

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

**In the Matter of the Accusation  
Against:**

**Allen P. Lu, M.D.**

**Physician's and Surgeon's  
Certificate No. A 82726**

**Case No.: 800-2021-074562**

**Respondent.**

**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 June 7, 2024.**

**IT IS SO ORDERED: May 8, 2024.**

**MEDICAL BOARD OF CALIFORNIA**



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

1 ROB BONTA  
Attorney General of California  
2 JUDITH T. ALVARADO  
Supervising Deputy Attorney General  
3 REBECCA L. SMITH  
Deputy Attorney General  
4 State Bar No. 179733  
300 South Spring Street, Suite 1702  
5 Los Angeles, CA 90013  
Telephone: (213) 269-6475  
6 Facsimile: (916) 731-2117  
*Attorneys for Complainant*  
7

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

12 In the Matter of the Accusation Against:

13 **ALLEN P. LU, M.D.**

14 **18575 Gale Avenue, Suite 278**  
15 **City of Industry, CA 91748-1385**

16 **Physician's and Surgeon's Certificate**  
17 **No. A 82726,**

Respondent.

Case No. 800-2021-074562

OAH No. 2023090568

**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 Rebecca L. Smith, Deputy  
25 Attorney General.

26 2. Respondent Allen P. Lu, M.D. (Respondent) is represented in this proceeding by  
27 attorneys Aaron C. Lachant and Zachary Rothenberg, whose address is 1100 Glendon Avenue,  
28 14th Floor, Los Angeles, California 90024.

1           3.     On or about April 16, 2003, the Board issued Physician's and Surgeon's Certificate  
2     No. A 82726 to Respondent. That license was in full force and effect at all times relevant to the  
3     charges brought in Accusation No. 800-2021-074562, and will expire on January 31, 2025, unless  
4     renewed.

5                                   **JURISDICTION**

6           4.     Accusation No. 800-2021-074562 was filed before the Board, and is currently  
7     pending against Respondent. The Accusation and all other statutorily required documents were  
8     properly served on Respondent on August 14, 2023. Respondent timely filed his Notice of  
9     Defense contesting the Accusation.

10          5.     A copy of Accusation No. 800-2021-074562 is attached as Exhibit A and  
11     incorporated herein by reference.

12                                   **ADVISEMENT AND WAIVERS**

13          6.     Respondent has carefully read, fully discussed with counsel, and understands the  
14     charges and allegations in Accusation No. 800-2021-074562. Respondent has also carefully read,  
15     fully discussed with his counsel, and understands the effects of this Stipulated Settlement and  
16     Disciplinary Order.

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

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

25                                   **CULPABILITY**

26          9.     Respondent understands and agrees that the charges and allegations in Accusation  
27     No. 800-2021-074562, if proven at a hearing, constitute cause for imposing discipline upon his  
28     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. 800-2021-074562, a true and correct copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate, No. A 82726 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 probationary terms as set forth in the Disciplinary Order below.

## RESERVATION

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

## CONTINGENCY

13. 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.

14. 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. 800-2021-074562 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.

15. In consideration of the foregoing admissions and stipulations and the following Disciplinary Order, the Board agrees that this Stipulated Settlement and Disciplinary Order shall also fully resolve, conclude and dismiss Medical Board investigation number 800-2023-097085.

16. 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.

17. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or opportunity to be heard by Respondent, issue and enter the following Disciplinary Order:

## DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 82726 issued to Respondent Allen P. Lu, 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 - ABSTAIN FROM USE. Respondent shall abstain completely from the personal use or possession of controlled substances as defined in the California Uniform Controlled Substances Act, dangerous drugs as defined by Business and Professions Code section 4022, and any drugs requiring a prescription. This prohibition does not apply to medications lawfully prescribed to Respondent by another practitioner for a bona fide illness or condition.

Within fifteen (15) calendar days of receiving any lawfully prescribed medications, Respondent shall notify the Board or its designee of the: issuing practitioner's name, address, and telephone number; medication name, strength, and quantity; and issuing pharmacy name, address, and telephone number.

If Respondent has a confirmed positive biological fluid test for any substance (whether or not legally prescribed) and has not reported the use to the Board or its designee, Respondent shall receive a notification from the Board or its designee to immediately cease the practice of medicine. Respondent shall not resume the practice of medicine until the final decision on an accusation and/or a petition to revoke probation is effective. An accusation and/or petition to

1 revoke probation shall be filed by the Board within thirty (30) days of the notification to cease  
2 practice. If Respondent requests a hearing on the accusation and/or petition to revoke probation,  
3 the Board shall provide Respondent with a hearing within thirty (30) days of the request, unless  
4 Respondent stipulates to a later hearing. If the case is heard by an Administrative Law Judge  
5 alone, he or she shall forward a Proposed Decision to the Board within fifteen (15) days of  
6 submission of the matter. Within fifteen (15) days of receipt by the Board of the Administrative  
7 Law Judge's proposed decision, the Board shall issue its Decision, unless good cause can be  
8 shown for the delay. If the case is heard by the Board, the Board shall issue its decision within  
9 fifteen (15) days of submission of the case, unless good cause can be shown for the delay. Good  
10 cause includes, but is not limited to, non-adoption of the proposed decision, requests for  
11 reconsideration, remands and other interlocutory orders issued by the Board. The cessation of  
12 practice shall not apply to the reduction of the probationary time period.

13 If the Board does not file an accusation or petition to revoke probation within thirty (30)  
14 days of the issuance of the notification to cease practice or does not provide Respondent with a  
15 hearing within thirty (30) days of such a request, the notification of cease practice shall be  
16 dissolved.

17 2. BIOLOGICAL FLUID TESTING. Respondent shall immediately submit to  
18 biological fluid testing, at Respondent's expense, upon request of the Board or its designee.  
19 "Biological fluid testing" may include, but is not limited to, urine, blood, breathalyzer, hair  
20 follicle testing, or similar drug screening approved by the Board or its designee. Prior to  
21 practicing medicine, Respondent shall contract with a laboratory or service approved in advance  
22 by the Board or its designee that will conduct random, unannounced, observed, biological fluid  
23 testing. The contract shall require results of the tests to be transmitted by the laboratory or  
24 service directly to the Board or its designee within four hours of the results becoming available.  
25 Respondent shall maintain this laboratory or service contract during the period of probation.

26 A certified copy of any laboratory test result may be received in evidence in any  
27 proceedings between the Board and Respondent.

28 If Respondent fails to cooperate in a random biological fluid testing program within the

1 specified time frame, Respondent shall receive a notification from the Board or its designee to  
2 immediately cease the practice of medicine. Respondent shall not resume the practice of  
3 medicine until the final decision on an accusation and/or a petition to revoke probation is  
4 effective. An accusation and/or petition to revoke probation shall be filed by the Board within  
5 thirty (30) days of the notification to cease practice. If Respondent requests a hearing on the  
6 accusation and/or petition to revoke probation, the Board shall provide Respondent with a hearing  
7 within thirty (30) days of the request, unless Respondent stipulates to a later hearing. If the case  
8 is heard by an Administrative Law Judge alone, he or she shall forward a Proposed Decision to  
9 the Board within fifteen (15) days of submission of the matter. Within fifteen (15) days of receipt  
10 by the Board of the Administrative Law Judge's proposed decision, the Board shall issue its  
11 Decision, unless good cause can be shown for the delay. If the case is heard by the Board, the  
12 Board shall issue its decision within fifteen (15) days of submission of the case, unless good  
13 cause can be shown for the delay. Good cause includes, but is not limited to, non-adoption of the  
14 proposed decision, requests for reconsideration, remands and other interlocutory orders issued by  
15 the Board. The cessation of practice shall not apply to the reduction of the probationary time  
16 period.

17 If the Board does not file an accusation or petition to revoke probation within fifteen (15)  
18 days of the issuance of the notification to cease practice or does not provide Respondent with a  
19 hearing within thirty (30) days of such a request, the notification of cease practice shall be  
20 dissolved.

21 3. EDUCATION COURSE. Within sixty (60) calendar days of the effective date of this  
22 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee  
23 for its prior approval educational program(s) or course(s) which shall not be less than forty (40)  
24 hours per year, for each year of probation. The educational program(s) or course(s) shall be  
25 aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified.  
26 The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition  
27 to the Continuing Medical Education (CME) requirements for renewal of licensure. Following  
28 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 sixty-five (65) hours of CME of which forty (40) hours were in satisfaction of this condition.

4. PREScribing PRACTICES COURSE. Within sixty (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 fifteen (15) calendar days after successfully completing the course, or not later than fifteen (15) calendar days after the effective date of the Decision, whichever is later.

5. MEDICAL RECORD KEEPING COURSE. Within sixty (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.

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

6 Respondent shall submit a certification of successful completion to the Board or its  
7 designee not later than fifteen (15) calendar days after successfully completing the course, or not  
8 later than fifteen (15) calendar days after the effective date of the Decision, whichever is later.

9 6. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within sixty (60) calendar  
10 days of the effective date of this Decision, Respondent shall enroll in a professionalism program,  
11 that meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.  
12 Respondent shall participate in and successfully complete that program. Respondent shall  
13 provide any information and documents that the program may deem pertinent. Respondent shall  
14 successfully complete the classroom component of the program not later than six (6) months after  
15 Respondent's initial enrollment, and the longitudinal component of the program not later than the  
16 time specified by the program, but no later than one (1) year after attending the classroom  
17 component. The professionalism program shall be at Respondent's expense and shall be in  
18 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

19 A professionalism program taken after the acts that gave rise to the charges in the  
20 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
21 or its designee, be accepted towards the fulfillment of this condition if the program would have  
22 been approved by the Board or its designee had the program been taken after the effective date of  
23 this Decision.

24 Respondent shall submit a certification of successful completion to the Board or its  
25 designee not later than fifteen (15) calendar days after successfully completing the program or not  
26 later than fifteen (15) calendar days after the effective date of the Decision, whichever is later.

27 7. PSYCHIATRIC EVALUATION. Within thirty (30) calendar days of the effective  
28 date of this Decision, and on whatever periodic basis thereafter may be required by the Board or

1 its designee, Respondent shall undergo and complete a psychiatric evaluation (and psychological  
2 testing, if deemed necessary) by a Board-appointed board certified psychiatrist, who shall  
3 consider any information provided by the Board or designee and any other information the  
4 psychiatrist deems relevant, and shall furnish a written evaluation report to the Board or its  
5 designee. Psychiatric evaluations conducted prior to the effective date of the Decision shall not  
6 be accepted towards the fulfillment of this requirement. Respondent shall pay the cost of all  
7 psychiatric evaluations and psychological testing.

8 Respondent shall comply with all restrictions or conditions recommended by the evaluating  
9 psychiatrist within fifteen (15) calendar days after being notified by the Board or its designee.

10 8. MEDICAL EVALUATION AND TREATMENT. Within thirty (30) calendar days  
11 of the effective date of this Decision, and on a periodic basis thereafter as may be required by the  
12 Board or its designee, Respondent shall undergo a medical evaluation by a Board-appointed  
13 physician who shall consider any information provided by the Board or designee and any other  
14 information the evaluating physician deems relevant and shall furnish a medical report to the  
15 Board or its designee. Respondent shall provide the evaluating physician with any information  
16 and documentation that the evaluating physician may deem pertinent.

17 Following the evaluation, Respondent shall comply with all restrictions or conditions  
18 recommended by the evaluating physician within fifteen (15) calendar days after being notified  
19 by the Board or its designee. If Respondent is required by the Board or its designee to undergo  
20 medical treatment, Respondent shall within thirty (30) calendar days of the requirement notice,  
21 submit to the Board or its designee for prior approval the name and qualifications of a California  
22 licensed treating physician of Respondent's choice. Upon approval of the treating physician,  
23 Respondent shall within fifteen (15) calendar days undertake medical treatment and shall  
24 continue such treatment until further notice from the Board or its designee.

25 The treating physician shall consider any information provided by the Board or its designee  
26 or any other information the treating physician may deem pertinent prior to commencement of  
27 treatment. Respondent shall have the treating physician submit quarterly reports to the Board or  
28 its designee indicating whether or not Respondent is capable of practicing medicine safely.

1 Respondent shall provide the Board or its designee with any and all medical records pertaining to  
2 treatment that the Board or its designee deems necessary.

3 If, prior to the completion of probation, Respondent is found to be physically incapable of  
4 resuming the practice of medicine without restrictions, the Board shall retain continuing  
5 jurisdiction over Respondent's license and the period of probation shall be extended until the  
6 Board determines that Respondent is physically capable of resuming the practice of medicine  
7 without restrictions. Respondent shall pay the cost of the medical evaluation(s) and treatment.

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

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

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

20 11. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby  
21 ordered to reimburse the Board its costs of investigation and enforcement, in the amount of  
22 \$43,275.25 (Forty-Three Thousand Two Hundred Seventy-Five Dollars and Twenty-Five Cents).  
23 Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be  
24 considered a violation of probation.

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

1 The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility  
2 to repay investigation and enforcement costs, including expert review costs.

3 12. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations  
4 under penalty of perjury on forms provided by the Board, stating whether there has been  
5 compliance with all the conditions of probation.

6 Respondent shall submit quarterly declarations not later than ten (10) calendar days after  
7 the end of the preceding quarter.

8 13. GENERAL PROBATION REQUIREMENTS.

9 Compliance with Probation Unit

10 Respondent shall comply with the Board's probation unit.

11 Address Changes

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

17 Place of Practice

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

21 License Renewal

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

24 Travel or Residence Outside California

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

28 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 thirty (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 fifteen (15) calendar days of any periods of non-practice lasting more than thirty (30) calendar days and within fifteen (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 forty (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 eighteen (18) calendar months, Respondent shall successfully complete the Federation of State Medical Boards' 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 one hundred twenty (120) calendar days prior to the completion of probation. This term does not include cost recovery, which is due within thirty (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 fifteen (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.

///

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. 800-2021-074562 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.

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorneys, Aaron C. Lachant and Zachary Rothenberg. 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.

ALLEN P. LU, M.D.  
*Respondent*

AARON C. LACHANT  
ZACHARY ROTHENBERG  
*Attorneys 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 8, 2024

Respectfully submitted,

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



REBECCA L. SMITH  
Deputy Attorney General  
*Attorneys for Complainant*

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# **EXHIBIT A**

**Accusation Case No. 800-2021-074562**

1 ROB BONTA  
Attorney General of California  
2 JUDITH T. ALVARADO  
Supervising Deputy Attorney General  
3 REBECCA L. SMITH  
Deputy Attorney General  
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12 In the Matter of the Accusation Against:

Case No. 800-2021-074562

13 **ALLEN P. LU, M.D.**

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

14 **18575 Gale Avenue, Suite 278**  
15 **City of Industry, CA 91748-1385**

16 **Physician's and Surgeon's Certificate**  
17 **No. A 82726,**

Respondent.

18  
19 **PARTIES**

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

23 2. On or about April 16, 2003, the Board issued Physician's and Surgeon's Certificate  
24 Number A 82726 to Allen P. Lu, M.D. (Respondent). That license was in full force and effect at  
25 all times relevant to the charges brought herein and will expire on January 31, 2025, unless  
26 renewed.

27 ///

28 ///

## 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

1 physician and surgeon or his or her professional liability insurer to pay an amount in  
2 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.

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

5 6. Section 2227 of the Code 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  
into a stipulation for disciplinary action with the board, may, in accordance with the  
provisions of this chapter:

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

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

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

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

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

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

#### 20 STATUTORY PROVISIONS

21 7. Section 2234 of the Code, states:

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

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

26 (b) Gross negligence.

27 (c) Repeated negligent acts. To be repeated, there must be two or more  
28 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 (1) An initial negligent diagnosis followed by an act or omission medically  
2 appropriate for that negligent diagnosis of the patient shall constitute a single  
3 negligent act.

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

9 (d) Incompetence.

10 (e) The commission of any act involving dishonesty or corruption that is  
11 substantially related to the qualifications, functions, or duties of a physician and  
12 surgeon.

13 (f) Any action or conduct that would have warranted the denial of a certificate.

14 (g) The failure by a certificate holder, in the absence of good cause, to attend  
15 and participate in an interview by the board. This subdivision shall only apply to a  
16 certificate holder who is the subject of an investigation by the board.

17 8. Section 2242 of the Code states:

18 (a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section  
19 4022 without an appropriate prior examination and a medical indication, constitutes  
20 unprofessional conduct. An appropriate prior examination does not require a  
21 synchronous interaction between the patient and the licensee and can be achieved  
22 through the use of telehealth, including, but not limited to, a self-screening tool or a  
23 questionnaire, provided that the licensee complies with the appropriate standard of  
24 care.

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

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

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

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

(B) The practitioner was designated as the practitioner to serve in the absence  
of the patient's physician and surgeon or podiatrist, as the case may be.

(3) The licensee was a designated practitioner serving in the absence of the  
patient's physician and surgeon or podiatrist, as the case may be, and was in  
possession of or had utilized the patient's records and ordered the renewal of a

1 medically indicated prescription for an amount not exceeding the original prescription  
2 in strength or amount or for more than one refill.

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

5 9. Section 725 of the Code states:

6 (a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or  
7 administering of drugs or treatment, repeated acts of clearly excessive use of  
8 diagnostic procedures, or repeated acts of clearly excessive use of diagnostic or  
9 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.

10 (b) Any person who engages in repeated acts of clearly excessive prescribing or  
11 administering of drugs or treatment is guilty of a misdemeanor and shall be punished  
12 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.

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

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

17 10. Section 2266 of the Code, states:

18 The failure of a physician and surgeon to maintain adequate and accurate  
19 records relating to the provision of services to their patients constitutes unprofessional  
20 conduct.

### 21 CONTROLLED SUBSTANCES/DANGEROUS DRUGS

22 11. Code section 4021 states:

23 "Controlled substance" means any substance listed in Chapter 2 (commencing  
24 with Section 11053) of Division 10 of the Health and Safety Code.

25 12. Code section 4022 provides:

26 "Dangerous drug" or "dangerous device" means any drug or device unsafe for  
27 self-use in humans or animals, and includes the following:

1 (a) Any drug that bears the legend: "Caution: federal law prohibits dispensing  
without prescription," "Rx only," or words of similar import.

2 (b) Any device that bears the statement: "Caution: federal law restricts this  
3 device to sale by or on the order of a \_\_\_\_\_," "Rx only," or words of similar  
4 import, the blank to be filled in with the designation of the practitioner licensed to use  
or order use of the device.

5 (c) Any other drug or device that by federal or state law can be lawfully  
6 dispensed only on prescription or furnished pursuant to Section 4006.

### 7 DRUG DEFINITIONS

8 13. As used herein, the terms below will have the following meanings:

9 "Alprazolam," also known by the brand name Xanax, is a benzodiazepine  
10 drug used to treat anxiety disorders, panic disorders, and anxiety caused by  
depression. Alprazolam has a central nervous system depressant effect and patients  
11 should be cautioned about the simultaneous ingestions of alcohol and other central  
nervous system depressant drugs during treatment with it. Addiction prone  
12 individuals should be under careful surveillance when receiving alprazolam because  
of the predisposition of such patients to habituation and dependence. It is a  
Schedule IV controlled substance pursuant to Health and Safety Code section  
13 11057(d)(1), and a dangerous drug as defined in Code section 4022.

14 "CURES" means the Department of Justice, Bureau of Narcotics  
Enforcement's California Utilization, Review and Evaluation System (CURES) for  
15 the electronic monitoring of the prescribing and dispensing of Schedule II, III, IV  
and V controlled substances dispensed to patients in California pursuant to Health  
16 and Safety Code section 11165. The CURES database captures data from  
controlled substance prescriptions filled as submitted by pharmacies, hospitals, and  
17 dispensing physicians. Law enforcement and regulatory agencies use the data to  
assist in their efforts to control the diversion and resultant abuse of controlled  
18 substances. Prescribers and pharmacists may request a patient's history of  
controlled substances dispensed in accordance with guidelines developed by the  
19 Department of Justice.

20 "Codeine" is an opioid pain medication used to help relieve mild to  
moderately severe pain. It is a Schedule II Controlled Substance pursuant to Health  
21 and Safety Code section 11055, subdivision (b)(1)(G), and a dangerous drug  
pursuant to Business and Professions Code section 4022.

22 "Fentanyl" is a potent, synthetic narcotic analgesic with a rapid onset and  
23 short duration of action. It is a Schedule II controlled substance pursuant to Health  
and Safety Code section 11055, subdivision (c)(8), and a dangerous drug pursuant to  
24 Code section 4022.

25 "Hydrocodone acetaminophen," also known by the brand name Norco, is an  
opioid pain reliever. It has a high potential for abuse. In 2013, hydrocodone-  
26 acetaminophen was a Schedule III Controlled Substance. Commencing on October  
6, 2014, hydrocodone-acetaminophen became classified as a Schedule II controlled  
27 substance pursuant to Health and Safety Code section 11055, subdivision (b)(1)(I),  
and a dangerous drug pursuant to Business and Professions Code section 4022.

1 "Oxycodone," also known by the brand name Percocet, is an opioid  
2 analgesic medication that has a high potential for abuse. Oxycodone is commonly  
3 prescribed for moderate to severe chronic pain. It is a Schedule II controlled  
4 substance pursuant to Health and Safety Code section 11055, subdivision (b)(1)(M),  
5 and a dangerous drug as defined in Code section 4022.

6 "Promethazine with codeine" or codeine phosphate/promethazine  
7 hydrochloride is an antihistamine and opioid antitussive combination drug. The  
8 combination of an opiate agonist with antitussive activity (codeine) and a  
9 phenothiazine-structure antihistamine (promethazine) when used together can be  
10 prescribed to relieve cough and upper respiratory symptoms due to conditions such  
11 as the common cold. Promethazine is sold in its various forms under the brand  
12 names Phenadoz, Promethegan, and Phenergan. It is a Schedule V controlled  
13 substance pursuant to Health and Safety Code section 11058, subdivision (c)(1), and  
14 a dangerous drug as defined in Code section 4022.

15 "Soma" is a brand name for carisoprodol. It is a muscle-relaxant and  
16 sedative. It is a Schedule IV controlled substance pursuant to federal Controlled  
17 Substances Act, and a dangerous drug pursuant to Code section 4022.

### 11 COST RECOVERY

12 14. Section 125.3 of the Code states:

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

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

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

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

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

(f) In any action for recovery of costs, proof of the board's decision shall be

conclusive proof of the validity of the order of payment and the terms for payment.

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

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

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

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

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

#### **FIRST CAUSE FOR DISCIPLINE**

##### **(Repeated Negligent Acts)**

15. Respondent is subject to disciplinary action under section 2234, subdivision (c), of the Code, in that he engaged in repeated acts of negligence in the care and treatment of Patients 1 and 2.<sup>1</sup> The circumstances are as follows:

##### **Patient 1:**

16. On or about January 15, 2021, the Medical Board of California received a complaint from the Los Angeles County Coroner's Office stating that Patient 1, a 25-year-old male, was declared deceased on June 4, 2019, due to the ingestion and overdose of fentanyl and codeine pills.

17. Respondent did not provide care or treatment to Patient 1. He maintains no medical records or billing records for Patient 1.

18. A review of Patient 1's CURES Report reflects that prescriptions for 120 tablets of Hydrocodone Bitartrate-Acetaminophen (10/325 mg) prescribed by Respondent were filled on March 6, 2019, April 4, 2019, and May 2, 2019.

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<sup>1</sup> For privacy purposes, the patients in this Accusation are referred to as Patients 1 and 2.

1        19. The following prescriptions were issued to Patient 1 on Respondent's Prescription  
2 pad:

- 3            a. Script number 576, dated February 20, 2019, for Promethazine-Codeine Syrup.  
4            b. Script number 598, dated March 6, 2019, for 120 tablets of Norco (10/325 mg)  
5 and Promethazine-Codeine Syrup.  
6            c. Script number 1225, dated April 4, 2019, for 120 tablets of Norco (10/325 mg)  
7 and Promethazine-Codeine Syrup.  
8            d. Script number 1271, dated April 24, 2019, for Promethazine-Codeine Syrup.  
9            e. Script number 1281, dated May 2, 2019, for 120 tablets of Norco (10/325 mg)  
10 and Promethazine-Codeine Syrup.

11        20. Respondent reviewed the prescriptions issued to Patient 1. Respondent admits that it  
12 is his signature on the prescriptions issued to Patient 1, but denies filling out the remainder of the  
13 scripts (the date, the patient information, and the controlled substances being prescribed). At or  
14 about the time the prescriptions were written, Respondent kept his prescription pads in a closet in  
15 his office. During that time-frame, he may have had pre-signed prescriptions.

16        21. Respondent's office manager, F.L., admitted that she wrote prescriptions to Patient 1  
17 using pre-signed blank prescriptions from Respondent's prescription pads.

18        22. In an interview with Board investigators on September 15, 2021, F.L. stated that a  
19 person named "Mike" threatened her to fill prescriptions in Patient 1's name, pick up the  
20 prescriptions at the pharmacy, and hand over the prescriptions to "Mike."

21        23. When prescribing narcotics, the standard of care requires that the prescribing  
22 physician fully review the medical records of any patient being provided a narcotic prescription  
23 or refill. Prescription pads should never be pre-signed. There is a risk of pre-signed prescriptions  
24 being mishandled, filled out and used by anyone who has access to them. Respondent pre-signed  
25 prescriptions that were then filled out by F.L. for controlled substances for Patient 1, who was  
26 never seen or evaluated by Respondent. This represents a simple departure from the standard of  
27 care.

28 ///

1           **Patient 2:**

2           24. On February 28, 2019, Patient 2, a 38-year-old female, presented to Respondent with  
3 complaints of long-time low back pain. She was noted to have a history of epidural steroid  
4 injections and transforaminal ablation in 2009, 2010, and 2011, with worsening symptoms. She  
5 stated that her pain is currently a 7 out of 10, she takes Norco or Oxycodone for pain relief and  
6 that she has tried physical therapy, acupuncture, and chiropractic care. It was also noted that the  
7 patient recently had a pelvic ultrasound that showed multiple fibroids. Respondent assessed her  
8 with intravertebral disc disorder with radiculopathy of the lumbar region. He noted that he  
9 discussed ongoing management of the condition at length, including advising the patient to  
10 continue stretching and use over the counter medication to lower overall narcotic medication. He  
11 wrote a prescription for 90 tablets of Oxycodone (30 mg) with refills as needed. The patient was  
12 instructed to follow up in 3-4 months to check progress.

13           25. On April 11, 2019, Respondent documented a telephone encounter wherein he  
14 refilled 90 tablets of Soma (350 mg) for Patient 2. There is no documentation of Respondent  
15 prescribing Soma at the February 28, 2019 visit.

16           26. On June 26, 2019, Respondent documented seeing Patient 2 for follow up on her low  
17 back pain. Respondent's assessment was intervertebral disc disorders with radiculopathy in the  
18 lumbar region and neoplasm of the left ovary. He noted that he re-discussed the patient's current  
19 condition and symptoms. He recommended that surgical options be discussed with her  
20 obstetrician-gynecologist. He continued to manage the patient's pain and refilled oxycodone. He  
21 noted that it was okay for her to call in for refills as needed. She was instructed to follow up in  
22 four months or sooner if needed.

23           27. Patient 2's next documented visit with Respondent is dated June 25, 2020.  
24 Respondent noted that the patient was being seen for back right leg pain and follow up on lower  
25 back pain. Respondent's assessment was intervertebral disc disorders with radiculopathy in the  
26 lumbar region and neoplasm of the left ovary. He noted that he re-discussed the patient's current  
27 condition and symptoms. He recommended that surgical options be discussed with her  
28 obstetrician-gynecologist. He continued to manage the patient's pain and refilled Percocet and

1 alprazolam. He noted that it was okay for her to call in for refills as needed. She was instructed  
2 to follow up in four months or sooner if needed.

3 28. Patient 2's next documented visit with Respondent is dated December 16, 2020.  
4 Respondent noted that the patient was being seen for back right leg pain and follow up on lower  
5 back pain. Respondent's assessment was intervertebral disc disorders with radiculopathy in the  
6 lumbar region and neoplasm of the left ovary. He noted that he re-discussed the patient's current  
7 condition and symptoms. He recommended that surgical options be discussed with her  
8 obstetrician-gynecologist. He continued to manage the patient's pain and refilled Percocet and  
9 alprazolam. He noted that it was okay for her to call in for refills as needed. She was instructed  
10 to follow up in four months or sooner if needed.

11 29. On July 28, 2021, Patient 2 was seen by Respondent for follow up on her lower back  
12 pain. Respondent's assessment was intervertebral disc disorders with radiculopathy in the lumbar  
13 region and cervical disc disorder with radiculopathy in the cervicothoracic region. He noted that  
14 he re-discussed the patient's current condition and symptoms. He noted that she had undergone a  
15 hysterectomy and that the surgeon stated that her uterus muscle was adhering to her lumbar  
16 muscles causing a rare odd bleeding and pain pattern. The bleeding was noted to have resolved  
17 but the pain would continue to be managed by Respondent. He refilled Percocet and alprazolam  
18 and noted that it was okay for her to call in refills for as needed. She was instructed to follow up  
19 in four months or sooner if needed.

20 30. On approximately a monthly basis from 2019 through August 2021, Respondent  
21 prescribed oxycodone and alprazolam to Patient 2. Respondent diagnosed Patient 2 with cervical  
22 and lumbar disc disease with radiculopathy and treated her by prescribing her narcotics on a  
23 chronic basis. There was no discussion or consideration to refer Patient 2 to a pain management  
24 specialist to monitor and evaluate for chronic narcotic use and or any referral to a psychologist or  
25 psychiatrist for any history of abuse.

26 ///

27 ///

28 ///

1           31. When prescribing narcotics, the standard of care requires the prescribing physician to  
2 closely monitor the patient and refer the patient to a pain management specialist for alternative  
3 pain management treatment or a spine specialist for re-evaluation of the patient's diagnosis and  
4 consider surgical options.

5           32. Respondent prescribed narcotics to Patient 2 on a chronic basis without proper  
6 monitoring and without providing other viable options to address the pain. This represents a  
7 simple departure from the standard of care.

8                                   **SECOND CAUSE FOR DISCIPLINE**

9                   **(Unprofessional Conduct - Furnishing Dangerous Drugs Without Examination)**

10           33. Respondent is subject to disciplinary action under Code section 2242, subdivision (a),  
11 in that he committed unprofessional conduct when he prescribed dangerous drugs to Patients 1  
12 and 2, without an appropriate prior examination or medical indication. The circumstances are as  
13 follows:

14           34. The allegations in the First Cause for Discipline above, are incorporated herein by  
15 reference as if fully set forth.

16                                   **THIRD CAUSE FOR DISCIPLINE**

17                   **(Failure to Maintain Accurate and Adequate Medical Records)**

18           35. Respondent is subject to disciplinary action under section 2266 of the Code for failing  
19 to maintain adequate and accurate records relating to his care and treatment of Patients 1 and 2.

20           36. The allegations in the First Cause for Discipline above, are incorporated herein by  
21 reference as if fully set forth.

22                                   **PRAYER**

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

25           1. Revoking or suspending Physician's and Surgeon's Certificate Number A 82726,  
26 issued to Respondent Allen P. Lu, M.D.;

27           2. Revoking, suspending or denying approval of Respondent Allen P. Lu, M.D.'s  
28 authority to supervise physician assistants and advanced practice nurses;

1           3.     Ordering Respondent Allen P. Lu, M.D., to pay the Board the costs of the  
2 investigation and enforcement of this case, and if placed on probation, the costs of probation  
3 monitoring; and

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

5  
6     DATED:     **AUG 14 2023**

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

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