

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

In the Matter of the Accusation  
Against:

Edward Harry Navakas, M.D.

Physician's and Surgeon's  
Certificate No. G 88320

Respondent.

Case No. 800-2022-088933

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 14, 2024.

IT IS SO ORDERED March 07, 2024.

MEDICAL BOARD OF CALIFORNIA



Reji Varghese, Executive Director

1 ROB BONTA  
Attorney General of California  
2 MATTHEW M. DAVIS  
Supervising Deputy Attorney General  
3 LEANNA E. SHIELDS  
Deputy Attorney General  
4 State Bar No. 239872  
600 West Broadway, Suite 1800  
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8 *Attorneys for Complainant*

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

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In the Matter of the Accusation Against:

Case No. 800-2022-088933

14

**EDWARD HARRY NAVAKAS, M.D.**  
1630 E. Main Street  
15 El Cajon, CA 92021

OAH No. 2023110460

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**Physician's and Surgeon's Certificate  
No. G 88320,**

**STIPULATED SURRENDER OF  
LICENSE AND DISCIPLINARY ORDER**

17

Respondent.

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

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**PARTIES**

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

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1 2. Edward Harry Navakas, M.D. (Respondent) is represented in this proceeding by  
2 attorney Jeffrey S. Kravitz, Esq., whose address is: 1851 Heritage Lane, Suite 128, Sacramento,  
3 CA 95815-4996.

4 3. On or about August 1, 2008, the Board issued Physician's and Surgeon's Certificate  
5 No. G 88320 to Respondent. That license was in full force and effect at all times relevant to the  
6 charges brought in Accusation No. 800-2022-088933 and will expire on August 31, 2024, unless  
7 renewed.

8 **JURISDICTION**

9 4. On September 28, 2023, Accusation No. 800-2022-088933 was filed before the  
10 Board, and is currently pending against Respondent. The Accusation and all other statutorily  
11 required documents were properly served on Respondent on September 28, 2023. Respondent  
12 timely filed his Notice of Defense contesting the Accusation. A true and correct copy of  
13 Accusation No. 800-2022-088933 is attached as Exhibit A and incorporated by reference.

14 **ADVISEMENT AND WAIVERS**

15 5. Respondent has carefully read, fully discussed with counsel, and fully understands the  
16 charges and allegations in Accusation No. 800-2022-088933. Respondent also has carefully read,  
17 fully discussed with counsel, and fully understands the effects of this Stipulated Surrender of  
18 License and Disciplinary Order.

19 6. Respondent is fully aware of his legal rights in this matter, including the right to a  
20 hearing on the charges and allegations in the Accusation; the right to confront and cross-examine  
21 the witnesses against him; the right to present evidence and to testify on his own behalf; the right  
22 to the issuance of subpoenas to compel the attendance of witnesses and the production of  
23 documents; the right to reconsideration and court review of an adverse decision; and all other  
24 rights accorded by the California Administrative Procedure Act and other applicable laws.

25 7. Having the benefit of counsel, Respondent voluntarily, knowingly, and intelligently  
26 waives and gives up each and every right set forth above.

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1 **CULPABILITY**

2 8. Respondent agrees that, at an administrative hearing, Complainant could establish a  
3 *prima facie* case with respect to the charges and allegations contained in Accusation No. 800-  
4 2022-088933, agrees that he has thereby subjected his Physician's and Surgeon's Certificate No.  
5 G 88320 to discipline, and agrees to be bound by the Board's imposition of discipline as set forth  
6 in the Disciplinary Order below.

7 9. Respondent further agrees that if he ever files an application for licensure or petitions  
8 for reinstatement of his Physician's and Surgeon's Certificate No. G 88320, or if an accusation is  
9 filed against him before the Board, all of the charges and allegations contained in Accusation No.  
10 800-2022-088933, shall be deemed true, correct, and fully admitted by Respondent for purposes  
11 of any such proceeding.

12 10. Respondent understands that by signing this stipulation he enables the Board to issue  
13 an order accepting the surrender of his Physician's and Surgeon's Certificate No. G 88320  
14 without further notice to, or opportunity to be heard by, Respondent.

15 **RESERVATION**

16 11. The admissions made by Respondent herein are only for the purposes of this  
17 proceeding, or any other proceedings in which the Medical Board of California or other  
18 professional licensing agency is involved, and shall not be admissible in any other criminal or  
19 civil proceeding.

20 **CONTINGENCY**

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

24 13. Respondent understands that, by signing this stipulation, he enables the Executive  
25 Director of the Board to issue an order, on behalf of the Board, accepting the surrender of his  
26 Physician's and Surgeon's Certificate No. G 88320 without further notice to, or opportunity to be  
27 heard by, Respondent.

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

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

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1 **ADDITIONAL PROVISIONS**

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

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

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

11 **DISCIPLINARY ORDER**

12 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 88320, issued  
13 to Respondent Edward Harry Navakas, M.D., is hereby surrendered and accepted by the Board.

14 1. The surrender of Respondent's Physician's and Surgeon's Certificate No. G 88320  
15 and the acceptance of the surrendered license by the Board shall constitute the imposition of  
16 discipline against Respondent. This stipulation constitutes a record of the discipline and shall  
17 become a part of Respondent's license history with the Board.

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

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

22 4. If Respondent ever files an application for licensure or a petition for reinstatement in  
23 the State of California, the Board shall treat it as a petition for reinstatement. Respondent must  
24 comply with all the laws, regulations and procedures for reinstatement of a revoked or  
25 surrendered license in effect at the time the petition is filed, and all of the charges and allegations  
26 contained in Accusation No. 800-2022-088933 shall be deemed to be true, correct and admitted  
27 by Respondent when the Board determines whether to grant or deny the petition.

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1 5. Respondent shall pay the agency its costs of investigation and enforcement in the  
2 amount of \$37,656.00 prior to issuance of a new or reinstated license.

3 6. If Respondent should ever apply or reapply for a new license or certification, or  
4 petition for reinstatement of a license, by any other health care licensing agency in the State of  
5 California, all of the charges and allegations contained in Accusation No. 800-2022-088933 shall  
6 be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of  
7 Issues or any other proceeding seeking to deny or restrict licensure.

8 ACCEPTANCE

9 I have carefully read the above Stipulated Surrender of License and Disciplinary Order and  
10 have fully discussed it with my attorney Jeffrey S. Kravitz, Esq. I fully understand the stipulation  
11 and the effect it will have on my Physician's and Surgeon's Certificate No. G 88320. I enter into  
12 this Stipulated Surrender of License and Disciplinary Order voluntarily, knowingly, and  
13 intelligently, and agree to be bound by the Decision and Order of the Medical Board of  
14 California.

15  
16 DATED: March 4, 2024 Edward Harry Navakas  
17 EDWARD HARRY NAVAKAS, M.D.  
Respondent

18 I have read and fully discussed with Respondent Edward Harry Navakas, M.D., the terms  
19 and conditions and other matters contained in this Stipulated Surrender of License and  
20 Disciplinary Order. I approve its form and content.

21  
22 DATED: 3-4-2024 Jeffrey S. Kravitz  
23 JEFFREY S. KRAVITZ, ESQ.  
Attorney for Respondent

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**ENDORSEMENT**

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

DATED: March 4, 2024

Respectfully submitted,

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



LEANNA E. SHIELDS  
Deputy Attorney General  
*Attorneys for Complainant*

SD2023802068  
84412507



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7 Facsimile: (619) 645-2061

8 *Attorneys for Complainant*

9

10

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

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13

In the Matter of the Accusation Against:

Case No. 800-2022-088933

14

**EDWARD HARRY NAVAKAS, M.D.**  
1630 E. Main Street  
El Cajon, CA 92021

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

15

16

**Physician's and Surgeon's Certificate  
No. G 88320,**

17

Respondent.

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Complainant alleges:

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**PARTIES**

22

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

25

2. On or about August 1, 2008, the Medical Board issued Physician's and Surgeon's  
26 Certificate No. G 88320 to Edward Harry Navakas, M.D. (Respondent). The Physician's and  
27 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
28 herein and will expire on August 31, 2024, unless renewed.

**JURISDICTION**

1  
2       3.    This Accusation is brought before the Board, under the authority of the following  
3 laws. All section references are to the Business and Professions Code (Code) unless otherwise  
4 indicated.

5       4.    Section 2227 of the Code states, in pertinent part:

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

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

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

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

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

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

21           ...

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

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

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

28           ...

          (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.

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

6 ...  
7  
8 6. Section 2238 of the Code states:

9 A violation of any federal statute or federal regulation or any of the statutes or  
10 regulations of this state regulating dangerous drugs or controlled substances  
11 constitutes unprofessional conduct.

12 7. From January 1, 2017, through June 30, 2021,<sup>1</sup> section 11165.4 of the Health and  
13 Safety Code stated, in pertinent part:<sup>2</sup>

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

20 (e) This section is not operative until six months after the Department of Justice  
21 certifies that the CURES database is ready for statewide use and that the department  
22 has adequate staff, which, at a minimum, shall be consistent with the appropriation  
23 authorized in Schedule (6) of Item 0820-001-0001 of the Budget Act of 2016  
24 (Chapter 23 of the Statutes of 2016), user support, and education. The department  
25 shall notify the Secretary of State and the office of the Legislative Counsel of the date  
26 of that certification.

27 8. Since July 1, 2021, section 11165.4 of the Health and Safety Code states, in pertinent  
28 part:

(a)(1)(A)(i) A health care practitioner authorized to prescribe, order, administer,  
or furnish a controlled substance shall consult the patient activity report or  
information from the patient activity report obtained from the CURES database to  
review a patient's controlled substance history for the past 12 months before

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<sup>1</sup> Health and Safety Code section 11165.4 was amended on January 1, 2020, however the provisions of subdivisions (a)(1)(A)(i) and (e) remained unchanged until July 1, 2021.

<sup>2</sup> The Controlled Substance Utilization Review and Evaluation System (CURES) was certified for statewide use by the Department of Justice (DOJ) on April 2, 2018. Therefore, the mandate to consult CURES prior to prescribing, ordering, administering, or furnishing a Schedule II-IV controlled substance became effective October 2, 2018.

1 prescribing a Schedule II, Schedule III, or Schedule IV controlled substance to the  
2 patient for the first time and at least once every six months thereafter if the prescriber  
3 renews the prescription and the substance remains part of the treatment of the patient.

4 ...

#### 5 COST RECOVERY

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

#### 12 DEFINITIONS

13 10. Adderall is a brand name for dextro-amphetamine (d-amphetamine) and  
14 amphetamine, a Schedule II controlled substance pursuant to Health and Safety Code section  
15 11055, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section  
16 4022. Adderall XR (mixed amphetamine salt) is an extended release version of Adderall that  
17 provides extended relief up to 12 hours whereas Adderall (amphetamine salt combo) is an  
18 immediate release version that provides relief for 4 to 6 hours. Adderall is a central nervous  
19 system (CNS) stimulant of the amphetamine class. When properly prescribed and indicated,  
20 Adderall is commonly used for attention-deficit hyperactivity disorder (ADHD) and narcolepsy.  
21 According to the DEA, amphetamines, such as Adderall, are considered drugs of abuse. "The  
22 effects of amphetamines and methamphetamine are similar to cocaine, but their onset is slower  
23 and their duration is longer." (Drugs of Abuse, A DEA Resource Guide, 2017 edition, at p. 50.)  
24 The Food and Drug Administration has issued a black box warning for Adderall which states,  
25 "CNS stimulants have high potential for abuse and misuse, can lead to substance use disorder,  
26 including addiction; misuse and abuse can result in overdose and death... assess risk for abuse,  
27 misuse, and addiction before prescribing and throughout [treatment]..."

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1           11. Alprazolam, brand name Xanax, is a Schedule IV controlled substance pursuant to  
2 Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to  
3 Business and Professions Code section 4022. When properly prescribed and indicated,  
4 alprazolam is an anti-anxiety medication in the benzodiazepine class. According to the DEA,  
5 benzodiazepines, such as alprazolam, are considered drugs of abuse. (Drugs of Abuse, A DEA  
6 Resource Guide, 2017 edition, at p. 59.) The Food and Drug Administration has issued a black  
7 box warning for alprazolam which states, the “concomitant use of benzodiazepines with opioids  
8 may result in profound sedation, respiratory depression, coma, and death...benzodiazepines  
9 expose users to risk of abuse, misuse, and addiction, can lead to overdose or death,...assess risk  
10 for abuse, misuse, and addiction before prescribing and throughout [treatment]...”

11           12. Clonazepam, brand name Klonopin, is a Schedule IV controlled substance pursuant to  
12 Health and Safety Code section 11057, and a dangerous drug pursuant to Business and  
13 Professions Code section 4022. When properly prescribed and indicated, clonazepam is an  
14 anticonvulsant medication in the benzodiazepine class commonly prescribed for seizure disorders  
15 and panic disorders. According to the DEA, benzodiazepines, such as clonazepam, are  
16 considered drugs of abuse. (Drugs of Abuse, A DEA Resource Guide, 2017 edition, at p. 59.)  
17 The Food and Drug Administration has issued a black box warning for clonazepam which states,  
18 the “concomitant benzodiazepine use with opioids may result in profound sedation, respiratory  
19 depression, coma, and death...benzodiazepines expose users to risk of abuse, misuse, and  
20 addiction, can lead to overdose or death,...assess risk for abuse, misuse, and addiction before  
21 prescribing and throughout [treatment]...”

22           13. The Controlled Substance Utilization Review and Evaluation System (CURES) is a  
23 program operated by the California Department of Justice (DOJ) to assist health care practitioners  
24 in their efforts to ensure appropriate prescribing of controlled substances, and law enforcement  
25 and regulatory agencies in their efforts to control diversion and abuse of controlled substances.  
26 (Health & Saf. Code, § 11165.) California law requires dispensing pharmacies to report to the  
27 DOJ the dispensing of Schedule II, III, and IV controlled substances as soon as reasonably  
28 possible after the prescriptions are filled. (Health & Saf. Code, § 11165, subd. (d).) It is

1 important to note that the history of controlled substances dispensed to a specific patient based on  
2 the data contained in CURES is available to a health care practitioner who is treating that patient.  
3 (Health & Saf. Code, § 11165.1, subd. (a).)

4 14. Hydromorphone, brand name Dilaudid, is a Schedule II controlled substance pursuant  
5 to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to  
6 Business and Professions Code section 4022. When properly prescribed and indicated,  
7 hydromorphone is an opioid analgesic commonly prescribed for the treatment of moderate to  
8 severe pain. According to the DEA, opioids, such as hydromorphone, are considered drugs of  
9 abuse. (Drugs of Abuse, A DEA Resource Guide, 2017 edition, at p. 43.) The Food and Drug  
10 Administration has issued a black box warning for hydromorphone which warns of “risk of  
11 addiction, abuse, misuse, which can lead to overdose and death; assess opioid abuse or addiction  
12 risk prior to prescribing...concomitant opioid use with benzodiazepines or other CNS  
13 depressants, including alcohol, may result in profound sedation, respiratory depression, coma, and  
14 death; reserve concomitant use for patients with inadequate alternative treatment options.”

15 15. Methadone is a Schedule II controlled substance pursuant to Health and Safety Code  
16 section 11055, subdivision (c), and a dangerous drug pursuant to Business and Professions Code  
17 section 4022. When properly prescribed and indicated, methadone is a synthetic opioid analgesic  
18 commonly prescribed for opioid dependence and moderate to severe pain. According to the  
19 DEA, opioids, such as methadone, are considered drugs of abuse. (Drugs of Abuse, A DEA  
20 Resource Guide, 2017 edition, at p. 44.) The Food and Drug Administration has issued a black  
21 box warning for methadone which warns of “risk of addiction, abuse, misuse, which can lead to  
22 overdose and death; assess opioid abuse or addiction risk prior to prescribing...concomitant  
23 opioid use with benzodiazepines or other CNS depressants, including alcohol, may result in  
24 profound sedation, respiratory depression, coma, and death; reserve concomitant use for patients  
25 with inadequate alternative treatment options.”

26 16. Norco is a brand name for the drug combination of hydrocodone and acetaminophen.  
27 Hydrocodone is a Schedule II controlled substance pursuant to Health and Safety Code section  
28 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section

1 4022. When properly prescribed and indicated, hydrocodone is an opioid commonly prescribed  
2 for the treatment of moderate to severe pain. According to the DEA, opioids, such as  
3 hydrocodone, are considered drugs of abuse. (Drugs of Abuse, A DEA Resource Guide, 2017  
4 edition, at pp. 43-47.) The Food and Drug Administration has issued a black box warning for  
5 hydrocodone which warns of “risk of addiction, abuse, and misuse, which can lead to overdose  
6 and death... concomitant opioid use with benzodiazepines or other CNS depressants, including  
7 alcohol, may result in profound sedation, respiratory depression, coma, and death; reserve  
8 concomitant use for patients with inadequate alternative treatment options.”

9 17. Suboxone is a brand name for buprenorphine/naloxone, a Schedule III controlled  
10 substance pursuant to Health and Safety Code section 11055, subdivision (c), and a dangerous  
11 drug pursuant to Business and Professions Code section 4022. When properly prescribed and  
12 indicated, Suboxone is commonly prescribed for the treatment of opioid dependence.

13 **FIRST CAUSE FOR DISCIPLINE**

14 **(Repeated Negligent Acts)**

15 18. Respondent has subjected his Physician’s and Surgeon’s Certificate No. G 88320 to  
16 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of  
17 the Code, in that he committed repeated negligent acts in his care and treatment of Patients A, B,  
18 C, and D, as more particularly alleged hereinafter.

19 **Patient A**<sup>3</sup>

20 19. On or about February 13, 2018, Patient A, a then 49-year-old male, first sought  
21 treatment with Respondent. According to records, Patient A was diagnosed with generalized  
22 anxiety disorder, major depressive disorder, insomnia, and chronic pain. According to records,  
23 Patient A regularly received and filled prescriptions issued by Respondent for clonazepam.

24 20. According to records, Patient A had a history of alcohol abuse and throughout  
25 Respondent’s care and treatment, Patient A also received regular prescriptions from other medical

26 \_\_\_\_\_  
27 <sup>3</sup> Patient identities have been withheld to maintain patient confidentiality. The patients’ identities  
28 are known to Respondent or will be disclosed to Respondent upon receipt of a duly issued request for  
discovery and in accordance with Government Code section 11507.6.

1 treatment providers for other controlled substances, including, but not limited to: hydromorphone,  
2 methadone, Norco, and Suboxone.

3 21. From on or about February 13, 2018, through on or about November 5, 2021,  
4 according to records, Patient A had visits with, and was assessed by, Respondent on  
5 approximately seven (7) occasions, including, but not limited to: February 13, 2018; June 6,  
6 2019; March 26, 2020; June 25, 2020; May 21, 2021; August 13, 2021; and November 5, 2021.

7 22. According to records, Patient A did not appear to his scheduled appointments with  
8 Respondent on approximately three (3) occasions, including, but not limited to: January 16, 2020,  
9 February 28, 2020, and March 3, 2020.

10 23. From on or about February 13, 2018, through on or about November 5, 2021,  
11 according to records, Respondent consulted the CURES database to review Patient A's patient  
12 activity report on four (4) occasions, including but not limited to: June 26, 2018; December 27,  
13 2018; June 6, 2019; and January 16, 2020.

14 24. From on or about January 10, 2019, through on or about November 5, 2021,  
15 according to the CURES database, Patient A filled prescriptions issued by Respondent for  
16 clonazepam (1 mg), as follows:

<b>Date Filled</b>	<b>Drug Name</b>	<b>Strength</b>	<b>Days Supply</b>	<b>Quantity</b>	<b>Pharmacy Rx No.</b>
1/10/2019	Clonazepam	1 mg	30	60	2049219
2/28/2019	Clonazepam	1 mg	30	60	2049219
4/4/2019	Clonazepam	1 mg	30	60	2112525
5/21/2019	Clonazepam	1 mg	30	60	2112525
6/18/2019	Clonazepam	1 mg	30	60	2049219
7/19/2019	Clonazepam	1 mg	30	60	2157901
8/29/2019	Clonazepam	1 mg	30	60	2157901
10/11/2019	Clonazepam	1 mg	30	60	2157901
1/9/2020	Clonazepam	1 mg	30	60	2311789
3/2/2020	Clonazepam	1 mg	30	60	2311789



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Date Filled	Drug Name	Strength	Days Supply	Quantity	Pharmacy Rx No.
3/31/2020	Clonazepam	1 mg	30	60	2374902
6/25/2020	Clonazepam	1 mg	30	60	2431119
11/29/2020	Clonazepam	1 mg	30	60	2431119
4/15/2021	Clonazepam	1 mg	30	60	2630886
5/21/2021	Clonazepam	1 mg	30	30	2657006
6/29/2021	Clonazepam	1 mg	30	30	2677052
7/26/2021	Clonazepam	1 mg	30	30	2677052
8/30/2021	Clonazepam	1 mg	30	30	2732593
9/30/2021	Clonazepam	1 mg	30	30	1737437
11/2/2021	Clonazepam	1 mg	30	30	1737437

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

- A. Paragraphs 19 through 24, above, are hereby incorporated by reference and realleged as if fully set forth herein;
- B. Issuing a prescription for clonazepam to Patient A on or about January 9, 2020, when Respondent's last review of Patient A's prescription history in the CURES database was on or about June 6, 2019;
- C. Issuing a prescription for clonazepam to Patient A on or about June 25, 2020, when Respondent's last review of Patient A's prescription history in the CURES database was on or about June 6, 2019;
- D. Issuing a prescription for clonazepam to Patient A on or about April 15, 2021, when Respondent's last review of Patient A's prescription history in the CURES database was on or about June 6, 2019;

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- 1 E. Issuing a prescription for clonazepam to Patient A on or about May 21, 2021,  
2 when Respondent's last review of Patient A's prescription history in the CURES  
3 database was on or about June 6, 2019;
- 4 F. Issuing a prescription for clonazepam to Patient A on or about June 29, 2021,  
5 when Respondent's last review of Patient A's prescription history in the CURES  
6 database was on or about June 6, 2019;
- 7 G. Issuing a prescription for clonazepam to Patient A on or about August 30, 2021,  
8 when Respondent's last review of Patient A's prescription history in the CURES  
9 database was on or about June 6, 2019;
- 10 H. Issuing a prescription for clonazepam to Patient A on or about September 30,  
11 2021, when Respondent's last review of Patient A's prescription history in the  
12 CURES database was on or about June 6, 2019;
- 13 I. Issuing a prescription for clonazepam to Patient A on or about January 10,  
14 2019, when Respondent's last visit and/or assessment of Patient A was on or about  
15 February 13, 2018;
- 16 J. Issuing a prescription for clonazepam to Patient A on or about April 4, 2019,  
17 when Respondent's last visit and/or assessment of Patient A was on or about  
18 February 13, 2018;
- 19 K. Issuing a prescription for clonazepam to Patient A on or about January 9, 2020,  
20 when Respondent's last visit and/or assessment of Patient A was on or about June 6,  
21 2019; and
- 22 L. Issuing a prescription for clonazepam to Patient A on or about April 15, 2021,  
23 when Respondent's last visit and/or assessment of Patient A was on or about June 25,  
24 2020.

25 **Patient B**

26 26. On or about February 22, 2018, Patient B, a then 25-year-old male, first sought  
27 treatment with Respondent. According to records, Patient B was diagnosed with ADHD.  
28 According to records, Patient B regularly received and filled prescriptions issued by Respondent

1 for Adderall in two forms, amphetamine salt combo (10 mg) for immediate release and mixed  
2 amphetamine salt (20 mg) for extended release.

3 27. From on or about February 22, 2018, through on or about March 18, 2022, according  
4 to records, Patient B had visits with, and was assessed by, Respondent on approximately fifteen  
5 (15) occasions, including, but not limited to: February 22, 2018; May 16, 2018; August 17, 2018;  
6 November 8, 2018; February 7, 2019; January 16, 2020; May 15, 2020; June 5, 2020; August 28,  
7 2020; October 16, 2020; January 8, 2021; June 25, 2021; September 17, 2021; December 17,  
8 2021; and March 18, 2022.

9 28. From on or about February 22, 2018, through on or about March 18, 2022, according  
10 to records, Respondent consulted the CURES database to review Patient B's patient activity  
11 report on fourteen (14) occasions, including but not limited to: May 16, 2018; August 17, 2018;  
12 November 8, 2018; February 7, 2019; June 6, 2019; July 11, 2019; August 8, 2019; September  
13 19, 2019; December 13, 2019; January 9, 2020; January 16, 2020; March 12, 2020; May 15,  
14 2020; and August 28, 2020.

15 29. On or about November 8, 2018, Respondent noted observing "odd dispensing" from  
16 his review of Patient B's CURES patient activity report.

17 30. From on or about January 25, 2019, through on or about April 29, 2022, according to  
18 the CURES database, Patient B filled prescriptions issued by Respondent for amphetamine salt  
19 combo (10 mg) and mixed amphetamine salt (20 mg), as follows:

<b>Date Filled</b>	<b>Drug Name</b>	<b>Strength</b>	<b>Days Supply</b>	<b>Quantity</b>	<b>Pharmacy Rx No.</b>
1/25/2019	Mixed Amphetamine Salt	20 mg	30	30	1160354
1/25/2019	Mixed Amphetamine Salt	20 mg	30	30	1160354
2/1/2019	Amphetamine Salt Combo	10 mg	29	58	1161958
2/26/2019	Mixed Amphetamine Salt	20 mg	30	30	949670
3/5/2019	Amphetamine Salt Combo	10 mg	30	60	1169022
3/31/2019	Mixed Amphetamine Salt	20 mg	30	30	1174848

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Date Filled	Drug Name	Strength	Days Supply	Quantity	Pharmacy Rx No.
4/6/2019	Amphetamine Salt Combo	10 mg	30	60	1174851
4/30/2019	Mixed Amphetamine Salt	20 mg	30	30	1148808
5/7/2019	Amphetamine Salt Combo	10 mg	30	60	1150962
6/7/2019	Mixed Amphetamine Salt	20 mg	30	30	1158910
6/7/2019	Amphetamine Salt Combo	10 mg	30	30	1158909
7/11/2019	Amphetamine Salt Combo	10 mg	30	30	1166837
7/11/2019	Mixed Amphetamine Salt	20 mg	30	30	1166838
8/9/2019	Amphetamine Salt Combo	10 mg	30	30	1174412
8/9/2019	Mixed Amphetamine Salt	20 mg	30	30	1174411
9/19/2019	Amphetamine Salt Combo	10 mg	30	30	1184678
9/19/2019	Mixed Amphetamine Salt	20 mg	30	30	1184677
10/17/2019	Mixed Amphetamine Salt	20 mg	30	30	1192303
10/17/2019	Amphetamine Salt Combo	10 mg	30	30	1192302
11/15/2019	Mixed Amphetamine Salt	20 mg	30	30	1200313
11/15/2019	Amphetamine Salt Combo	10 mg	30	30	1200521
12/13/2019	Mixed Amphetamine Salt	20 mg	30	30	1207782
12/13/2019	Amphetamine Salt Combo	10 mg	30	30	1207771
1/13/2020	Mixed Amphetamine Salt	20 mg	30	30	1214579
1/13/2020	Amphetamine Salt Combo	10 mg	30	30	1214582
2/14/2020	Mixed Amphetamine Salt	20 mg	30	30	1119820
2/17/2020	Amphetamine Salt Combo	10 mg	30	30	1120132
3/16/2020	Mixed Amphetamine Salt	20 mg	30	30	1233219
3/16/2020	Amphetamine Salt Combo	10 mg	60	60	1233222
4/22/2020	Amphetamine Salt Combo	10 mg	30	60	1243204

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Date Filled	Drug Name	Strength	Days Supply	Quantity	Pharmacy Rx No.
4/23/2020	Mixed Amphetamine Salt	20 mg	30	30	1243372
7/24/2020	Mixed Amphetamine Salt	20 mg	30	30	1265167
7/26/2020	Amphetamine Salt Combo	10 mg	30	60	1265168
8/30/2020	Mixed Amphetamine Salt	20 mg	30	30	1273943
8/30/2020	Amphetamine Salt Combo	10 mg	30	60	1273942
10/2/2020	Amphetamine Salt Combo	10 mg	30	60	1282987
10/6/2020	Mixed Amphetamine Salt	20 mg	30	30	1282986
11/22/2020	Mixed Amphetamine Salt	20 mg	6	6	1296001
11/22/2020	Amphetamine Salt Combo	10 mg	8	16	1296002
12/7/2020	Mixed Amphetamine Salt	20 mg	6	6	1298379
12/7/2020	Amphetamine Salt Combo	10 mg	8	16	1298378
12/19/2020	Mixed Amphetamine Salt	20 mg	30	30	1302704
12/19/2020	Amphetamine Salt Combo	10 mg	15	30	1302703
1/25/2021	Mixed Amphetamine Salt	20 mg	30	30	105786
1/25/2021	Amphetamine Salt Combo	10 mg	15	30	105803
2/23/2021	Mixed Amphetamine Salt	20 mg	30	30	112600
2/23/2021	Amphetamine Salt Combo	10 mg	15	30	112598
3/25/2021	Mixed Amphetamine Salt	20 mg	30	30	118475
3/25/2021	Amphetamine Salt Combo	10 mg	15	30	118476
5/7/2021	Mixed Amphetamine Salt	20 mg	30	30	124139
6/4/2021	Amphetamine Salt Combo	10 mg	15	30	112602
6/4/2021	Mixed Amphetamine Salt	20 mg	30	30	127439
6/26/2021	Amphetamine Salt Combo	10 mg	30	60	130065
7/5/2021	Mixed Amphetamine Salt	20 mg	30	30	130826

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Date Filled	Drug Name	Strength	Days Supply	Quantity	Pharmacy Rx No.
8/9/2021	Amphetamine Salt Combo	10 mg	30	30	134725
8/9/2021	Mixed Amphetamine Salt	20 mg	30	30	134724
8/24/2021	Amphetamine Salt Combo	10 mg	25	50	136205
9/27/2021	Amphetamine Salt Combo	10 mg	25	50	139495
10/26/2021	Mixed Amphetamine Salt	20 mg	30	30	141478
12/27/2021	Amphetamine Salt Combo	10 mg	25	50	149713
12/27/2021	Mixed Amphetamine Salt	20 mg	30	30	149712
3/1/2022	Amphetamine Salt Combo	10 mg	30	60	157477
3/1/2022	Mixed Amphetamine Salt	20 mg	30	30	157478
3/28/2022	Mixed Amphetamine Salt	20 mg	30	30	159928
3/28/2022	Amphetamine Salt Combo	10 mg	30	60	160581
4/29/2022	Amphetamine Salt Combo	10 mg	30	60	164689
4/29/2022	Mixed Amphetamine Salt	20 mg	30	30	164688

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

- A. Paragraphs 26 through 30, above, are hereby incorporated by reference and realleged as if fully set forth herein;
- B. Issuing prescriptions for Adderall to Patient B on or about February 23, 2021, when Respondent's last review of Patient B's prescription history in the CURES database was on or about August 28, 2020;
- C. Issuing prescriptions for Adderall to Patient B on or about March 25, 2021, when Respondent's last review of Patient B's prescription history in the CURES database was on or about August 28, 2020;

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1 D. Issuing prescriptions for Adderall to Patient B on or about May 7, 2021, when  
2 Respondent's last review of Patient B's prescription history in the CURES database  
3 was on or about August 28, 2020;

4 E. Issuing prescriptions for Adderall to Patient B on or about June 4, 2021, when  
5 Respondent's last review of Patient B's prescription history in the CURES database  
6 was on or about August 28, 2020;

7 F. Issuing prescriptions for Adderall to Patient B on or about June 26, 2021, when  
8 Respondent's last review of Patient B's prescription history in the CURES database  
9 was on or about August 28, 2020;

10 G. Issuing prescriptions for Adderall to Patient B on or about July 5, 2021, when  
11 Respondent's last review of Patient B's prescription history in the CURES database  
12 was on or about August 28, 2020;

13 H. Issuing prescriptions for Adderall to Patient B on or about August 9, 2021,  
14 when Respondent's last review of Patient B's prescription history in the CURES  
15 database was on or about August 28, 2020;

16 I. Issuing prescriptions for Adderall to Patient B on or about August 24, 2021,  
17 when Respondent's last review of Patient B's prescription history in the CURES  
18 database was on or about August 28, 2020;

19 J. Issuing prescriptions for Adderall to Patient B on or about September 27, 2021,  
20 when Respondent's last review of Patient B's prescription history in the CURES  
21 database was on or about August 28, 2020;

22 K. Issuing prescriptions for Adderall to Patient B on or about October 26, 2021,  
23 when Respondent's last review of Patient B's prescription history in the CURES  
24 database was on or about August 28, 2020;

25 L. Issuing prescriptions for Adderall to Patient B on or about December 27, 2021,  
26 when Respondent's last review of Patient B's prescription history in the CURES  
27 database was on or about August 28, 2020;

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M. Issuing prescriptions for Adderall to Patient B on or about March 1, 2022, when Respondent's last review of Patient B's prescription history in the CURES database was on or about August 28, 2020;

N. Issuing prescriptions for Adderall to Patient B on or about March 28, 2022, when Respondent's last review of Patient B's prescription history in the CURES database was on or about August 28, 2020;

O. Issuing prescriptions for Adderall to Patient B on or about April 29, 2022, when Respondent's last review of Patient B's prescription history in the CURES database was on or about August 28, 2020;

P. Issuing prescriptions for Adderall to Patient B on or about June 17, 2019, when Respondent's last visit and/or assessment of Patient B was on or about February 7, 2019;

Q. Issuing prescriptions for Adderall to Patient B on or about July 11, 2019, when Respondent's last visit and/or assessment of Patient B was on or about February 7, 2019;

R. Issuing prescriptions for Adderall to Patient B on or about August 9, 2019, when Respondent's last visit and/or assessment of Patient B was on or about February 7, 2019;

S. Issuing prescriptions for Adderall to Patient B on or about September 9, 2019, when Respondent's last visit and/or assessment of Patient B was on or about February 7, 2019;

T. Issuing prescriptions for Adderall to Patient B on or about October 17, 2019, when Respondent's last visit and/or assessment of Patient B was on or about February 7, 2019;

U. Issuing prescriptions for Adderall to Patient B on or about November 15, 2019, when Respondent's last visit and/or assessment of Patient B was on or about February 7, 2019;

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1 V. Issuing prescriptions for Adderall to Patient B on or about December 13, 2019,  
2 when Respondent's last visit and/or assessment of Patient B was on or about February  
3 7, 2019;

4 W. Issuing prescriptions for Adderall to Patient B on or about January 13, 2020,  
5 when Respondent's last visit and/or assessment of Patient B was on or about February  
6 7, 2019;

7 X. Issuing prescriptions for Adderall to Patient B on or about May 7, 2021, when  
8 Respondent's last visit and/or assessment of Patient B was on or about January 8,  
9 2021; and

10 Y. Issuing prescriptions for Adderall to Patient B on or about June 4, 2021, when  
11 Respondent's last visit and/or assessment of Patient B was on or about January 8,  
12 2021.

13 **Patient C**

14 32. On or about November 14, 2019, Patient C, a then 53-year-old female, first sought  
15 treatment with Respondent. According to records, Patient C was diagnosed with major  
16 depressive disorder with psychotic features. According to records, Patient C regularly received  
17 and filled prescriptions issued by Respondent for clonazepam.

18 33. From on or about November 14, 2019, through on or about April 6, 2022, according  
19 to records, Patient C had visits with, and was assessed by, Respondent on approximately seven  
20 (7) occasions, including, but not limited to: November 14, 2019; February 13, 2020; May 21,  
21 2020; July 31, 2020; March 25, 2021; October 7, 2021; and February 10, 2022.

22 34. From on or about November 14, 2019, through on or about April 6, 2022, according  
23 to records, Respondent consulted the CURES database to review Patient C's patient activity  
24 report on one (1) occasion: November 14, 2019.

25 35. From on or about February 13, 2020, through on or about April 6, 2022, according to  
26 the CURES database, Patient C filled prescriptions issued by Respondent for clonazepam (0.5  
27 mg), as follows:

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Date Filled	Drug Name	Strength	Days Supply	Quantity	Pharmacy Rx No.
2/13/2020	Clonazepam	0.5 mg	30	60	4458391
3/20/2020	Clonazepam	0.5 mg	30	60	4458391
5/21/2020	Clonazepam	0.5 mg	30	60	4458391
7/3/2020	Clonazepam	0.5 mg	30	60	4458862
7/30/2020	Clonazepam	0.5 mg	30	60	4458862
9/20/2020	Clonazepam	0.5 mg	30	60	4459055
11/9/2020	Clonazepam	0.5 mg	30	60	4459055
12/8/2020	Clonazepam	0.5 mg	30	60	4459055
3/4/2021	Clonazepam	0.5 mg	30	60	4459835
5/4/2021	Clonazepam	0.5 mg	30	60	179406
6/3/2021	Clonazepam	0.5 mg	30	60	179406
7/5/2021	Clonazepam	0.5 mg	30	60	179406
8/2/2021	Clonazepam	0.5 mg	30	60	186927
8/26/2021	Clonazepam	0.5 mg	30	60	186927
10/7/2021	Clonazepam	0.5 mg	30	60	195418
11/8/2021	Clonazepam	0.5 mg	30	60	195418
12/7/2021	Clonazepam	0.5 mg	30	60	201656
1/13/2022	Clonazepam	0.5 mg	30	60	205806
2/9/2022	Clonazepam	0.5 mg	30	60	205806
3/10/2022	Clonazepam	0.5 mg	30	60	211315
4/6/2022	Clonazepam	0.5 mg	30	60	211315

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1           36. Respondent committed repeated negligent acts in his care and treatment of Patient C,  
2 including, but not limited to, the following:

3           A. Paragraphs 32 through 35, above, are hereby incorporated by reference and  
4 realleged as if fully set forth herein;

5           B. Issuing a prescription for clonazepam to Patient C on or about July 3, 2020,  
6 when Respondent's last review of Patient C's prescription history in the CURES  
7 database was on or about November 14, 2019;

8           C. Issuing a prescription for clonazepam to Patient C on or about September 20,  
9 2020, when Respondent's last review of Patient C's prescription history in the  
10 CURES database was on or about November 14, 2019;

11           D. Issuing a prescription for clonazepam to Patient C on or about March 4, 2021,  
12 when Respondent's last review of Patient C's prescription history in the CURES  
13 database was on or about November 14, 2019;

14           E. Issuing a prescription for clonazepam to Patient C on or about May 4, 2021,  
15 when Respondent's last review of Patient C's prescription history in the CURES  
16 database was on or about November 14, 2019;

17           F. Issuing a prescription for clonazepam to Patient C on or about August 2, 2021,  
18 when Respondent's last review of Patient C's prescription history in the CURES  
19 database was on or about November 14, 2019;

20           G. Issuing a prescription for clonazepam to Patient C on or about October 7, 2021,  
21 when Respondent's last review of Patient C's prescription history in the CURES  
22 database was on or about November 14, 2019;

23           H. Issuing a prescription for clonazepam to Patient C on or about December 7,  
24 2021, when Respondent's last review of Patient C's prescription history in the  
25 CURES database was on or about November 14, 2019;

26           I. Issuing a prescription for clonazepam to Patient C on or about January 13,  
27 2022, when Respondent's last review of Patient C's prescription history in the  
28 CURES database was on or about November 14, 2019;

1 J. Issuing a prescription for clonazepam to Patient C on or about March 10, 2022,  
2 when Respondent's last review of Patient C's prescription history in the CURES  
3 database was on or about November 14, 2019; and

4 K. Issuing a prescription for clonazepam to Patient C on or about March 4, 2021,  
5 when Respondent's last visit and/or assessment of Patient C was on or about July 31,  
6 2020.

7 **Patient D**

8 37. On or about June 4, 2020, Patient D, a then 46-year-old female, first sought treatment  
9 with Respondent. According to records, Patient D was diagnosed with major depressive disorder  
10 and anxiety with panic attacks. According to records, Patient D regularly received and filled  
11 prescriptions issued by Respondent for alprazolam.

12 38. From on or about June 4, 2020, through on or about June 3, 2022, according to  
13 records, Patient D had visits with, and was assessed by, Respondent on approximately eight (8)  
14 occasions, including, but not limited to: June 4, 2020; July 31, 2020; October 9, 2020; November  
15 20, 2020; January 7, 2021; February 25, 2021; April 22, 2021; and March 11, 2022.

16 39. From on or about June 4, 2020, through on or about June 3, 2022, according to  
17 records, Respondent did not consult the CURES database to review Patient D's patient activity  
18 report on any occasion.

19 40. From on or about July 12, 2020, through on or about April 18, 2022, according to the  
20 CURES database, Patient D filled prescriptions issued by Respondent for alprazolam (1 mg), as  
21 follows:

<b>Date Filled</b>	<b>Drug Name</b>	<b>Strength</b>	<b>Days Supply</b>	<b>Quantity</b>	<b>Pharmacy Rx No.</b>
7/12/2020	Alprazolam	1 mg	30	60	2072506
9/15/2020	Alprazolam	1 mg	30	60	2095197
10/9/2020	Alprazolam	1 mg	30	60	2103430
11/13/2020	Alprazolam	1 mg	30	60	2103430
12/13/2020	Alprazolam	1 mg	30	60	2095197

Date Filled	Drug Name	Strength	Days Supply	Quantity	Pharmacy Rx No.
1/11/2021	Alprazolam	1 mg	30	60	2103430
2/8/2021	Alprazolam	1 mg	30	60	2142675
3/1/2021	Alprazolam	1 mg	30	60	2148578
4/9/2021	Alprazolam	1 mg	30	60	2148578
5/3/2021	Alprazolam	1 mg	30	60	2148578
6/21/2021	Alprazolam	1 mg	30	60	2148578
7/29/2021	Alprazolam	1 mg	30	60	2199837
10/11/2021	Alprazolam	1 mg	30	60	2199837
3/11/2022	Alprazolam	1 mg	30	60	2283376
4/18/2022	Alprazolam	1 mg	30	60	2283376

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

- A. Paragraphs 37 through 40, above, are hereby incorporated by reference and realleged as if fully set forth herein;
- B. Issuing a prescription for alprazolam to Patient D on or about July 12, 2020, without reviewing Patient D's prescription history in the CURES database;
- C. Issuing a prescription for alprazolam to Patient D on or about September 15, 2020, without reviewing Patient D's prescription history in the CURES database;
- D. Issuing a prescription for alprazolam to Patient D on or about October 9, 2020, without reviewing Patient D's prescription history in the CURES database;
- E. Issuing a prescription for alprazolam to Patient D on or about February 8, 2021, without reviewing Patient D's prescription history in the CURES database;
- F. Issuing a prescription for alprazolam to Patient D on or about March 1, 2021, without reviewing Patient D's prescription history in the CURES database;

1 G. Issuing a prescription for alprazolam to Patient D on or about July 29, 2021,  
2 without reviewing Patient D's prescription history in the CURES database; and

3 H. Issuing a prescription for alprazolam to Patient D on or about March 11, 2022,  
4 without reviewing Patient D's prescription history in the CURES database.

5 **SECOND CAUSE FOR DISCIPLINE**

6 **(Violation of State Statutes Regulating Controlled Substances)**

7 42. Respondent has further subjected his Physician's and Surgeon's Certificate No.  
8 G 88320 to disciplinary action under sections 2227 and 2234, as defined by section 2238, of the  
9 Code, in that he violated state statutes regulating controlled substances, including, but not limited  
10 to, section 11165.4 of the Health and Safety Code, as more particularly alleged in paragraphs 18  
11 through 41, above, which are hereby incorporated by reference and realleged as if fully set forth  
12 herein.

13 **THIRD CAUSE FOR DISCIPLINE**

14 **(Violations of Provisions of the Medical Practice Act)**

15 43. Respondent has further subjected his Physician's and Surgeon's Certificate No.  
16 G 88320 to disciplinary action under sections 2227 and 2234, as defined by section 2234,  
17 subdivision (a), of the Code, in that he violated provisions of the Medical Practice Act, as more  
18 particularly alleged in paragraphs 18 through 42, above, which are hereby incorporated by  
19 reference and realleged as if fully set forth herein.

20 **PRAYER**

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

23 1. Revoking or suspending Physician's and Surgeon's Certificate No. G 88320, issued  
24 to Respondent Edward Harry Navakas, M.D.;

25 2. Revoking, suspending or denying approval of Respondent Edward Harry Navakas,  
26 M.D.'s authority to supervise physician assistants and advanced practice nurses;

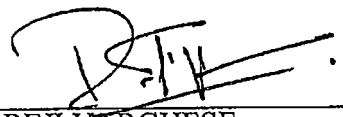
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- 3. Ordering Respondent Edward Harry Navakas, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and
- 4. Taking such other and further action as deemed necessary and proper.

DATED: SEP 28 2023



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

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