incorporated by reference and realleged as if fully set forth herein.

92. Respondent prescribed benzodiazepines to a known poly-substance abuser;

93. Respondent prescribed dangerous combinations of controlled substances, including, but not limited to, benzodiazepines and opioids;

94. Respondent did not properly treat Patient A's ADHD / ADD;

95. Respondent failed to adequately assess treatment and failed to consider multiple inconsistent drug screens;

96. Respondent failed to obtain and/or failed to document having obtained adequate consent from Patient A regarding use of controlled substances.

Patient B

97. Paragraphs 45 through 71, above, are hereby incorporated by reference and realleged as if fully set forth herein.

98. Respondent failed to adequately conduct compliance monitoring;

99. Respondent prescribed excessive amounts of opioids to Patient B;

100. Respondent failed to adequately establish medical necessity or justification for long-term high dose prescription of controlled substances to Patient B; and

101. Respondent failed to obtain and utilize and/or failed to document having obtained and utilized a pain management contract with Patient B.

Patient C

102. Paragraphs 72 through 92, above, are hereby incorporated by reference and realleged as if fully set forth herein.

103. Respondent failed to obtain adequate patient consent regarding concurrent prescription of opioids (buprenorphine) and benzodiazepines (clonazepam);

104. Respondent failed to offer Narcan and/or adequately educate Patient C regarding overdose prevention;

105. Respondent failed to conduct adequate compliance monitoring of Patient C; and

106. Respondent failed to maintain adequate records of his care and treatment of Patient C.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

107. Respondent has further subjected his Physician's and Surgeon's Certificate No. G 50780 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that Respondent failed to maintain adequate and accurate records regarding his care and treatment of Patient A, Patient B, and Patient C, as more particularly alleged in paragraphs 10 through 92, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

FOURTH CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

108. Respondent has further subjected his Physician's and Surgeon's Certificate No. G 50780 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 of a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 10 through 107, above, which are hereby incorporated by reference as if fully set forth herein.

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DISCIPLINARY CONSIDERATIONS

109. To determine the degree of discipline, if any, to be imposed on Respondent Ric Scott Garrison, M.D., Complainant alleges that effective June 4, 2021, in a prior disciplinary action entitled, "In the Matter of the Accusation Against Ric Scott Garrison, M.D.," before the Medical Board of California, in Case Number 800-2017-029844, Respondent's medical license was placed on a three (3) year probation with various terms and conditions including, but not limited to, Education Course, Prescribing Course, Medical Record Keeping Course, and a Practice Monitor, based on allegations that Respondent committed unprofessional conduct, including gross negligence and repeated negligent acts, during his care and treatment of two (2) patients. That decision is now final and is incorporated by reference as if fully set forth herein.

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 No. G 50780, issued to Respondent Ric Scott Garrison, M.D.;

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

3. Ordering Respondent Ric Scott Garrison, 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: JAN 13 2023

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

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