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

In the Matter of the Accusation Against:

John Bernard Edwards, M.D.

Physician's & Surgeon's Certificate No. G 38967

Respondent.

Case No. 800-2020-067376

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 April 26, 2024.

IT IS SO ORDERED: March 27, 2024.

MEDICAL BOARD OF CALIFORNIA

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

11			
1	ROB BONTA		
2	Attorney General of California STEVE DIEHL		
3	Supervising Deputy Attorney General MARIANNE A. PANSA		
4	Deputy Attorney General State Bar No. 270928		
5	California Department of Justice 2550 Mariposa Mall, Room 5090		
6	Fresno, CA 93721 Telephone: (559) 705-2329		
7	Facsimile: (559) 445-5106 Attorneys for Complainant		
8	Auorneys for Compidinani		
li	BEFORE THE		
9	MEDICAL BOARD OF CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS		
10	STATE OF CALIFORNIA		
11			
12	In the Matter of the Accusation Against:	Case No. 800-2020-067376	
13	JOHN BERNARD EDWARDS, M.D. 1840 Shaw Ave. #105-2A	OAH No. 2023060158	
14	Clovis, CA 93611	STIPULATED SETTLEMENT AND	
15	Physician's and Surgeon's Certificate No. G 38967	DISCIPLINARY ORDER	
16	Respondent.		
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18			
19	IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-		
20	entitled proceedings that the following matters are true:		
21	<u>PARTIES</u>		
22	1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of		
23	California (Board). He brought this action solely in his official capacity and is represented in this		
24	matter by Rob Bonta, Attorney General of the State of California, by Marianne A. Pansa, Deputy		
25	Attorney General.		
26	2. Respondent John Bernard Edwards, M.D. (Respondent) is represented in this		
27	proceeding by attorney Michael F. Ball, whose address is: 7647 North Fresno Street, Fresno, CA		
28	93720-8912.		
		1	

(JOHN BERNARD EDWARDS, M.D.) STIPULATED SETTLEMENT (800-2020-067376)

3. On or about April 19, 1979, the Board issued Physician's and Surgeon's Certificate No. G 38967 to John Bernard Edwards, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2020-067376, and will expire on September 30, 2024, unless renewed.

JURISDICTION

- 4. Accusation No. 800-2020-067376 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on May 5, 2023. Respondent timely filed his Notice of Defense contesting the Accusation.
- 5. A copy of Accusation No. 800-2020-067376 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

- 6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2020-067376. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.
- 7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.
- 8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2020-067376, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

- 10. Respondent does not contest that, at an administrative hearing, complainant could establish a prima facie case with respect to the charges and allegations in Accusation No. 800-2020-067376, a true and correct copy of which is attached hereto as Exhibit A, he gives up his right to contest those charges, and has thereby subjected his Physician's and Surgeon's Certificate, No. G 38967 to disciplinary action.
- 11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

CONTINGENCY

- 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 or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.
- 13. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.
- 14. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or opportunity to be heard by the Respondent, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

 PUBLIC REPRIMAND. IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 38967 issued to Respondent JOHN BERNARD EDWARDS, M.D.

shall be and is hereby Publicly Reprimanded pursuant to California Business and Professions Code section 2227, subdivision (a), subsection (4). This Public Reprimand, which is issued in connection with Respondent's care and treatment of three patients, as set forth in Accusation No. 800-2020-067376, is as follows:

- a) Respondent failed to conduct more frequent urine tests after an aberrant urine test, failed to obtain informed consent, and failed to obtain signed treatment agreements while prescribing Schedule II controlled substances to Patient A;
- b) Respondent failed to perform urine tests, failed to keep copies of prescriptions, and failed to maintain Controlled Substance Utilization Review and Evaluation System (CURES) data searches in the medical record while prescribing Schedule II controlled substances to Patient B; and
- c) Respondent failed to perform any urine tests and failed to maintain CURES data searches in the medical record while prescribing Schedule II controlled substances to Patient C.
- 2. 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.

3. 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.

4. <u>INVESTIGATION/ENFORCEMENT COST RECOVERY</u>. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement, including, but not limited to, expert review, amended accusations, legal reviews, investigation(s), and subpoena enforcement, as applicable, in the amount of \$22,500.00 (twenty-two thousand five hundred dollars and zero 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

ENDORSEMENT The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California. DATED: January 24, 2024 Respectfully submitted, ROB BONTA Attorney General of California STEVE DIEHL Supervising Deputy Attorney General MARIANNE A. PANSA Deputy Attorney General Attorneys for Complainant

1	Rob Bonta		
· 2	Attorney General of California STEVE DIEHL		
3	Supervising Deputy Attorney General MARIANNE A. PANSA		
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9	BEFORE THE MEDICAL BOARD OF CALIFORNIA		
10	DEPARTMENT OF CONSUMER AFFAIRS STATE OF CALIFORNIA		
11	STATE OF CALIFORNIA		
12	In the Matter of the Accusation Against: Case No. 800-2020-067376		
13	John Bernard Edwards, M.D. ACCUSATION		
14	1840 Shaw Ave. #105-2A Clovis, CA 93611		
15	Physician's and Surgeon's Certificate No. G 38967,		
16 17	Respondent.		
18			
19	PARTIES		
20	1. Reji Varghese (Complainant) brings this Accusation solely in his official capacity as		
21	the Interim Executive Director of the Medical Board of California, Department of Consumer		
22	Affairs (Board).		
23	2. On or about April 19, 1979, the Medical Board issued Physician's and Surgeon's		
24	Certificate Number G 38967 to John Bernard Edwards, M.D. (Respondent). The Physician's and		
25	Surgeon's Certificate was in full force and effect at all times relevant to the charges brought		
26	herein and will expire on September 30, 2024, unless renewed.		
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	(JOHN BERNARD EDWARDS, M.D.) ACCUSATION NO. 800-2020-067376		

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

COST RECOVERY

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

FIRST CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

8. Respondent John Bernard Edwards, M.D. has subjected his Physician's and Surgeon's Certificate Number G 38967 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 Patients A, B, and C, as more particularly alleged herein:

Patient A

9. Patient A, a 44-year-old female, was initially evaluated by Respondent on or about October 1, 2007, for work-related injuries.² Respondent diagnosed Patient A with plantar fasciitis³ in her right foot, and subsequently diagnosed her with plantar fasciitis in her left foot.

¹ To protect the privacy of the patients involved, the patients' names have not been included in this pleading. Respondent is aware of the identity of the patients referred to herein.

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

³ Plantar fasciitis is an irritation and inflammation of the thick tissue called the plantar fascia on the bottom of the foot. This tissue connects the heal bone to the toes, creating the arch in the foot. Plantar fasciitis occurs when this thick band of tissue is overstretched and overused.

At this visit, Respondent began prescribing Norco⁴ six to seven times a day⁵ and Naprosyn⁶ 500 mg twice a day.

- 10. Over the next several years, Respondent continued to treat Patient A for plantar fascilitis, and prescribed numerous controlled substances to Patient A at various times and in varying doses, including Kadian⁷ (extended release morphine), MS Contin, ⁸ Norco, OxyContin, and oxycodone⁹ on a monthly basis.
- 11. By September 2010, Patient A was taking 60 mg of Kadian twice a day and oxycodone as needed, which continued into 2012. Patient A had three documented visits in 2011 and two "no shows" in 2011; four documented visits in 2012; three documented visits in 2013; one documented visit in 2014; and one documented visit in 2015.

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⁴ Norco® is the brand name for acetaminophen and hydrocodone bitartrate, which is a combination of two medicines used to treat moderate to severe pain. Hydrocodone is an opioid pain medication, commonly referred to as a narcotic. Acetaminophen is a less potent pain reliever that increases the effects of hydrocodone. Hydrocodone has a high potential for abuse. Hydrocodone is a Schedule II controlled substance and narcotic as defined by section 11055, subdivision (b)(1) of the Health and Safety Code.

⁵ The exact dosage of the medication is unclear from the records provided.

⁶ Naprosyn® is the brand name used for Naproxen, a nonsteroidal anti-inflammatory drug, used to relieve pain and treat inflammation, redness, and soreness.

⁷ Kadian® is an opioid agonist (extended release morphine) and is used to help relieve ongoing pain. It is a Schedule II controlled substance. Kadian exposes users to risks of addiction, abuse, and misuse, which can lead to overdose and death.

⁸ MS Contin® (morphine sulfate), an opioid analgesic, is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (e), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for the management of pain that is severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate.

⁹ OxyContin® and oxycodone (Percocet®) are the same drug; the main difference is that OxyContin is a long-acting version of oxycodone. It is a pure agonist opioid whose principal therapeutic action is to relieve pain. Other therapeutic effects of oxycodone include anxiolysis (a level of sedation in which a person is very relaxed and may be awake), euphoria, and feelings of relaxation. Oxycodone is a Schedule II controlled substance and narcotic as defined by section 11055, subdivision (b)(1) of the Health and Safety Code and a dangerous drug as defined in Business and Professions Code section 4022.

- 12. By 2016, Respondent had increased Patient A's prescription for oxycodone and replaced the Kadian with MS Contin. On or about February 25, 2016, Respondent prescribed 90 mg of MS Contin twice a day, 15 mg of oxycodone four to six times a day, and 500 mg Naprosyn twice a day.
- 13. On or about March 15, 2016, an aberrant urine test was documented detecting methadone¹⁰ in Patient A's urine, which was not among the drugs being prescribed to her. Patient A advised Respondent that she had taken aspirin from her husband's medication bottle which included pain medication.
- 14. Respondent saw Patient A on or about June 23, August 23, and November 4, 2016, when he continued to prescribe 90 mg of MS Contin twice a day, 15 mg of oxycodone four to six times a day, and discontinued the Naprosyn. No additional urine tests were conducted in 2016 or 2017.
- 15. Respondent continued seeing Patient A approximately every two months through 2017 and 2018, continuing Patient A's prescriptions for 90 mg MS Contin twice a day, and 15 mg of oxycodone four to six times a day.
- 16. On or about October 20, 2018, a urine drug study showed hydrocodone in Patient A's urine, which was not among the drugs being prescribed to her. Patient A admitted to taking her husband's pills. Respondent did not change his controlled substance prescriptions for Patient A on this date, although Patient A was warned that taking hydrocodone without a prescription was "not OK."
- 17. Respondent continued to see Patient A approximately every two months, until her last visit on or about December 16, 2021. During that time period, Respondent continued prescribing 90 mg of MS Contin twice a day and 15 mg of oxycodone four to six times a day, monthly.
- 18. Respondent did not record any additional urine drug screenings for Patient A between the 2018 positive test and this final visit.

¹⁰ Methadone is an opioid medication that has a high potential for abuse. It is a Schedule II controlled substance as defined by section 11055 of the Health and Safety Code and a dangerous drug as defined in Business and Professions Code section 4022. Methadone is used as a pain reliever and as part of drug addiction detoxification and maintenance programs.

19. Respondent's failure to perform more frequent urine testing on Patient A is a simple departure from the standard of care and constitutes negligence.

20. There were no informed consent or treatment agreements concerning Patient A's long-term use of controlled substances found in the medical record, which is a simple departure from the standard of care and constitutes negligence.

Patient B

- 21. On or about April 10, 2017, Respondent began treating Patient B, a 77-year-old male with degenerative joint disease in the left and right hip, with right hip surgery planned, and renal issues, which prevented the prescription of nonsteroidal anti-inflammatory medications (NSAID).¹¹
- 22. Between on or about October 13, 2017, and August 31, 2020, Respondent prescribed 120 7.5-325 mg tablets of hydrocodone every four to six weeks, and 30 10 mg tablets of Ambien¹² to Patient B every seven to eight weeks. Patient B visited Respondent two to three times per year during this period. Patient B's last office visit was on or about February 4, 2021.
- 23. Respondent did not perform any urine studies and did not have copies of prescriptions, or the results of CURES¹³ data searches in Patient B's medical record. All these deficiencies combined represent a simple departure from the standard of care and constitutes negligence.

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¹¹ NSAID are members of a therapeutic drug class which reduces pain, decreases inflammation, decreases fever, and prevents blood clots.

¹² Ambien® is the brand name for zolpidem tartrate, a centrally acting hypnotic-sedative. It is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for the short-term treatment of insomnia characterized by difficulties with sleep initiation.

¹³ Controlled Substance Utilization Review and Evaluation System 2.0 (CURES) is a database of Schedule II, III, and IV controlled substance prescriptions dispensed in California serving the public health, regulatory and oversight agencies and law enforcement. CURES 2.0 is committed to the reduction of prescription drug abuse and diversion without affecting legitimate medical practice or patient care.

Patient C

- 24. Patient C, a 45-year-old female, was treated by Respondent from March 2014 until January 2021, for complex regional pain syndrome ¹⁴ in her right foot, chronic sleep disorder, adult acne, and acid reflux.
- 25. Patient C was being prescribed hydrocodone at the time of her initial office visit on or about March 31, 2014. Respondent continued prescribing 7.5-325 mg of hydrocodone six times per day.
- 26. On or about October 25, 2017, Respondent added 30 10 mg tablets of Ambien (and/or generics or trial-basis alternatives) to Patient C's existing hydrocodone prescription. Respondent continued prescribing 30 10 mg tablets of Ambien every four to six weeks until on or about September 12, 2020.
- 27. On or about March 5, 2018, Respondent increased Patient C's hydrocodone prescription from 7.5-325 mg of hydrocodone six times per day, to 10-3.25 mg six times a day until on or about September 1, 2020.
- 28. The only documented review of CURES data searches in Patient C's medical record were made on or about July 12, 2016 and December 30, 2016. There were no other results of CURES data searches in Patient C's medical record.
 - 29. There is no record of Respondent performing urine studies on Patient C.
- 30. Respondent's failure to perform any urine studies, coupled with the limited number of CURES data search results in Patient C's medical record, is a simple departure from the standard of care and constitutes negligence.

SECOND CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

31. Respondent John Bernard Edwards, M.D. has further subjected his Physician's and Surgeon's Certificate Number G 38967 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

¹⁴ Complex regional pain syndrome (CPRS) is a form of chronic pain that usually affects an arm or a leg. CPRS typically develops after an injury, a surgery, a stroke or a heart attack.