

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

In the Matter of the First Amended
Accusation Against:

Erik Joseph Wilk, M.D.

Physician's and Surgeon's
Certificate No. A 63394

Respondent.

Case No. 800-2019-055307

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 March 4, 2024.

IT IS SO ORDERED February 26, 2024.

MEDICAL BOARD OF CALIFORNIA



Reji Varghese
Executive Director

1 ROB BONTA
Attorney General of California
2 JUDITH T. ALVARADO
Supervising Deputy Attorney General
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8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

11 In the Matter of the First Amended Accusation	Case No. 800-2019-055307	
12 Against:	OAH No. 2022070570	
13 ERIK JOSEPH WILK, M.D.	STIPULATED SURRENDER OF	
14 1117 State Street		LICENSE AND ORDER
15 Santa Barbara, CA 93101-2712		
16 Physician's and Surgeon's Certificate		
17 No. A 63394,		
18 Respondent.		

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

20 **PARTIES**

- 21 1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of
22 California (Board). He brought this action solely in his official capacity and is represented in this
23 matter by Rob Bonta, Attorney General of the State of California, by Latrice R. Hemphill, Deputy
24 Attorney General.
- 25 2. Erik Joseph Wilk, M.D. (Respondent) is representing himself in this proceeding and
26 has chosen not to exercise his right to be represented by counsel.
- 27 3. On or about August 29, 1997, the Board issued Physician's and Surgeon's Certificate
28 No. A 63394 to Respondent. That license was in full force and effect at all times relevant to the

1 charges brought in First Amended Accusation No. 800-2019-055307 and will expire on October
2 31, 2024, unless renewed.

3 **JURISDICTION**

4 4. First Amended Accusation No. 800-2019-055307 was filed before the Board, and is
5 currently pending against Respondent. The First Amended Accusation and all other statutorily
6 required documents were properly served on Respondent on August 9, 2022. Respondent timely
7 filed his Notice of Defense contesting the First Amended Accusation. A copy of First Amended
8 Accusation No. 800-2019-055307 is attached as Exhibit A and incorporated by reference.

9 **ADVISEMENT AND WAIVERS**

10 5. Respondent has carefully read, and understands the charges and allegations in First
11 Amended Accusation No. 800-2019-055307. Respondent also has carefully read, and
12 understands the effects of this Stipulated Surrender of License and Order.

13 6. Respondent is fully aware of his legal rights in this matter, including the right to a
14 hearing on the charges and allegations in the First Amended Accusation; the right to be
15 represented by counsel, at his own expense; the right to confront and cross-examine the witnesses
16 against him; the right to present evidence and to testify on his own behalf; the right to the
17 issuance of subpoenas to compel the attendance of witnesses and the production of documents;
18 the right to reconsideration and court review of an adverse decision; and all other rights accorded
19 by the California Administrative Procedure Act and other applicable laws.

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

22 **CULPABILITY**

23 8. Respondent understands that the charges and allegations in First Amended
24 Accusation No. 800-2019-055307, if proven at a hearing, constitute cause for imposing discipline
25 upon his Physician's and Surgeon's Certificate.

26 9. For the purpose of resolving the First Amended Accusation without the expense and
27 uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could
28 establish a factual basis for the charges in the First Amended Accusation and that those charges

1 constitute cause for discipline. Respondent hereby gives up his right to contest that cause for
2 discipline exists based on those charges.

3 10. Respondent understands that by signing this stipulation he enables the Board to issue
4 an order accepting the surrender of his Physician's and Surgeon's Certificate without further
5 process.

6 CONTINGENCY

7 11. Business and Professions Code section 2224, subdivision (b), provides, in pertinent
8 part, that the Medical Board "shall delegate to its executive director the authority to adopt a ...
9 stipulation for surrender of a license."

10 12. Respondent understands that, by signing this stipulation, he enables the Executive
11 Director of the Board to issue an order, on behalf of the Board, accepting the surrender of his
12 Physician's and Surgeon's Certificate No. A 63394 without further notice to, or opportunity to be
13 heard by, Respondent.

14 13. This Stipulated Surrender of License and Disciplinary Order shall be subject to the
15 approval of the Executive Director on behalf of the Board. The parties agree that this Stipulated
16 Surrender of License and Disciplinary Order shall be submitted to the Executive Director for his
17 consideration in the above-entitled matter and, further, that the Executive Director shall have a
18 reasonable period of time in which to consider and act on this Stipulated Surrender of License and
19 Disciplinary Order after receiving it. By signing this stipulation, Respondent fully understands
20 and agrees that he may withdraw his agreement or seek to rescind this stipulation prior to the time
21 the Executive Director, on behalf of the Medical Board, considers and acts upon it.

22 14. The parties agree that this Stipulated Surrender of License and Disciplinary Order
23 shall be null and void and not binding upon the parties unless approved and adopted by the
24 Executive Director on behalf of the Board, except for this paragraph, which shall remain in full
25 force and effect. Respondent fully understands and agrees that in deciding whether or not to
26 approve and adopt this Stipulated Surrender of License and Disciplinary Order, the Executive
27 Director and/or the Board may receive oral and written communications from its staff and/or the
28 Attorney General's Office. Communications pursuant to this paragraph shall not disqualify the

1 Executive Director, the Board, any member thereof, and/or any other person from future
2 participation in this or any other matter affecting or involving respondent. In the event that the
3 Executive Director on behalf of the Board does not, in his discretion, approve and adopt this
4 Stipulated Surrender of License and Disciplinary Order, with the exception of this paragraph, it
5 shall not become effective, shall be of no evidentiary value whatsoever, and shall not be relied
6 upon or introduced in any disciplinary action by either party hereto. Respondent further agrees
7 that should this Stipulated Surrender of License and Disciplinary Order be rejected for any reason
8 by the Executive Director on behalf of the Board, Respondent will assert no claim that the
9 Executive Director, the Board, or any member thereof, was prejudiced by its/his/her review,
10 discussion and/or consideration of this Stipulated Surrender of License and Disciplinary Order or
11 of any matter or matters related hereto.

12 ADDITIONAL PROVISIONS

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

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

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

22 ORDER

23 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 63394, issued
24 to Respondent ERIK JOSEPH WILK, M.D., is surrendered and accepted by the Board.

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

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: February 5, 2024

Respectfully submitted,

ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General



LATRICE R. HEMPHILL
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

First Amended Accusation No. 800-2019-055307

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

12 In the Matter of the First Amended Accusation
Against:

Case No. 800-2019-055307

FIRST AMENDED ACCUSATION

13 **ERIK JOSEPH WILK, M.D.**
14 1117 State Street
Santa Barbara, CA 93101-2712

15 **Physician's and Surgeon's Certificate**
16 **No. A 63394,**

17 Respondent.

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19 **PARTIES**

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

23 2. On or about August 29, 1997, the Board issued Physician's and Surgeon's Certificate
24 Number A 63394 to Erik Joseph Wilk, M.D. (Respondent). The Physician's and Surgeon's
25 Certificate was in full force and effect at all times relevant to the charges brought herein and will
26 expire on October 31, 2022, unless renewed.

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JURISDICTION

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3. This First Amended 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 2004 of the Code states:

The board shall have the responsibility for the following:

(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

(b) The administration and hearing of disciplinary actions.

(c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.

(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.

(e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the board.

(f) Approving undergraduate and graduate medical education programs.

(g) Approving clinical clerkship and special programs and hospitals for the programs in subdivision (f).

(h) Issuing licenses and certificates under the board's jurisdiction.

(i) Administering the board's continuing medical education program.

5. 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.

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

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

6 STATUTORY PROVISIONS

7 6. Section 2234 of the Code states:

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

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

13 (b) Gross negligence.

14 (c) Repeated negligent acts. To be repeated, there must be two or more
15 negligent acts or omissions. An initial negligent act or omission followed by a
16 separate and distinct departure from the applicable standard of care shall constitute
17 repeated negligent acts.

18 (1) An initial negligent diagnosis followed by an act or omission medically
19 appropriate for that negligent diagnosis of the patient shall constitute a single
20 negligent act.

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

26 (d) Incompetence.

27 (e) The commission of any act involving dishonesty or corruption that is
28 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.

7. Section 2242 of the Code states:

(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section
4022 without an appropriate prior examination and a medical indication, constitutes
unprofessional conduct. An appropriate prior examination does not require a

1 synchronous interaction between the patient and the licensee and can be achieved
2 through the use of telehealth, including, but not limited to, a self-screening tool or a
questionnaire, provided that the licensee complies with the appropriate standard of
care.

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

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

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

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

12 (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.

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

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

18 8. Section 725 of the Code states:

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

23 (b) Any person who engages in repeated acts of clearly excessive prescribing or
24 administering of drugs or treatment is guilty of a misdemeanor and shall be punished
by a fine of not less than one hundred dollars (\$100) nor more than six hundred
25 dollars (\$600), or by imprisonment for a term of not less than 60 days nor more than
180 days, or by both that fine and imprisonment.

26 (c) A practitioner who has a medical basis for prescribing, furnishing,
27 dispensing, or administering dangerous drugs or prescription controlled substances
shall not be subject to disciplinary action or prosecution under this section.

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1 (d) No physician and surgeon shall be subject to disciplinary action pursuant to
2 this section for treating intractable pain in compliance with Section 2241.5.

3 9. Section 2266 of the Code states:

4 The failure of a physician and surgeon to maintain adequate and accurate
5 records relating to the provision of services to their patients constitutes unprofessional
6 conduct.

7 **COST RECOVERY**

8 10. Business and Professions Code section 125.3 states that:

9 (a) Except as otherwise provided by law, in any order issued in resolution of a
10 disciplinary proceeding before any board within the department or before the
11 Osteopathic Medical Board upon request of the entity bringing the proceeding, the
12 administrative law judge may direct a licensee found to have committed a violation or
13 violations of the licensing act to pay a sum not to exceed the reasonable costs of the
14 investigation and enforcement of the case.

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

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

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

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

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

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

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

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

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

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

9 FIRST CAUSE FOR DISCIPLINE

10 (Repeated Negligent Acts)

11 11. Respondent Erik Joseph Wilk, M.D. is subject to disciplinary action under section
12 2234, subdivision (c), of the Code for the commission of acts or omissions involving repeated
13 negligent acts in the care and treatment of Patient 1.¹ The circumstances are as follows:

14 Patient 1

15 12. Patient 1 (or "patient") a then sixty-five-year-old female, who treated with
16 Respondent from approximately 2014 through 2018.² Patient 1 suffered from various conditions
17 including major depression³ and chronic pain. Per CURES (Controlled Substance Utilization
18 Review and Evaluation System, a drug monitoring database for Schedule II through V controlled
19 substances dispensed in California), Respondent was prescribing to Patient 1 dangerous
20 controlled medications including oxycodone (an opiate painkiller), hydrocodone (opiate
21 painkiller), clonazepam/Klonopin (a Schedule IV benzodiazepine used to treat seizures, panic
22 disorder, and anxiety), and alprazolam/Xanax (a benzodiazepine).⁴

23 13. During the above time period, Respondent treated the patient at her personal
24 residence approximately once a month. Respondent did not have an office and only performed

25 ¹ The patient is identified by number to protect her privacy.

26 ² These are approximate dates based on the records available to the Board.

27 ³ Specifically, Patient 1's depression and anxiety was brought upon by the prolonged
28 illnesses and ultimate deaths of her parents and husband, spanning the period of 2004 to 2014.
Patient 1 was the primary caregiver for her parents and husband.

⁴ These controlled medications are also considered dangerous drugs pursuant to section
4022 of the Code. It should also be noted that the patient admitted to Respondent that she [i.e. the
patient] would take opiates (e.g., hydrocodone), which should only be used for pain management
not anxiety, when she felt depressed and emotionally overwhelmed with her life stressors. The
patient also confided in with Respondent that she [i.e., the patient] drank alcohol on occasion to
reduce her pain.

1 house calls. Patient 1 was referred to Respondent to manage her chronic pain. Respondent did
2 not perform any tests prior to prescribing the patient medications nor did he consult with her prior
3 treating orthopedist or obtain her medical records.⁵ The patient subsequently filed a complaint
4 against Respondent alleging that Respondent prescribed excessive amounts of benzodiazepines,
5 opiates, and anti-depressants, which resulted in significant personal life issues for her.⁶

6 14. Respondent committed the following acts and/or omissions in his care and treatment
7 of Patient 1 which represent simple departures from the standard of care:

- 8 A. The failure to offer non-opiate management of chronic pain and the failure to
9 adequately corroborate the severity of the patient's pain;
- 10 B. The failure to perform appropriate opioid risk stratification;⁷
- 11 C. The absence of multi-disciplinary pain management in treating the patient who had
12 elevated addiction risks;
- 13 D. The failure to perform routine urine toxicology screens, and the failure to review
14 CURES (or keep copies in patient's chart) to ensure medication compliance and rule
15 out prescriptions from other sources;
- 16 E. The decision to prescribe long term opiate therapy to a 65-year-old patient;
- 17 F. The failure to offer naloxone therapy to the patient who was on an excessive MED
18 (Morphine Equivalent Dose);⁸
- 19 G. The decision to prescribe two short acting narcotics (oxycodone and hydrocodone)
20 with similar pharmacokinetics, thereby exposing the patient to an increased risk of
21 addiction and toxicity;

21 ⁵ Despite Respondent's assertion that he examined the patient during the majority of the
22 house calls, it appeared from the records that monthly prescriptions were simply refilled without
23 thorough assessments. Moreover, per the records, there was not one single urine testing during
24 the three and a half years of chronic opiate pain management, and no documentation that
25 Respondent frequently queried CURES.

26 ⁶ According to the patient, she, not the Respondent, would often self-taper down the
27 medications. Specifically, the patient asserted that from approximately June 2015 through
28 August 2015, Respondent had her on such a high dose of oxycodone and hydrocodone at the
same time, that she refused to take the oxycodone.

⁷ The patient's major depression, anxiety and occasional drinking all pointed toward an
increased risk of opiate dependency. Respondent failed to recognize these addiction risks as he
failed to perform a proper risk stratification prior to initiating long term opiate therapy in 2014.

⁸ MED are values that represent the potency of an opioid dose relative to morphine.
Patients taking 50 or greater MED daily are more at risk for problems related to opioid use. Very
high dosages are 90 or greater MED a day. As the patient was receiving more than 100 tablets of
narcotics monthly, opiate diversion and compliance should be closely monitored.

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- H. Inadequate chart documentation in opiate monitoring;
- I. The failure to refer Patient 1 for a mental health consultation;
- J. The failure to adequately perform a comprehensive anxiety evaluation, and the decision to rely on long term benzodiazepine therapy to manage General Anxiety Disorder;
- K. Prescribing two benzodiazepines for anxiety management; and
- L. Concurrent prescribing of two benzodiazepines (clonazepam and lorazepam/alprazolam) and opiates.

15. The above acts or omissions constitute repeated negligent acts under the Code, and therefore subject Respondent's medical license to discipline.

SECOND CAUSE FOR DISCIPLINE

(Excessive Prescribing)

16. By reason of the facts and allegations set forth in the First Cause for Discipline above, Respondent Erik Joseph Wilk, M.D. is subject to disciplinary action under section 725 of the Code, in that Respondent excessively prescribed dangerous drugs to Patient 1, above.

THIRD CAUSE FOR DISCIPLINE

(Furnishing Dangerous Drugs without a Prior Examination or Medical Indication)

17. By reason of the facts and allegations set forth in the First Cause for Discipline above, Respondent Erik Joseph Wilk, M.D. is subject to disciplinary action under section 2242 of the Code, in that Respondent furnished dangerous drugs to Patient 1 above, without conducting an appropriate prior examination and/or medical indication.

FOURTH CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Medical Records)

18. By reason of the facts and allegations set forth in the First Cause for Discipline above, Respondent Erik Joseph Wilk, M.D. is subject to disciplinary action under section 2266 of the Code, in that Respondent failed to maintain adequate and accurate records of his care and treatment of Patient 1 above.

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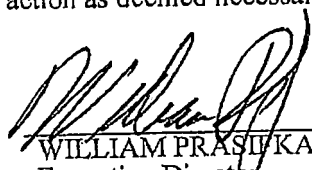
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PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 63394, issued to Respondent Erik Joseph Wilk, M.D.;
2. Revoking, suspending or denying approval of Respondent Erik Joseph Wilk, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Respondent Erik Joseph Wilk, 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: AUG 09 2022



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