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

In the Matter of the Second Amended Accusation Against: James Hou Liu, M.D. Physician's & Surgeon's Certificate No. G 64811 Respondent.	Case No. 800-2019-056389

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 SEP 20 2024.

IT IS SO ORDERED: AUG 21 2024.

MEDICAL BOARD OF CALIFORNIA

Michelle A. Bholat, M.D., Interim Chair
Panel A

ROB BONTA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General
TRINA L. SAUNDERS
Deputy Attorney General
State Bar No. 207764
300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
Telephone: (213) 269-6516
Facsimile: (916) 731-2117
Attorneys for Complainant

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

In the Matter of the Second Amended Accusation Against: JAMES HOU LIU, M.D. 1730 S. San Gabriel Blvd., Suite C San Gabriel, CA 91776 Physician's and Surgeon's Certificate No. G 64811 Respondent.	Case No. 800-2019-056389 OAH No. 2023050112 **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 Trina L. Saunders, Deputy Attorney General.

2. Respondent James Hou Liu, M.D. (Respondent) is represented in this proceeding by attorney Peter R. Osinoff, Esq., whose address is 355 South Grand Avenue, Suite 1750 Los Angeles, CA 90071.

3. On or about December 19, 1988, the Board issued Physician's and Surgeon's Certificate No. G 64811 to James Hou Liu, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in the Second Amended Accusation No. 800-2019-056389, and will expire on October 31, 2024, unless renewed.

JURISDICTION

4. Second Amended Accusation No. 800-2019-056389 was filed before the Board, and is currently pending against Respondent. The Second Amended Accusation and all other statutorily required documents were properly served on Respondent on December 27, 2023. The Second Amended Accusation was deemed controverted pursuant to Government Code Section 11507 in light of the fact that Respondent timely filed his Notice of Defense contesting the original Accusation No. 800-2019-056389.

5. A copy of Second Amended Accusation No. 800-2019-056389 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Second Amended Accusation No. 800-2019-056389. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Second Amended Accusation No. 800-2019-056389, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. Respondent does not contest that, at an administrative hearing, Complainant could establish a prima facie case or factual basis with respect to the charges and allegations in Second Amended Accusation No. 800-2019-056389, a true and correct copy of which is attached hereto as Exhibit A, that Respondent hereby gives up his right to contest those charges, and that he has thereby subjected his Physician's and Surgeon's Certificate, No. G 64811 to disciplinary action.

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

CONTINGENCY

12. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

13. 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

A. PUBLIC REPRIMAND.

IT IS HEREBY ORDERED THAT Physician's and Surgeon's Certificate No. G 64811 issued to Respondent James Hou Liu, M.D., shall be and is hereby Publicly Reprimanded pursuant to California Business and Professions Code section 2227, subdivision (a)(4). This Public Reprimand is issued in connection with the care and treatment of three patients, as set forth in Second Amended Accusation No. 800-2019-056389, and is as follows:

> "Between 2019 and 2022, you departed from the standard of care by inappropriately prescribing controlled medications to one or more patients and failing to maintain adequate records in the case of Patient B, as more fully described in Second Amended Accusation No. 800-2019-056389."

B. EDUCATION COURSE. In addition, within 60 calendar days of the effective date of this Decision, 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. 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 programs) 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.

///

C. 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 Second Amended 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.

D. 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.

E. INVESTIGATION/ENFORCEMENT COST RECOVERY. Within 60 calendar days of the effective date of this Decision, Respondent is hereby ordered to reimburse the Board its cost of investigation and enforcement, including, but not limited to expert review, amended accusations, legal reviews, joint investigations, and subpoena enforcement, in the amount of $17,643.00 (Seventeen Thousand, six hundred and forty-three dollars). Costs shall be payable to the Medical Board of California.

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

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

A professionalism program taken after the acts that gave rise to the charges in the Second Amended 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 program would have been approved by the Board or its designee had the program 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 program or not later than 15 calendar days after the effective date of the Decision, whichever is later.

G. COMMUNICATIONS WORKSHOP. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a communications workshop, that includes in its curriculum, development of communication skills and the relationship of communication skills to important outcomes, improved diagnostic accuracy, greater involvement of the patient in decision making and increased likelihood of adherence to therapeutic regimens. Respondent shall participate in and successfully complete that program. Respondent shall provide any information and documents that the program may deem pertinent. Respondent shall successfully complete the program not later than six (6) months after Respondent's initial enrollment, and no later than one (1) year after the instant decision becomes final. The communications workshop shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A communications workshop taken after the acts that gave rise to the charges in the Second Amended 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 program would have been approved by the Board or its designee had the program 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 program or not later than 15 calendar days after the effective date of the Decision, whichever is later.

H. ENFORCEMENT. Any failure to fully comply with the terms of this Disciplinary Order shall constitute unprofessional conduct and will subject Respondent's Physician's and Surgeon's Certificate to further disciplinary action.

///

///

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Peter R. Osinoff, Esq. 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: Jun 3, 2024

JAMES HOU LIU, M.D.
Respondent

I have read and fully discussed with Respondent James Hou Liu, 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: June 4, 2024

PETER R. OSINOFF, ESQ.
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

DATED: June 5, 2024

Respectfully submitted,

ROB BONTA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General

TRINA L. SAUNDERS
Deputy Attorney General
Attorneys for Complainant

LA2022602186
Liu James Stipulated Settlement Agreement.SDAG Reviewed Diehl docx.

EXHIBIT A

Second Amended Accusation Case No. 800-2019-056389

ROB BONTA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General
TRINA L. SAUNDERS
Deputy Attorney General
State Bar No. 207764
California Department of Justice
300 South Spring Street, Suite 1702
Los Angeles, California 90013
Telephone: (213) 269-6516
Facsimile: (916) 731-2117
Attorneys for Complainant

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

In the Matter of the Accusation Against: **JAMES HOU LIU, M.D.** **1730 South San Gabriel Boulevard, Suite C** **San Gabriel, CA 91776** **Physician's and Surgeon's Certificate** **No. G 64811,** Respondent.	Case No. 800-2019-056389 **SECOND AMENDED ACCUSATION**

PARTIES

1. Reji Varghese (Complainant) brings this Second Amended Accusation solely in his official capacity as the Executive Director of the Medical Board of California (Board).

2. On December 19, 1988, the Board issued Physician's and Surgeon's Certificate Number G 64811 to James Hou Liu, M.D. (Respondent). That license was in full force and effect at all times relevant to the charges brought herein and will expire on October 31, 2024, unless renewed.

///

///

JURISDICTION

3. This Second Amended 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 2227 of the Code states:

(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government 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:

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

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

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

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

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

(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, 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.

6. 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.

(d) Incompetence.

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

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

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

7. 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

8. 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.

CONTROLLED SUBSTANCES/DANGEROUS DRUGS

9. The following medications are controlled substances and dangerous drugs within the meaning of the Health and Safety Code and Business and Professions Code:

A. Halcion (triazolam) – is a benzodiazepine and central nervous system depressant used to treat insomnia.

B. Zolpidem (Ambien) - is a sedative/hypnotic. It works by slowing activity in the brain to allow sleep.

C. Temazepam – is a benzodiazepine used for its sedative and tranquilizing effects in the treatment of insomnia.

D. Tramadol – is an opioid analgesic. It is a strong painkiller with a high risk of addiction and dependence.

E. Phenobarbital – is a barbiturate and controlled substance used in the treatment of seizures, as well as status epilepticus. It was previously used in the treatment of insomnia, but has the potential for addiction which limits its use. It is generally prescribed by neurologists, who treat patients with seizure disorder.

///

///

///

FIRST CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

10. Respondent James Liu, M.D., is subject to disciplinary action under section 2234, subdivision (c), of the Code, in that he inappropriately prescribed controlled substances to three patients without proper justification and provided medical care that placed the health and life of the patients at risk. In addition, Respondent violated the Health Insurance Portability and Accountability Act (HIPPA), and interfered with a Medical Board of California investigation and/or caused the interference into such investigation.

The circumstances are as follows:

Patient A[1]

11. Patient A, an 87-year-old female who had been Respondent's patient for a number of years, was seen be Respondent on May 2, 2019. Patient A had a history of sick sinus syndrome, paroxysmal atrial fibrillation, coronary artery disease, hypertension, hyperlipidemia, glucose intolerance, and breast cancer, status post lumpectomy and radiation now on chemotherapy. Patient A's cardiac medications included hydralazine, isosorbide mononitrate, apixaban, sotalol, Vascepa, Zetia, Colesevalam, Lasix, and losartan. Patient A's blood pressure was 125/61 mm Hg, Patient A's pulse was 63 BPM and her oxygen saturation 97%. Patient A complained of difficulty sleeping, fatigue and pain due to cancer. Respondent recorded that he declined to write narcotic pain medication.

12. On subsequent visits, between June 27, 2019 and July 11, 2019, Respondent wrote that he was reducing Patient A's sleeping pill, zolpidem, from 15 mg. to 10 mg QHS (at bedtime).

13. On June 27, 2019, Patient A had 24-hour Holter monitoring, which was benign, with no pauses or symptomatic atrial or ventricular tachyarrhythmia noted.

14. Patient A suffered a fall with head trauma and was brought to see Respondent on September 26, 2019, which was a few days after the event. Patient A had an EKG and head CT.

[1] In order to protect the patients' privacy, the patients at-issue in this charging pleading are identified by letters (e.g., Patient A). The true names of the referenced patients are known to Respondent and were disclosed during discovery.

No acute findings resulted. Respondent reported that Patient A had scalp cellulitis and prescribed intravenous vancomycin.

15. On October 8, 2019, Patient A had a follow-up visit. Respondent wrote that he refused to increase Patient A's zolpidem dose back to 15 mg.

16. On November 21, 2019, Respondent saw Patient A in the office. Respondent noted that Patient A and her daughter blamed an insufficient sleeping pill dose for causing Patient A's previous fall and injury, unsteady gait, and fatigue. Respondent wrote Patient A a prescription for Restoril 30 mg QHS.

17. On January 16, 2020, Respondent again prescribed Restoril 30 mg. Respondent stated that it was prescribed to avoid sleep deprivation related fatigue, unsteady gait and fall with head injury.

18. Respondent documented that on office visits of April 27, 2020, July 18, 2020, August 21, 2020, September 29, 2020, November 5, 2020, January 20, 2021, April 1, 2021, and April 15, 2021, he declined to write narcotic or sleeping pill prescriptions for Patient A.

19. On an office visit of November 19, 2020, Respondent noted that Patient A and her daughter had "incessant requests for narcotic pain medication and sleeping pills."

20. On April 15, 2021, Respondent evaluated Patient A for chest pain. Respondent noted that Patient A had a previous cardiac PET scan which showed small inferior to apical ischemia. Respondent believed that Patient A's chest pain was due to gastroesophageal reflux. Respondent prescribed Dexilant.

21. On April 27, 2021, Respondent prescribed triazolam to Patient A, instead of temazepam, for shorter half-life. Respondent reported that Patient A's primary care physician was out of town.

22. On June 8, 2021, Respondent wrote that he would try to decrease Patient A's zolpidem to 5 mg from 15 mg QHS, which had been written by another physician.

23. On September 26, 2021, Respondent wrote that he declined to write a narcotic prescription for Patient A, and tried to decrease zolpidem from 15 mg to 10 mg QHS.

24. On a visit of December 11, 2021, Respondent documented that he declined to write

sleeping pill or narcotic prescriptions for Patient A. Respondent did a two-day event monitor which showed short SVT runs (longest 18 beats duration), and no atrial fibrillation or pauses.

25. On January 25, 2022, Respondent documented that he declined to write sleeping pill or narcotic prescriptions for Patient A.

26. Respondent wrote one prescription for Patient A for temazepam in 2019. Respondent wrote several prescriptions for temazepam 10 mg and 15 mg, and a prescription for zolpidem in 2020. Respondent also prescribed temazepam in 2021.

27. On July 5, 2022, the daughter of Patient A reported to the Board investigator that Respondent's wife, Linda Fan, came to her house with a letter for signature. Patient A's daughter did not understand the letter, but because she felt threatened by Ms. Fan, she had her mother sign the document. The document was a letter rescinding the previous authorization for Patient A's release of her medical records.

28. Respondent was negligent in his care of Patient A in that he:

A. Inappropriately prescribed benzodiazepines to an elderly patient. Benzodiazepines were prescribed over a long term. Benzodiazepines were also being prescribed to Patient A by her primary care physician, with whom Respondent did not coordinate care; and

B. Interfered with the Board's investigation when his wife, an employee in his office, used private and protected patient information, to intimidate and/or trick Patient A into rescinding the release for her medical records to the Board.

Patient B

29. On April 20, 2019, Respondent saw Patient B, a 76-year-old female with coronary artery disease, hypertension, hyperlipidemia, end-stage renal disease, who was on hemodialysis, and had insomnia and anemia. Per the notes Patient B complained of exertional dyspnea, fatigue and insomnia. Respondent noted that an ECHO had been completed on April 18, 2019, which showed severe left ventricular hypertrophy and diastolic dysfunction. A carotid ultrasound was also done. It showed minimal plaques. Patient B was on Benicar, metoprolol, catapres, and hydralazine, among other medications. Respondent stopped isosorbide mononitrate per Patient B.'s request.

30. On June 4, 2019, Patient B presented to Respondent's office. It was reported that Patient B had a loss of consciousness during dialysis on June 1, 2019. There was mild troponin elevation, consistent with type 2 non- ST elevation myocardial infarction. Respondent performed a Holter, which showed sinus rhythm, and reported sick sinus syndrome. No pauses or sustained atrial or ventricular tachyarrhythmia were noted. Respondent also recommended a Lexiscan stress test, which was completed on July 13, 2019. It was reported to show a medium inferolateral to apical peri-infarct ischemic area without significant wall motion abnormality. Patient B's EF was 59%.

31. Per the note from July 23, 2019, after discussion with Patient B, medical management was recommended. Amiodarone was stopped and propafenone started for palpitations.

32. On October 22, 2019, Respondent noted that Patient B had syncope, dizziness, fatigue and unsteady gait, which she believed was due to insomnia. Respondent prescribed sleeping pills to Patient B to avoid sleep deprivation. Respondent prescribed Triazolam 30 mg at night (30 tablets). Due to insurance not covering the medication it was changed to Temazepam 15 mg at night (30 tablets).

33. On March 10, 2020, Respondent, who had been following Patient B, saw Patient B for palpitations. Patient B's symptoms had increased when her propafenone dose was lowered to 75 mg three times daily. Respondent increased the dose to 150 mg three times daily.

34. In July of 2020, Patient B had circumflex stents placed.

35. On November 12, 2020, Respondent saw Patient B and documented that she had complaints of dizziness, fatigue and palpitations. Respondent noted that Patient B was on tramadol that had been prescribed by another physician. Respondent prescribed a Flector patch, to try to wean Patient B off of tramadol. A Holter was performed. It was unremarkable.

36. On January 28, 2021, Respondent noted that Patient B had complaints of insomnia.

37. On March 25, 2021, Respondent prescribed Zolpidem 10 mg nightly (30 tablets).

38. On June 12, 2021, Respondent provided tramadol and zolpidem prescriptions to Patient B. Respondent noted that Patient B's primary care physician was out of town.

39. On September 11, 2021, Respondent documented that tramadol may help with Patient B's pain and insomnia.

40. Per Respondent's office note of December 23, 2021, Respondent declined to write further tramadol or sleeping pill prescriptions, as Patient B had altered mental status following dialysis on October 18, 2021.

41. On March 12, 2022, Patient B presented to Respondent with complaints of chest pain. The episodes were documented to have occurred randomly and were associated with shortness of breath and palpitations. Respondent ordered a Lexiscan stress test. Respondent documented that he declined to write tramadol or sleeping pill prescriptions. Patient B underwent a Lexiscan stress test, which showed a small to medium inferolateral to apical perfusion defect during stress and rest and reported with corresponding ischemia. Resting EF was 40% and post stress 46%.

42. On April 9, 2022, Patient B was hospitalized with altered mental status and chest pain.

43. On May 14, 2022, Patient B returned to Respondent's office. Respondent reported that Patient B was discharged from the hospital on April 16, 2022. Patient B's medications were reviewed. Patient B's EKG showed normal sinus rhythm. Respondent documented that he declined to write a prescription for tramadol or sleeping pills for Patient B. A seven-day event monitor was performed. It showed sinus rhythm and short runs of supraventricular tachycardia, the longest being six beats duration. There were occasional premature ventricular complexes and 3 beat NSVT runs. Propafenone was stopped and amiodarone prescribed.

44. On July 9, 2022, Respondent reported that Patient B self-discontinued amiodarone and that there was some confusion about what medications Patient B was to take. Patient B complained of palpitations and occasional dizziness. Propafenone was restarted. Respondent documented that he refused to prescribe pain medication or sleeping pills.

45. Per CURES, Respondent prescribed tramadol to Patient B on the following dates: September 27, 2021, July 9, 2021, June 12, 2021, April 13, 2021, February 2, 2021, November 12, 2020, March 10, 2020, November 22, 2019, October 29, 2019, October 23, 2019, September 17, 2019, and August 19, 2019; and zolpidem on February 2, 2021, November 12, 2020, March

10, 2020, November 22, 2019, October 23, 2019, September 17, 2019, August 19, 2019, July 13, 2019, June 4, 2019, and June 12, 2021. And, he prescribed Temazepam on October 29, 2019.

46. On July 6, 2022, the daughter of Patient B reported to the Board investigator that Respondent's wife came to her house and asked for Patient B to sign a letter rescinding authorization for release of medical records to the Medical Board. Patient B's daughter said that she did not understand the issue, but the form was signed at the request of Respondent's wife, who worked at Respondent's office.

47. Respondent was negligent in his care of Patient B in that he:

A. Inappropriately prescribed tramadol and benzodiazepines to an elderly patient;

B. Failed to assess and/or document the patient's pain;

C. Failed to obtain informed consent and have the patient enter into a pain management agreement;

D. Prescribed opioids and benzodiazepines concurrently;

E. Prescribed multiple benzodiazepines concurrently in October of 2019;

F. Failed to assess and/or document an indication for opioid use and the response to treatment; and

G. Interfered with the Board's investigation, when his wife, who also works in his office, used Patient B's private and protected information, to intimidate and/or trick Patient B into rescinding the release for her medical records to the Board during its investigation into Respondent's practice.

Patient C

48. On May 23, 2019, Respondent saw Patient C, a then 45-year-old woman with cerebral palsy, quadriplegia, developmental delay, paroxysmal atrial fibrillation, cardiomyopathy, coronary artery disease, hyperlipidemia, COPD, pulmonary hypertension and systemic hypertension. Patient C was treated by Respondent for arrhythmia management, ischemic risk modification and medication adjustment. Respondent saw her on May 23, 2019 and reported that Patient C's palpitations had improved with medication. Patient C's medications included Benicar-HCT, Zetia, rosuvastatin, vascepa, albuterol nebulizer, montelukast, and budesonide,

among others. Respondent also documented that Patient C had a history of seizures and was treated with phenobarbital.

49. On November 26, 2019, during an office visit, Respondent ordered an ECHO. Patient C was noted to have elevated liver function tests following discontinuation of statin. Abdominal ultrasound and viral hepatitis panel were ordered.

50. On December 26, 2019, Patient C saw Respondent. Patient C's abdominal ultrasound was noted to show gallstones and nephrolithiasis. A peripheral arterial evaluation was also done which showed evidence for peripheral vascular disease. A carotid vascular study showed minimal plaque bilaterally. Venous duplex up the legs showed no DVT. An ECHO showed normal ventricular function with an EF of 68%. Mild mitral regurgitation and tricuspid regurgitation were noted. Pulmonary pressure was normal.

51. On February 5, 2020, Patient C presented to Respondent. Patient C was asymptomatic. Patient C's medications were refilled.

52. Patient C saw Respondent on March 31, 2020, April 13, 2020, May 21, 2020, and August 15, 2020, and no new complaints were noted.

53. On August 18, 2020, Patient C's caregiver brought her in to see Respondent. Patient C presented with substantial chest discomfort. Respondent evaluated Patient C and believed that her pain was atypical for ischemia.

54. On November 19, 2020, Respondent reevaluated Patient C. Respondent documented that Repatha was given for hyperlipidemia, with improvement in lipid panel.

55. On February 26, 2021, Patient C was evaluated and noted to have an elevated potassium level. Respondent wrote a prescription for kayexalate and Lactulose. And he made diet recommendations to Patient C.

56. On April 26, 2021, Respondent documented that he preferred not to write phenobarbital unless Patient C's neurologist was out of town and no other physician could prescribe it. Respondent refilled Patient C's Repatha for hyperlipidemia.

57. On June 17, 2021, Patient C presented to Respondent. She had no symptoms. Respondent again wrote that Patient C's caregiver needed to contact her primary care provider for

phenobarbital or the neurologist to monitor phenobarbital effect and drug level.

58. On July 19, 2021, Respondent saw Patient C. Respondent prescribed lactulose for hyperammonemia and kayexalate for hyperkalemia. Diet recommendations were discussed.

59. On September 21, 2021, Respondent saw Patient C. Respondent reported that Patient C had elevated potassium, which might be a phenobarbital side effect. Respondent stated that Patient C's caregiver could decide whether to change neurologists for not paying attention to this side effect.

60. On October 12, 2021, Patient C was brought to Respondent's office. It was reported that she had experienced episodes of dizziness. Patient C remained on kayexalate to treat hyperkalemia, which Respondent felt was induced by phenobarbital. Respondent noted that the phenobarbital should be changed.

61. On October 21, 2021, Respondent repeated his recommendations from the October 12, 2021, visit.

62. Respondent continued to evaluate Patient C in 2021 and 2022.

63. Per Respondent's note of June 14, 2022, Patient C had no complaints. She remained on phenobarbital. Respondent continued to monitor Patient C's potassium level and ammonia level, among other laboratory studies.

64. Per CURES, Respondent prescribed phenobarbital for Patient C between March 30, 2021, and December 30, 2021.

65. Respondent was negligent in his care of Patient C in that he:

A. Inappropriately prescribed phenobarbital.

SECOND CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate Records)

66. Respondent James Hou Liu, M.D., is subject to disciplinary action under Business and Professions Code section 2266 in that he failed to maintain adequate and accurate records in his care and treatment of Patient B. The circumstances are as follows:

67. Paragraphs 38 through 55, inclusive, above are incorporated herein by reference as if fully set forth.

68. Respondent failed to document pertinent and required information related to the care and treatment of Patient B.

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 64811, issued to Respondent James Hou Liu, M.D.;

2. Revoking, suspending or denying approval of Respondent James Hou Liu, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent James Hou Liu, 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. Taking such other and further action as deemed necessary and proper.

DATED: DEC 27 2023

JENNA JONES for
REJI VARGHESE
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California

Complainant

LA2022602186