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

In the Matter of the Accusation Against: Steven Patrick Gorman, M.D. Physician's and Surgeon's Certificate No. G 83973 Respondent.	Case No.: 800-2021-074575

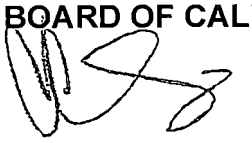
DECISION

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 May 31, 2024.

IT IS SO ORDERED: May 01, 2024.

MEDICAL BOARD OF CALIFORNIA



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

ROB BONTA
Attorney General of California
EDWARD KIM
Supervising Deputy Attorney General
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BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **STEVEN PATRICK GORMAN, M.D.** **44700 Village Court, Suite 100** **Palm Desert, CA 92260-3808** **Physician's and Surgeon's Certificate No. G 83973,** Respondent.	Case No. 800-2021-074575 OAH No. 2023110879 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, by Christine Friar Walton, Deputy Attorney General.

2. Respondent Steven Patrick Gorman, M.D. (Respondent) is represented in this proceeding by attorney Robert Keith Weinberg, located at 19200 Von Karman Avenue, Suite 380, Irvine, California 92612-8508.

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3. On July 10, 1997, the Board issued Physician's and Surgeon's Certificate No. G 83973 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2021-074575, and will expire on April 30, 2025, unless renewed.

JURISDICTION

4. On August 4, 2023, Accusation No. 800-2021-074575 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 August 4, 2023. Respondent timely filed his Notice of Defense contesting the Accusation. A true and correct copy of Accusation No. 800-2021-074575 is attached as Exhibit A and incorporated by reference as if fully set forth herein.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2021-074575. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

6. 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.

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

CULPABILITY

8. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2021-074575, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

9. Except as to the allegations contained in paragraphs 81, 83, 85, 90, and 94 of

Accusation No. 800-2020-066089, Respondent does not contest that, at an administrative hearing, Complainant could establish a *prima facie* case with respect to the charges and allegations contained in Accusation No. 800-2020-066089 and that he has thereby subjected his license to disciplinary action. Respondent hereby gives up his right to contest those charges and allegations.

10. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

CONTINGENCY

11. 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.

12. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in Accusation No. 800-2021-074575 shall be deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

13. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to be an integrated writing representing the complete, final and exclusive embodiment of the agreement of the parties in this above-entitled matter.

14. 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.

15. 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

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 83973 issued to Respondent Steven Patrick Gorman, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for five (5) years on the following terms and conditions:

1. CONTROLLED SUBSTANCES - PARTIAL RESTRICTION. Respondent shall not order, prescribe, dispense, administer, furnish, or possess any Schedule II or Schedule III controlled substances as defined by the California Uniform Controlled Substances Act until Respondent has successfully satisfied both Condition No. 4 (Prescribing Practices Course) and Condition No. 6 (Clinical Competence Assessment Program) of his probation as set forth herein, and has been so notified by the Board or its designee in writing of his successful satisfaction of each of Condition No. 4 (Prescribing Practices Course) and Condition No. 6 (Clinical Competence Assessment Program).

Respondent shall not issue an oral or written recommendation or approval to a patient or a patient's primary caregiver for the possession or cultivation of marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5. If Respondent forms the medical opinion, after an appropriate prior examination and medical indication, that a patient's medical condition may benefit from the use of marijuana, Respondent shall so inform the patient and shall refer the patient to another physician who, following an appropriate prior examination and medical indication, may independently issue a medically appropriate recommendation or approval for the possession or cultivation of marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5. In addition, Respondent shall inform the patient or the patient's primary caregiver that Respondent is prohibited from issuing a recommendation or approval for the possession or

cultivation of marijuana for the personal medical purposes of the patient and that the patient or the patient's primary caregiver may not rely on Respondent's statements to legally possess or cultivate marijuana for the personal medical purposes of the patient. Respondent shall fully document in the patient's chart that the patient or the patient's primary caregiver was so informed. Nothing in this condition prohibits Respondent from providing the patient or the patient's primary caregiver information about the possible medical benefits resulting from the use of marijuana.

2. CONTROLLED SUBSTANCES - MAINTAIN RECORDS AND ACCESS TO RECORDS AND INVENTORIES. Respondent shall maintain a record of all controlled substances ordered, prescribed, dispensed, administered, or possessed by Respondent, and any recommendation or approval which enables a patient or patient's primary caregiver to possess or cultivate marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5, during probation, showing all of the following: 1) the name and address of the patient; 2) the date; 3) the character and quantity of controlled substances involved; and 4) the indications and diagnosis for which the controlled substances were furnished.

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

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

hours of CME of which 40 hours were in satisfaction of this condition.

4. 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.

5. 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.

6. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment program approved in advance by the Board or its designee. Respondent shall successfully complete the program not later than six (6) months after Respondent's initial enrollment unless the Board or its designee agrees in writing to an extension of that time.

The program shall consist of a comprehensive assessment of Respondent's physical and mental health and the six general domains of clinical competence as defined by the Accreditation Council on Graduate Medical Education and American Board of Medical Specialties pertaining to Respondent's current or intended area of practice. The program shall take into account data obtained from the pre-assessment, self-report forms and interview, and the Decision(s), Accusation(s), and any other information that the Board or its designee deems relevant. The program shall require Respondent's on-site participation for a minimum of three (3) and no more than five (5) days as determined by the program for the assessment and clinical education evaluation. Respondent shall pay all expenses associated with the clinical competence assessment program.

At the end of the evaluation, the program will submit a report to the Board or its designee which unequivocally states whether the Respondent has demonstrated the ability to practice safely and independently. Based on Respondent's performance on the clinical competence assessment, the program will advise the Board or its designee of its recommendation(s) for the scope and length of any additional educational or clinical training, evaluation or treatment for any medical condition or psychological condition, or anything else affecting Respondent's practice of

medicine. Respondent shall comply with the program's recommendations.

Determination as to whether Respondent successfully completed the clinical competence assessment program is solely within the program's jurisdiction.

If Respondent fails to enroll, participate in, or successfully complete the clinical competence assessment program within the designated time period, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. The Respondent shall not resume the practice of medicine until enrollment or participation in the outstanding portions of the clinical competence assessment program have been completed. If the Respondent did not successfully complete the clinical competence assessment program, the Respondent shall not resume the practice of medicine until a final decision has been rendered on the accusation and/or a petition to revoke probation. The cessation of practice shall not apply to the reduction of the probationary time period.

7. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for prior approval as a practice monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose licenses are valid and in good standing, and who are preferably American Board of Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or personal relationship with Respondent, or other relationship that could reasonably be expected to compromise the ability of the monitor to render fair and unbiased reports to the Board, including but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

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

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

If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective date of this Decision, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall cease the practice of medicine until a monitor is approved to provide monitoring responsibility.

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

If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of such resignation or unavailability, submit to the Board or its designee, for prior approval, the name and qualifications of a replacement monitor who will be assuming that responsibility within 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall cease the practice of medicine until a replacement monitor is approved and assumes monitoring responsibility.

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

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

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

9. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE NURSES. During probation, Respondent is prohibited from supervising physician assistants and advanced practice nurses.

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

11. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement in the amount of $31,396.00 (Thirty-one thousand three hundred ninety-six 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 the payment plan shall be considered a violation of probation.

The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility to repay investigation and enforcement costs.

12. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Board, stating whether there has been

compliance with all the conditions of probation.

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

13. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

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

Place of Practice

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

License Renewal

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

Travel or Residence Outside California

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

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

14. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be available in person upon request for interviews either at Respondent's place of business or at the

probation unit office, with or without prior notice throughout the term of probation.

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

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

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

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

Periods of non-practice for a Respondent residing outside of California will relieve Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or Controlled Substances; and Biological Fluid Testing.

16. COMPLETION OF PROBATION. Respondent shall comply with all financial

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

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

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

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

20. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for

a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2021-074575 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

ACCEPTANCE

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

DATED: March 5, 2024

STEVEN PATRICK GORMAN, M.D.
Respondent

I have read and fully discussed with Respondent Steven Patrick Gorman, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: March 5, 2024

ROBERT KEITH WEINBERG
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: March 5, 2024

Respectfully submitted,

ROB BONTA
Attorney General of California
EDWARD KIM
Supervising Deputy Attorney General

Christine Friar Walton
Digitally signed by Christine Friar Walton
Date: 2024.03.05 12:55:02 -08'00'

CHRISTINE FRIAR WALTON
Deputy Attorney General
Attorneys for Complainant

ROB BONTA
Attorney General of California
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Attorneys for Complainant

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

In the Matter of the Accusation Against: **STEVEN PATRICK GORMAN, M.D.** **44700 Village Court, Suite 100** **Palm Desert, CA 92260-3808** **Physician's and Surgeon's Certificate No. G 83973,** Respondent.	Case No. 800-2021-074575 **ACCUSATION**

PARTIES

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

2. On or about July 10, 1997, the Board issued Physician's and Surgeon's Certificate Number G 83973 to Steven Patrick Gorman, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on April 30, 2025, unless renewed.

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JURISDICTION

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

4. Section 2004 of the Code states:

> The board shall have the responsibility for the following:
>
> (a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.
>
> (b) The administration and hearing of disciplinary actions.
>
> (c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.
>
> (d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.
>
> (e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the board.
>
> (f) Approving undergraduate and graduate medical education programs.
>
> (g) Approving clinical clerkship and special programs and hospitals for the programs in subdivision (f).
>
> (h) Issuing licenses and certificates under the board's jurisdiction.
>
> (i) Administering the board's continuing medical education program.

5. Section 2220 of the Code states:

> Except as otherwise provided by law, the board may take action against all persons guilty of violating this chapter. The board shall enforce and administer this article as to physician and surgeon certificate holders, including those who hold certificates that do not permit them to practice medicine, such as, but not limited to, retired, inactive, or disabled status certificate holders, and the board shall have all the powers granted in this chapter for these purposes including, but not limited to:
>
> (a) Investigating complaints from the public, from other licensees, from health care facilities, or from the board that a physician and surgeon may be guilty of unprofessional conduct. The board shall investigate the circumstances underlying a report received pursuant to Section 805 or 805.01 within 30 days to determine if an interim suspension order or temporary restraining order should be issued. The board shall otherwise provide timely disposition of the reports received pursuant to Section 805 and Section 805.01.
>
> (b) Investigating the circumstances of practice of any physician and surgeon where there have been any judgments, settlements, or arbitration awards requiring the

physician and surgeon or his or her professional liability insurer to pay an amount in damages in excess of a cumulative total of thirty thousand dollars ($30,000) with respect to any claim that injury or damage was proximately caused by the physician's and surgeon's error, negligence, or omission.

(c) Investigating the nature and causes of injuries from cases which shall be reported of a high number of judgments, settlements, or arbitration awards against a physician and surgeon.

6. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

7. Section 2228.1 of the Code provides, in pertinent part:

(a) On and after July 1, 2019, except as otherwise provided in subdivision (c), the board shall require a licensee to provide a separate disclosure that includes the licensee's probation status, the length of the probation, the probation end date, all practice restrictions placed on the licensee by the board, the board's telephone number, and an explanation of how the patient can find further information on the licensee's probation on the licensee's profile page on the board's online license information Internet Web site, to a patient or the patient's guardian or health care surrogate before the patient's first visit following the probationary order while the licensee is on probation pursuant to a probationary order made on and after July 1, 2019, in any of the following circumstances:

(1) A final adjudication by the board following an administrative hearing or admitted findings or prima facie showing in a stipulated settlement establishing any of the following:

...

(D) Inappropriate prescribing resulting in harm to patients and a probationary period of five years or more.

(2) An accusation or statement of issues alleged that the licensee committed any of the acts described in subparagraphs (A) to (D), inclusive, of paragraph (1), and a stipulated settlement based upon a nolo contendre or other similar compromise that does not include any prima facie showing or admission of guilt or fact but does include an express acknowledgment that the disclosure requirements of this section would serve to protect the public interest.

(b) A licensee required to provide a disclosure pursuant to subdivision (a) shall obtain from the patient, or the patient's guardian or health care surrogate, a separate, signed copy of that disclosure.

(c) A licensee shall not be required to provide a disclosure pursuant to subdivision (a) if any of the following applies:

(1) The patient is unconscious or otherwise unable to comprehend the disclosure and sign the copy of the disclosure pursuant to subdivision (b) and a guardian or health care surrogate is unavailable to comprehend the disclosure and

sign the copy.

(2) The visit occurs in an emergency room or an urgent care facility or the visit is unscheduled, including consultations in inpatient facilities.

(3) The licensee who will be treating the patient during the visit is not known to the patient until immediately prior to the start of the visit.

(4) The licensee does not have a direct treatment relationship with the patient.

....

STATUTORY PROVISIONS

8. Section 725 of the Code states:

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

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

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

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

9. Section 2234 of the Code, states:

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

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

(b) Gross negligence.

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

(1) An initial negligent diagnosis followed by an act or omission medically

appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

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

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10. 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

11. 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.

FACTUAL ALLEGATIONS

12. At all times referenced herein, Respondent operated a solo medical practice in La Quinta, California where he provided primary care to adult patients. Respondent specializes in internal medicine and works five days a week.

13. During the relevant time period, Respondent included the following paragraph at the top of his handwritten prescriptions to patients:

EFFECTIVE JULY 1, 2015

Due to federal regulations pertaining to the prescribing of Schedule II-V medications, ALL patients who require a prescription for any/all schedule II-V medications MUST be seen by [Respondent] at least every 6 months for "medication evaluation". It is the patient's responsibility to make and keep these appointments. As part of these same regulations, patients will be required to undergo random drug testing. Failure to keep appointments may result in no prescription and/or dismissal from the practice.

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Standard of Care

14. The standard of care for a primary care provider prescribing controlled substances for pain requires that a provider take a medical history and perform a physical examination of the patient, which includes: an assessment of the pain, physical and psychological function; a substance abuse history; history of prior pain treatment; an assessment of underlying or coexisting diseases or conditions; and documentation of the presence of a recognized medical indication for the use of a controlled substance.

15. The standard of care for a primary care provider prescribing controlled substances for pain further requires that a treatment plan be formulated for the patient. The treatment plan should state objectives by which the treatment plan can be evaluated, such as pain relief and/or improved physical and psychosocial function, and indicate if any further diagnostic evaluations or other treatments are planned. The physician and surgeon should tailor pharmacological therapy to the indicated medical needs of each patient. Multiple treatment modalities and/or a rehabilitative program may be necessary if the pain is complex or is associated with physical and psychosocial impairment.

16. The standard of care for a primary care provider prescribing controlled substances for pain requires that the provider discuss the risks and benefits of the use of controlled substances and other treatment modalities with the patient, caregiver or guardian.

17. The standard of care for a primary care provider prescribing controlled substances for pain further requires that the provider periodically review the course of pain treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of controlled substances for pain management therapy depends on the physician and surgeon's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician and surgeon should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities.

18. The standard of care for a primary care provider prescribing controlled substances for pain also provides that the provider should consider referring the patient as necessary for additional evaluation and treatment in order to achieve treatment objectives. Complex pain

problems may require consultation with a pain management specialist. In addition, physician and surgeons should give special attention to those pain patients who are at risk for misusing their medications, including those whose living arrangements pose a risk for medication misuse or diversion. The management of pain in patients with a history of substance abuse requires extra care, monitoring , documentation, and consultation with addiction medicine specialists, and may entail the use of agreements between the provider and the patient that specify the rules for medication use and consequences for misuse.

19. The standard of care for a primary care provider prescribing controlled substances for pain requires that the provider keep accurate and complete records, which include the medical history and physical examination, other evaluations and consultations, treatment plan objectives, informed consent, treatments, medications, rationale for changes in the treatment plan or medications, agreements with the patient, and periodic reviews of the treatment plan.

20. The standard of care for a primary care provider prescribing controlled substances for pain requires that the provider must be appropriately licensed in California, have a valid controlled substances registration and comply with federal and state regulations for issuing controlled substances prescriptions.

Patient 1[1]

21. Patient 1 first presented to Respondent in or about 2005.

22. Between 2017 and 2021, Respondent had numerous office visits with Patient 1 and acted as his primary care physician.

23. Between 2017 and 2021, Respondent regularly prescribed Patient 1 oxycodone (a Schedule II opiate) 20 mg, 6 times per day, and alprazolam (generic for Xanax, a Schedule IV benzodiazepine) 0.5 mg, 3 times a day.

24. According to Respondent, Patient 1 suffered from chronic neck pain, chronic abdominal pain due to significant abdominal surgery and chronic back pain with radicular

[1] The patients whose care and treatment are at-issue in this charging document are designated by number (e.g., "Patient 1") to address privacy concerns. The patients' identities are known to Respondent and will be further disclosed during discovery.

symptoms. Patient 1 also suffered from generalized anxiety and panic attacks.

25. According to Respondent's records for Patient 1, Respondent reviewed Patient 1's CURES[2] report once in June 2019.

26. Respondent's records for Patient 1 do not contain a clear treatment plan and objectives. Respondent's diagnoses for Patient 1 include neck pain, back pain, neuropathy, radiculopathy, insomnia, anxiety, panic attack, and major depression. Some of these diagnoses are symptoms, rather than diagnoses.

27. Respondent relied on Patient 1's self-reporting of symptoms. Patient 1 was seen approximately once per year (April 18, 2017, April 2, 2018, July 23, 2019, November 26, 2019, and April 26, 2021) even though Respondent had a written policy requiring visits every six (6) months. There is no documentation that Respondent considered long-acting pain medications instead of opiates for Patient 1.

28. Respondent prescribed Patient 1 alprazolam. It is unclear from Respondent's records for what diagnosis he prescribed long-term alprazolam to Patient 1 or why this medication would be used for any condition on a daily basis.

29. Respondent's records for Patient 1 do not reflect that urine toxicology tests were ever performed, despite Respondent's written policy of random testing.

30. Respondent's records for Patient 1 do not contain a pain agreement or contract between Respondent and Patient 1.

31. Respondent's records for Patient 1 do not indicate that Respondent ever discussed with Patient 1 the risks and benefits of the controlled substances Respondent prescribed him. On April 20, 2017, the records indicate a referral to Neurology for disequilibrium and falling. There was no acknowledgment in the record that these are potential side effects of the medication regimen Respondent prescribed to Patient 1.

32. Respondent's records for Patient 1 do not indicate that Respondent educated Patient 1 about the potential interactions between opioids and benzodiazepines. There is no mention of

[2] CURES, the Controlled Substance Utilization Review and Evaluation System, is a database of Schedule II through Schedule V controlled substance prescriptions dispensed in California.

Narcan (brand name for naloxone) in Respondent's records for Patient 1.

33. Respondent did not consult any other physicians or specialists regarding his care and treatment of Patient 1, nor did he refer Patient 1 to any specialists for his pain, back, neck, sleep, and psychiatric symptoms.

Patient 2

34. Patient 2 first presented to Respondent in or about 2001.

35. Between December 2016 and November 2021, Respondent had numerous office visits with Patient 2 and acted as his primary care physician.

36. Between 2019 and 2021, Respondent regularly prescribed Patient 2 oxycodone/acetaminophen (generic for Percocet, a Schedule II opiate), 60 mgs per day, and alprazolam, 0.5 mg per day.

37. Respondent's records for Patient 2 do not contain a clear treatment plan and objectives. Respondent's diagnoses for Patient 2 include neck pain, cervical spondylosis, polyneuropathy, osteoarthritis of multiple joints and insomnia. Some of these diagnoses are symptoms, rather than diagnoses.

38. There is no documentation that Respondent considered long-acting pain medications instead of opiates for Patient 2.

39. Respondent documented that at a March 2, 2017, visit, Patient 2 stated that he tried a friend's Percocet and that he liked it better than Vicodin (brand name for hydrocodone/acetaminophen, a Schedule II opiate). Respondent changed Patient 2's prescription to Percocet without any further action regarding Patient 2's disclosure that he took a controlled substance prescribed to someone else.

40. Respondent documented that at a February 28, 2020, visit, Patient 2 stated that he had quit drinking alcohol after a car accident that resulted in a hearing before the Department of Motor Vehicles and a pending court case. According to Respondent's records for Patient 2, this significant event did not result in any patient education or change in treatment plan. Respondent continued to prescribe controlled substances to Patient 2.

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41. According to Respondent's records, Respondent had been aware of Patient 2's problematic use of alcohol since December 17, 2018, when he documented that Patient 2 consumed five (5) drinks per night. Respondent diagnosed Patient 2 with alcohol abuse and recommended that he "cut down alcohol." Respondent again diagnosed Patient 2 with alcohol abuse at his April 26, 2019, and August 16, 2019, visits without further discussion or any change in controlled substances prescribing.

42. At Patient 2's July 14, 2021, visit, Respondent documented that Patient 2 "does note withdrawal type symptoms at times." There is no further explanation, nor any education or plan addressing Patient 2's withdrawal symptoms documented in the record. Respondent did note an instruction to decrease Patient 2's Percocet prescription from 6 pills to 4 pills per day, but Respondent did not make any changes to Patient 2's Percocet dosage in the eight (8) months following that visit.

43. At Patient 2's November 23, 2021, visit, Respondent documented that Patient 2 reported feeling "dizzy" and "unbalanced." Respondent diagnosed Patient 2 with vertigo. There is no discussion in the record about whether Patient 2's use of controlled substances could be contributing to his poor balance. There is also no follow up to Respondent's recommendation made at Patient 2's last visit on July 14, 2021, regarding decreasing Patient 2's Percocet dosage.

44. Respondent's records for Patient 2 do not reflect that urine toxicology tests were ever performed, despite Respondent's written policy of random testing.

45. Respondent and Patient 2 did not enter into a pain agreement or contract until March 25, 2022.

46. It is unclear from Respondent's records for what diagnosis he prescribed alprazolam to Patient 2 or why this medication would be used for any condition on an almost daily basis.

47. Respondent's records for Patient 2 do not indicate that Respondent ever discussed with Patient 2 the risks and benefits of the controlled substances he prescribed him.

48. Respondent's records for Patient 2 do not indicate that Respondent educated Patient 2 about the potential interactions between opioids and benzodiazepines. There is no mention of narcan in Respondent's records for Patient 2, until October 8, 2021, when Patient 2 filled a

prescription for narcan.

49. Respondent did not consult any other physicians or specialists regarding his care and treatment of Patient 2, nor did he refer Patient 2 to any specialists for his neck pain, back pain, knee pain, arthritis, sleep and alcohol problems. For example, Respondent did not make a podiatry referral for heel pain and neuropathy.

Patient 3

50. According to Respondent's records, Patient 3 first presented to Respondent on or about October 15, 2012. Between the time of Patient 3's initial presentation and September 12, 2016, the date of her last visit, Respondent had numerous office visits with Patient 3 and acted as her primary care physician.[3]

51. While under Respondent's care and treatment, Respondent routinely prescribed Patient 3 opiates for knee and ankle pain and Xanax for anxiety.

52. According to Respondent's Medication List for Patient 3 dated November 3, 2014, Patient 3's monthly prescriptions included: oxycodone/acetaminophen (generic for Percocet, a Schedule II opiate) 7.5/325, 4 times daily; and Xanax (brand name for alprazolam, a Schedule IV benzodiazepine), 1 mg, once nightly.

53. According to Respondent's prescription records, he increased Patient 3's prescription for Percocet from 120 pills per month (4 times daily) to 180 pills per month (6 times daily) on December 4, 2014, while also continuing to refill her monthly Xanax prescription.

54. On or about July 22, 2015, Patient 3 tested negative for benzodiazepines and opioids on a urine toxicology test. Respondent did not document addressing this result with Patient 3.

55. On or about August 20, 2015, Patient 3 tested positive on a urine toxicology test for a different kind of benzodiazepine and opioid than those prescribed by Respondent. Respondent did not document addressing this result with Patient 3 or otherwise.

56. According to Respondent's prescription records, on October 2, 2015, he increased Patient 3's Percocet dosage from 7.5/325, 6 times daily, to 10/325, 6 times daily, while also

[3] The care and treatment provided to Patient 3 prior to August 18, 2016, is described for historical purposes.

continuing to refill her monthly Xanax prescription.

57. According to Respondent's prescription records, on each of the following dates, Respondent prescribed Patient 3 180 pills of oxycodone/acetaminophen 10/325: August 18, 2016, October 13, 2016, November 15, 2016 and December 14, 2016.

58. Per CURES, between August and December 2016, Respondent also prescribed Patient 3 alprazolam 1 mg, 30 tablets, every month.

59. Respondent's records for Patient 3 do not contain a clear treatment plan and objectives. Respondent's diagnoses for Patient 3 include knee pain, ankle pain, heel pain, back pain, "DJD knees," plantar fasciitis, anxiety and depression. Many of these are symptoms, rather than diagnoses. Respondent's records contain no stated objectives for the use of controlled substances, nor the intended length of treatment.

60. Respondent relied on Patient 3's self-reporting of her pain. Respondent did not closely follow up after increasing her dosages to evaluate effectiveness, nor did he ever attempt to decrease her dosages. There is no documentation that Respondent considered long-acting pain medications instead of opiates for Patient 3.

61. Respondent prescribed Patient 3 alprazolam for anxiety. Respondent also documented that Patient 3 experienced poor sleep and depression. Respondent did not follow up about Patient 3's anxiety or the effectiveness of alprazolam. It is unclear from Respondent's records for what diagnosis he prescribed Patient 3 alprazolam or why this medication would be used for any condition on a daily basis.

62. Respondent's records for Patient 3 do not indicate that he ever discussed the risks and benefits of the controlled substances he prescribed her.

63. Respondent documented referring Patient 3 to specialists. For example, Respondent documented that at her September 12, 2016, visit he recommended her for "P.T/ortho/pain management" for back and knee pain. There is no documentation in Respondent's records as to why these consultations were not completed. Respondent continued to prescribe Patient 3 a daily benzodiazepine even though Patient 3 "deferred" psychiatric referral.

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Patient 4

64. Patient 4 first presented to Respondent on or about October 2, 2019. According to Patient 4's CURES Report, at the time of presentation, he regularly received 60 tablets of 5/325 mg hydrocodone/acetaminophen (generic for Norco, a Schedule II opiate) every 30 days. Patient 4 had been on this dosage since 2017, having been weaned from 90 tablets per month in 2015.

65. On October 2, 2019, Respondent increased Patient 4's Norco dosage back to 90 tablets per month. Respondent's records for this visit do not contain any acknowledgement or explanation regarding this increase in opiate dosage. Respondent's records also do not reflect that Respondent ran a CURES Report for Patient 4 at this visit. Patient 4's CURES Report would have shown Patient 4's prior history of narcotic prescriptions.

66. Between October 2019 and February 2022, Patient 4 had numerous office visits with Respondent, his primary care physician.

67. During this time period, Respondent regularly prescribed Patient 4 hydrocodone/acetaminophen.

68. On or about July 2, 2020, Respondent reviewed Patient 4's CURES Report. Respondent's records for Patient 4 do not reflect that Respondent had any discussion with Patient 4 regarding his history of opiate use.

69. At a June 12, 2020, office visit, Respondent documented that Patient 4 was "hurting more." Respondent increased Patient 4's narcotic dosage from 3 tablets per day of 5/325 mg Norco to 4 tablets per day of 7.5/325 mg Norco. Respondent did not document any proposed length of time for this increase or any short interval follow up.

70. Patient 4's next office visit with Respondent was on or about October 13, 2020.

71. Respondent did not see Patient 4 again until October 5, 2021.

72. According to Respondent's records for Patient 4, Respondent never attempted to decrease Patient 4's Norco dose.

73. Respondent's records for Patient 4 do not contain a clear treatment plan and objectives. Respondent's diagnoses for Patient 4 include cervicalgia, arthritis of multiple joints, major depression, neck pain, right hip pain, back pain, low back pain, left knee pain, insomnia,

and fatigue. Many of these are symptoms, rather than diagnoses.

74. Respondent's records for Patient 4 reflect one urine toxicology test on or about October 21, 2021.

75. There is no pain agreement or contract between Respondent and Patient 4 in Respondent's records for Patient 4.

76. Respondent's records for Patient 4 do not indicate that he ever discussed the risks and benefits of the controlled substances Respondent prescribed him.

77. Respondent did not consult any other physicians or specialists regarding his care and treatment of Patient 4, nor did he refer Patient 4 to any specialists for his pain and depression.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

78. Respondent Steven Patrick Gorman, M.D. is subject to disciplinary action under section 2234, subdivision (b), of the Code in that he was grossly negligent in his care and treatment of Patient 1, Patient 2, and Patient 3. The circumstances are as follows:

79. The facts and allegations set forth in paragraphs 12 through 63 above, are incorporated by reference and realleged as if fully set forth herein.

Patient 1

80. Respondent committed an extreme departure from the standard of care in his care and treatment of Patient 1. Specifically, Respondent chronically maintained Patient 1 on 180 morphine milligram equivalents (MME) [4] per day. Respondent then combined this high dose of opioids with a daily benzodiazepine. Further, this medication regimen was solely managed by Respondent without any input from specialists and without informing Patient 1 of the potential risks.

81. Patient 1 was harmed by Respondent's inappropriate prescribing of controlled substances, specifically a high dose of opiates in conjunction with a benzodiazepine.

[4] Morphine milligram equivalent or MME is a measurement that physicians use to determine how different opioids relate to each other. Using morphine as the standard, MME is a tool for doctors to compare different drugs in a simplified, unified measurement. Clinicians are encouraged to keep daily doses under 50 MME.

Patient 2

82. Respondent committed an extreme departure from the standard of care in his care and treatment of Patient 2. Specifically, Respondent chronically maintained Patient 2 on 90 MME per day. Respondent then combined this high dose of opioids with a daily benzodiazepine. Further, this medication regimen was solely managed by Respondent without any input from specialists and without informing Patient 2 of the potential risks, even when withdrawal symptoms were experienced, alcohol abuse was known, and a car accident and use of a friend's controlled substances were reported.

83. Patient 2 was harmed by Respondent's inappropriate prescribing of controlled substances, specifically a high dose of opiates in conjunction with a benzodiazepine. Patient 2's medication regimen was likely a contributing factor in his car accident.

Patient 3

84. Respondent committed an extreme departure from the standard of care in his care and treatment of Patient 3. Specifically, Respondent prescribed Patient 3 90 MME per day and then combined this high dose of opioids with a daily benzodiazepine. Further, Respondent determined this medication regimen without any input from specialists and without any documented benefits to Patient 3. Respondent also did not document informing Patient 3 of the potential risks of these medications.

85. Patient 3 was harmed by Respondent's inappropriate prescribing of controlled substances, specifically a high dose of opioids in conjunction with a benzodiazepine.

86. Respondent's acts and/or omissions as set forth in paragraphs 79 through 85, inclusive above, whether proven individually, jointly, or in any combination thereof, constitute gross negligence pursuant to section 2234, subdivision (b), of the Code. As such, cause for discipline exists.

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SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

87. Respondent Steven Patrick Gorman, M.D. is subject to disciplinary action under section 2234, subdivision (c), of the Code in that he committed repeated negligent acts in his care and treatment of Patient 1, Patient 2, Patient 3, and Patient 4. The circumstances are as follows:

88. The facts and allegations set forth in paragraphs 12-86, above, are incorporated by reference as if fully set forth herein.

Patient 4

89. Respondent's care and treatment of Patient 4 departed from the standard of care. While under Respondent's care, Patient 4's dependence on opiate narcotics increased from 10 MME per day to 30 MME per day. Respondent solely managed this medication regimen and increase without any input from specialists and Respondent did not inform Patient 4 of the potential risks.

90. Patient 4 was harmed by Respondent's inappropriate prescribing of controlled substances, which led to him being dependent upon increasing amounts of opioids that may not be necessary.

91. Respondent's acts and/or omissions as set forth in paragraphs 88 through 90, inclusive above, whether proven individually, jointly, or in any combination thereof, constitute repeated negligent acts pursuant to section 2234, subdivision (c), of the Code. As such, cause for discipline exists.

THIRD CAUSE FOR DISCIPLINE

(Excessive Prescribing)

92. Respondent Steven Patrick Gorman, M.D. is subject to disciplinary action under section 725 of the Code, in that Respondent excessively prescribed narcotic medications to Patient 1, Patient 2, Patient 3, and Patient 4. The circumstances are as follows:

93. The allegations contained in the First and Second Causes for Discipline above, are incorporated by reference as if fully set forth herein.

94. Patient 1, Patient 2, Patient 3, and Patient 4 were harmed by Respondent's

inappropriate prescribing of controlled substances.

95. Respondent's acts and/or omissions as set forth in paragraphs 93 through 94, inclusive above, whether proven individually, jointly, or in any combination thereof, represent the excessive prescribing of narcotics in violation of Code section 725. As such, cause for discipline exists.

FOURTH CAUSE FOR DISCIPLINE

(Inadequate Record Keeping)

96. Respondent Steven Patrick Gorman, M.D. is subject to disciplinary action under section 2266 of the Code, in that he failed to maintain adequate and accurate records relating to the provision of services to Patient 1, Patient 2, Patient 3, and Patient 4. The circumstances are as follows:

97. The facts and allegations set forth in the First and Second Causes for Discipline, above, are incorporated by reference as if fully set forth herein, and whether proven individually, jointly, or in any combination thereof, represent the failure to maintain adequate and accurate records in violation of Code section 2266. As such, cause for discipline exists.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number G 83973, issued to Steven Patrick Gorman, M.D.;

2. Revoking, suspending or denying approval of Steven Patrick Gorman, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Steven Patrick Gorman, 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;

4. Ordering Respondent Steven Patrick Gorman, M.D., if placed on probation, to provide patient notification in accordance with Business and Professions Code section 2228.1; and

5. Taking such other and further action as deemed necessary and proper.

DATED: AUG 04 2023

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

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