

**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**

1 ROB BONTA
Attorney General of California
2 STEVE DIEHL
Supervising Deputy Attorney General
3 MARIANNE A. PANSA
Deputy Attorney General
4 State Bar No. 270928
California Department of Justice
5 2550 Mariposa Mall, Room 5090
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6 Telephone: (559) 705-2329
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7 *Attorneys for Complainant*

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

12 In the Matter of the Accusation Against:

13 **JOHN BERNARD EDWARDS, M.D.**
14 **1840 Shaw Ave. #105-2A**
Clovis, CA 93611

15 **Physician's and Surgeon's Certificate No.**
16 **G 38967**

17 Respondent.

Case No. 800-2020-067376

OAH No. 2023060158

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

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 **PARTIES**

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

5 a) Respondent failed to conduct more frequent urine tests after an aberrant urine test, failed
6 to obtain informed consent, and failed to obtain signed treatment agreements while prescribing
7 Schedule II controlled substances to Patient A;

8 b) Respondent failed to perform urine tests, failed to keep copies of prescriptions, and failed
9 to maintain Controlled Substance Utilization Review and Evaluation System (CURES) data
10 searches in the medical record while prescribing Schedule II controlled substances to Patient B;
11 and

12 c) Respondent failed to perform any urine tests and failed to maintain CURES data searches
13 in the medical record while prescribing Schedule II controlled substances to Patient C.

14 2. **PRESCRIBING PRACTICES COURSE.** Within 60 calendar days of the effective
15 date of this Decision, Respondent shall enroll in a course in prescribing practices approved in
16 advance by the Board or its designee. Respondent shall provide the approved course provider
17 with any information and documents that the approved course provider may deem pertinent.
18 Respondent shall participate in and successfully complete the classroom component of the course
19 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
20 complete any other component of the course within one (1) year of enrollment. The prescribing
21 practices course shall be at Respondent's expense and shall be in addition to the Continuing
22 Medical Education (CME) requirements for renewal of licensure.

23 A prescribing practices course taken after the acts that gave rise to the charges in the
24 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
25 or its designee, be accepted towards the fulfillment of this condition if the course would have
26 been approved by the Board or its designee had the course been taken after the effective date of
27 this Decision.

28 Respondent shall submit a certification of successful completion to the Board or its

1 designee not later than 15 calendar days after successfully completing the course, or not later than
2 15 calendar days after the effective date of the Decision, whichever is later.

3 3. **MEDICAL RECORD KEEPING COURSE.** Within 60 calendar days of the
4 effective date of this Decision, Respondent shall enroll in a course in medical record keeping
5 approved in advance by the Board or its designee. Respondent shall provide the approved course
6 provider with any information and documents that the approved course provider may deem
7 pertinent. Respondent shall participate in and successfully complete the classroom component of
8 the course not later than six (6) months after Respondent's initial enrollment. Respondent shall
9 successfully complete any other component of the course within one (1) year of enrollment. The
10 medical record keeping course shall be at Respondent's expense and shall be in addition to the
11 Continuing Medical Education (CME) requirements for renewal of licensure.

12 A medical record keeping course taken after the acts that gave rise to the charges in the
13 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
14 or its designee, be accepted towards the fulfillment of this condition if the course would have
15 been approved by the Board or its designee had the course been taken after the effective date of
16 this Decision.

17 Respondent shall submit a certification of successful completion to the Board or its
18 designee not later than 15 calendar days after successfully completing the course, or not later than
19 15 calendar days after the effective date of the Decision, whichever is later.

20 4. **INVESTIGATION/ENFORCEMENT COST RECOVERY.** Respondent is
21 hereby ordered to reimburse the Board its costs of investigation and enforcement, including, but
22 not limited to, expert review, amended accusations, legal reviews, investigation(s), and subpoena
23 enforcement, as applicable, in the amount of \$22,500.00 (twenty-two thousand five hundred
24 dollars and zero cents). Costs shall be payable to the Medical Board of California. Failure to pay
25 such costs shall be considered a violation of probation.

26 Payment must be made in full within 30 calendar days of the effective date of the Order, or
27 by a payment plan approved by the Medical Board of California. Any and all requests for a
28 payment plan shall be submitted in writing by respondent to the Board. Failure to comply with

1 the payment plan shall be considered a violation of probation.

2 The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to
3 repay investigation and enforcement costs, including expert review costs (if applicable).

4 5. **FUTURE ADMISSIONS CLAUSE**

5 If Respondent should ever apply or reapply for a new license or certification, or petition for
6 reinstatement of a license, by any other health care licensing action agency in the State of
7 California, all of the charges and allegations contained in Accusation No. 800-2020-067376 shall
8 be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of
9 Issues or any other proceeding seeking to deny or restrict license.

10 6. **ENFORCEMENT**

11 Failure to timely complete the courses outlined above shall constitute unprofessional
12 conduct and is grounds for further disciplinary action.

13 **ACCEPTANCE**

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


19
20 DATED: January 23, 2024



21 _____
JOHN BERNARD EDWARDS, M.D.
Respondent

22 I have read and fully discussed with Respondent John Bernard Edwards, M.D. the terms
23 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary
24 Order. I approve its form and content.

25
26 DATED: January 23, 2024



27 _____
MICHAEL F. BALL
Attorney for Respondent

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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
Attorney General of California
2 STEVE DIEHL
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11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 800-2020-067376

13 **John Bernard Edwards, M.D.**
14 **1840 Shaw Ave. #105-2A**
Clovis, CA 93611

ACCUSATION

15 **Physician's and Surgeon's Certificate**
16 **No. G 38967,**

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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1 JURISDICTION

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

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

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

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

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

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

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

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

21 ...

22 STATUTORY PROVISIONS

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

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

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

...

(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 At this visit, Respondent began prescribing Norco⁴ six to seven times a day⁵ and Naprosyn⁶
2 500 mg twice a day.

3 10. Over the next several years, Respondent continued to treat Patient A for plantar
4 fasciitis, and prescribed numerous controlled substances to Patient A at various times and in
5 varying doses, including Kadian⁷(extended release morphine), MS Contin,⁸ Norco, OxyContin,
6 and oxycodone⁹ on a monthly basis.

7 11. By September 2010, Patient A was taking 60 mg of Kadian twice a day and
8 oxycodone as needed, which continued into 2012. Patient A had three documented visits in 2011
9 and two "no shows" in 2011; four documented visits in 2012; three documented visits in 2013;
10 one documented visit in 2014; and one documented visit in 2015.

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13 ⁴ Norco® is the brand name for acetaminophen and hydrocodone bitartrate, which is a
14 combination of two medicines used to treat moderate to severe pain. Hydrocodone is an opioid
15 pain medication, commonly referred to as a narcotic. Acetaminophen is a less potent pain
16 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.

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

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

19 ⁷ Kadian® is an opioid agonist (extended release morphine) and is used to help relieve
20 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.

21 ⁸ MS Contin® (morphine sulfate), an opioid analgesic, is a Schedule II controlled
22 substance pursuant to Health and Safety Code section 11055, subdivision (e), and a dangerous
23 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.

24 ⁹ OxyContin® and oxycodone (Percocet®) are the same drug; the main difference is that
25 OxyContin is a long-acting version of oxycodone. It is a pure agonist opioid whose principal
26 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
27 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.

28

1 12. By 2016, Respondent had increased Patient A's prescription for oxycodone and
2 replaced the Kadian with MS Contin. On or about February 25, 2016, Respondent prescribed 90
3 mg of MS Contin twice a day, 15 mg of oxycodone four to six times a day, and 500 mg Naprosyn
4 twice a day.

5 13. On or about March 15, 2016, an aberrant urine test was documented detecting
6 methadone¹⁰ in Patient A's urine, which was not among the drugs being prescribed to her.
7 Patient A advised Respondent that she had taken aspirin from her husband's medication bottle
8 which included pain medication.

9 14. Respondent saw Patient A on or about June 23, August 23, and November 4, 2016,
10 when he continued to prescribe 90 mg of MS Contin twice a day, 15 mg of oxycodone four to six
11 times a day, and discontinued the Naprosyn. No additional urine tests were conducted in 2016 or
12 2017.

13 15. Respondent continued seeing Patient A approximately every two months through
14 2017 and 2018, continuing Patient A's prescriptions for 90 mg MS Contin twice a day, and 15 mg
15 of oxycodone four to six times a day.

16 16. On or about October 20, 2018, a urine drug study showed hydrocodone in Patient A's
17 urine, which was not among the drugs being prescribed to her. Patient A admitted to taking her
18 husband's pills. Respondent did not change his controlled substance prescriptions for Patient A
19 on this date, although Patient A was warned that taking hydrocodone without a prescription was
20 "not OK."

21 17. Respondent continued to see Patient A approximately every two months, until her last
22 visit on or about December 16, 2021. During that time period, Respondent continued prescribing
23 90 mg of MS Contin twice a day and 15 mg of oxycodone four to six times a day, monthly.

24 18. Respondent did not record any additional urine drug screenings for Patient A between
25 the 2018 positive test and this final visit.

26 _____
27 ¹⁰ Methadone is an opioid medication that has a high potential for abuse. It is a Schedule
28 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.

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

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

6 **Patient B**

7 21. On or about April 10, 2017, Respondent began treating Patient B, a 77-year-old male
8 with degenerative joint disease in the left and right hip, with right hip surgery planned, and renal
9 issues, which prevented the prescription of nonsteroidal anti-inflammatory medications
10 (NSAID).¹¹

11 22. Between on or about October 13, 2017, and August 31, 2020, Respondent prescribed
12 120 7.5-325 mg tablets of hydrocodone every four to six weeks, and 30 10 mg tablets of
13 Ambien¹² to Patient B every seven to eight weeks. Patient B visited Respondent two to three
14 times per year during this period. Patient B's last office visit was on or about February 4, 2021.

15 23. Respondent did not perform any urine studies and did not have copies of
16 prescriptions, or the results of CURES¹³ data searches in Patient B's medical record. All these
17 deficiencies combined represent a simple departure from the standard of care and constitutes
18 negligence.

19 ///

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

22 ¹² Ambien® is the brand name for zolpidem tartrate, a centrally acting hypnotic-sedative.
23 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.
24 When properly prescribed and indicated, it is used for the short-term treatment of insomnia
characterized by difficulties with sleep initiation.

25 ¹³ Controlled Substance Utilization Review and Evaluation System 2.0 (CURES) is a
26 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
27 committed to the reduction of prescription drug abuse and diversion without affecting legitimate
medical practice or patient care.

1 records for Patient A. The circumstances giving rise to this cause of discipline are set forth in
2 paragraphs 9 through 20 above, which are incorporated herein by reference as if fully set forth
3 herein. Additional circumstances are as follows:

4 32. There were no informed consent or treatment agreements concerning Patient A's
5 long-term use of controlled substances, or the results of CURES data searches found in Patient
6 A's medical record.

7 PRAYER

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

- 10 1. Revoking or suspending Physician's and Surgeon's Certificate Number G 38967,
11 issued to John Bernard Edwards, M.D.;
- 12 2. Revoking, suspending or denying approval of John Bernard Edwards, M.D.'s
13 authority to supervise physician assistants and advanced practice nurses;
- 14 3. Ordering John Bernard Edwards, M.D., to pay the Board the costs of the investigation
15 and enforcement of this case, and if placed on probation, the costs of probation monitoring; and
- 16 4. Taking such other and further action as deemed necessary and proper.

17
18 DATED: MAY 05 2023

JENNA JONES FOR
REJI VARGHESE
Interim Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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