

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

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

Pazrica Morabe Cho, M.D.

**Physician's and Surgeon's
Certificate No. A 52259**

Case No.: 800-2020-070110

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 October 18, 2024.

IT IS SO ORDERED: September 19, 2024.

MEDICAL BOARD OF CALIFORNIA

Michelle A. Bholat, MD

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

1 ROB BONTA
Attorney General of California
2 MATTHEW M. DAVIS
Supervising Deputy Attorney General
3 ANDRES T. CARNAHAN
Deputy Attorney General
4 State Bar No. 232688
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Attorneys for Complainant

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

12
13 In the Matter of the Accusation Against:

Case No. 800-2020-070110

14 **PAZRICA MORABE CHO, M.D.**
12660 Riverside Drive, Suite #110
15 Valley Village, CA 91607

OAH No. 2024010144

16 **Physician's and Surgeon's Certificate No. A**
52259

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

17 Respondent.
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 Andres T. Carnahan, Deputy
25 Attorney General.

26 2. Respondent Pazrica Morabe Cho, M.D. (Respondent) is represented in this
27 proceeding by attorney Raymond J. McMahon, Esq., whose address is: 5440 Trabuco Road
28 Irvine, CA 92620.

1 3. On or about August 16, 1993, the Board issued Physician's and Surgeon's Certificate
2 No. A 52259 to Pazrica Morabe Cho, M.D. (Respondent). The Physician's and Surgeon's
3 Certificate was in full force and effect at all times relevant to the charges brought in Accusation
4 No. 800-2020-070110, and will expire on September 30, 2024, unless renewed.

5 **JURISDICTION**

6 4. Accusation No. 800-2020-070110 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 18, 2023. Respondent timely filed her Notice of
9 Defense contesting the Accusation.

10 5. A copy of Accusation No. 800-2020-070110 is attached as exhibit A and incorporated
11 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. 800-2020-070110. Respondent has also carefully read,
15 fully discussed with her counsel, and understands the effects of this Stipulated Settlement and
16 Disciplinary Order.

17 7. Respondent is fully aware of her 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 her; the right to present evidence and to testify on her 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 does not contest that, at an administrative hearing, complainant could
27 establish a prima facie case with respect to the charges and allegations contained in Accusation
28 No. 800-2020-070110 and that she has thereby subjected her license to disciplinary action.

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

11. Respondent agrees that if she ever petitions for early termination or modification of probation, or if the Board ever petitions for revocation of probation, all of the charges and allegations contained in Accusation No. 800-2020-070110 shall be deemed true, correct and fully admitted by respondent for purposes of that proceeding or any other licensing proceeding involving respondent in the State of California.

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 her counsel. By signing the stipulation, Respondent understands and agrees that she may not withdraw her 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.

ADDITIONAL PROVISIONS

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. Respondent agrees that if she ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against her before the Board, all of the charges and allegations contained in Accusation No. 800-2020-070110 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. 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.

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 52259 issued to Respondent PAZRICA MORABE CHO, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for four (4) years on the following terms and conditions:

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

2. PREScribing PRACTICES COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in prescribing practices approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The prescribing practices course shall be at Respondent's expense and shall be in addition to the Continuing

1 Medical Education (CME) requirements for renewal of licensure.

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

7 Respondent shall submit a certification of successful completion to the Board or its
8 designee not later than 15 calendar days after successfully completing the course, or not later than
9 15 calendar days after the effective date of the Decision, whichever is later.

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

19 A medical record keeping course 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 course would have
22 been approved by the Board or its designee had the course 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 15 calendar days after successfully completing the course, or not later than
26 15 calendar days after the effective date of the Decision, whichever is later.

27 4. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of
28 the effective date of this Decision, Respondent shall enroll in a professionalism program, that

1 meets the requirements of title 16, California Code of Regulations (CCR) section 1358.1.

2 Respondent shall participate in and successfully complete that program. Respondent shall
3 provide any information and documents that the program may deem pertinent. Respondent shall
4 successfully complete the classroom component of the program not later than six (6) months after
5 Respondent's initial enrollment, and the longitudinal component of the program not later than the
6 time specified by the program, but no later than one (1) year after attending the classroom
7 component. The professionalism program shall be at Respondent's expense and shall be in
8 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

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

26 The Board or its designee shall provide the approved monitor with copies of the Decision(s)
27 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the
28 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed

1 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role
2 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees
3 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the
4 signed statement for approval by the Board or its designee.

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

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

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

20 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
21 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
22 name and qualifications of a replacement monitor who will be assuming that responsibility within
23 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
24 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
25 notification from the Board or its designee to cease the practice of medicine within three (3)
26 calendar days after being so notified. Respondent shall cease the practice of medicine until a
27 replacement monitor is approved and assumes monitoring responsibility.

28 In lieu of a monitor, Respondent may participate in a professional enhancement program

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

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

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

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

17 8. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
18 ordered to reimburse the Board its costs of investigation and enforcement, including, but not
19 limited to, expert review, amended accusations, legal reviews, investigation(s), and subpoena
20 enforcement, as applicable, in the amount of \$47,007.60. Costs shall be payable to the Medical
21 Board of California. Failure to pay such costs shall be considered a violation of probation.

22 Payment must be made in full within 30 calendar days of the effective date of the Order, or
23 by a payment plan approved by the Medical Board of California. Any and all requests for a
24 payment plan shall be submitted in writing by respondent to the Board. Failure to comply with
25 the payment plan shall be considered a violation of probation.

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

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

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

6 10. GENERAL PROBATION REQUIREMENTS.

7 Compliance with Probation Unit

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

9 Address Changes

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

15 Place of Practice

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

19 License Renewal

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

22 Travel or Residence Outside California

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

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

1 11. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be
2 available in person upon request for interviews either at Respondent's place of business or at the
3 probation unit office, with or without prior notice throughout the term of probation.

4 12. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
5 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
6 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
7 defined as any period of time Respondent is not practicing medicine as defined in Business and
8 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
9 patient care, clinical activity or teaching, or other activity as approved by the Board. If
10 Respondent resides in California and is considered to be in non-practice, Respondent shall
11 comply with all terms and conditions of probation. All time spent in an intensive training
12 program which has been approved by the Board or its designee shall not be considered non-
13 practice and does not relieve Respondent from complying with all the terms and conditions of
14 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
15 on probation with the medical licensing authority of that state or jurisdiction shall not be
16 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
17 period of non-practice.

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

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

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

25 Periods of non-practice for a Respondent residing outside of California will relieve
26 Respondent of the responsibility to comply with the probationary terms and conditions with the
27 exception of this condition and the following terms and conditions of probation: Obey All Laws;
28 General Probation Requirements; and Quarterly Declarations.

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

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

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

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

1 17. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
2 a new license or certification, or petition for reinstatement of a license, by any other health care
3 licensing action agency in the State of California, all of the charges and allegations contained in
4 Accusation No. 800-2020-070110 shall be deemed to be true, correct, and admitted by
5 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
6 restrict license.

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Raymond J. McMahon, 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: 07/11/24


Dr. Cho (Jul 11, 2024 09:51 PDT)

PAZRICA MORABE CHO, M.D.
Respondent

I have read and fully discussed with Respondent Pazrica Morabe Cho, 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: July 11, 2024


RAYMOND J. MCMAHON, 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: 07/11/2024

Respectfully submitted,

ROB BONTA
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General


ANDRES T. CARAHAN
Deputy Attorney General
Attorneys for Complainant

LA2023602853

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8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
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12 In the Matter of the Accusation Against:

Case No. 800-2020-070110

13 **Pazrica Morabe Cho, M.D.**
12660 Riverside Drive, Suite #110
14 Valley Village, CA 91607

A C C U S A T I O N

15 **Physician's and Surgeon's Certificate**
16 **No. A 52259,**

Respondent.

17
18 Complainant alleges:

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 August 16, 1993, the Medical Board issued Physician's and Surgeon's
24 Certificate Number A 52259 to Pazrica Morabe Cho, M.D. (Respondent). The Physician's and
25 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
26 herein and will expire on September 30, 2024, unless renewed.

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4. Section 2004 of the Code states:

(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

(c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.

(e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the board.

(g) Approving clinical clerkship and special programs and hospitals for the programs in subdivision (f).

(i) Administering the board's continuing medical education program.

(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:

(2) Have his or her right to practice suspended for a period not to exceed one year 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.

1 (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.

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

8 STATUTORY PROVISIONS

9 6. Section 2234 of the Code, states:

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

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

15 (b) Gross negligence.

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

20 (1) An initial negligent diagnosis followed by an act or omission medically
21 appropriate for that negligent diagnosis of the patient shall constitute a single
22 negligent act.

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

28 (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 2238 of the Code states:

A violation of any federal statute or federal regulation or any of the statutes or
regulations of this state regulating dangerous drugs or controlled substances constitutes

unprofessional conduct.

8 Section 2241 of the Code states:

(a) A physician and surgeon may prescribe, dispense, or administer prescription drugs, including prescription controlled substances, to an addict under his or her treatment for a purpose other than maintenance on, or detoxification from, prescription drugs or controlled substances.

(b) A physician and surgeon may prescribe, dispense, or administer prescription drugs or prescription controlled substances to an addict for purposes of maintenance on, or detoxification from, prescription drugs or controlled substances only as set forth in subdivision (c) or in Sections 11215, 11217, 11217.5, 11218, 11219, and 11220 of the Health and Safety Code. Nothing in this subdivision shall authorize a physician and surgeon to prescribe, dispense, or administer dangerous drugs or controlled substances to a person he or she knows or reasonably believes is using or will use the drugs or substances for a nonmedical purpose.

(c) Notwithstanding subdivision (a), prescription drugs or controlled substances may also be administered or applied by a physician and surgeon, or by a registered nurse acting under his or her instruction and supervision, under the following circumstances:

(1) Emergency treatment of a patient whose addiction is complicated by the presence of incurable disease, acute accident, illness, or injury, or the infirmities attendant upon age.

(2) Treatment of addicts in state-licensed institutions where the patient is kept under restraint and control, or in city or county jails or state prisons.

(3) Treatment of addicts as provided for by Section 11217.5 of the Health and Safety Code.

(d)(1) For purposes of this section and Section 2241.5, addict means a person whose actions are characterized by craving in combination with one or more of the following:

(A) Impaired control over drug use.

(B) Compulsive use.

(C) Continued use despite harm.

(2) Notwithstanding paragraph (1), a person whose drug-seeking behavior is primarily due to the inadequate control of pain is not an addict within the meaning of this section or Section 2241.5.

9. Section 2242 of the Code states:

(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022 without an appropriate prior examination and a medical indication, constitutes unprofessional conduct. An appropriate prior examination does not require a synchronous interaction between the patient and the licensee and can be achieved through the use of telehealth, including, but not limited to, a self-screening tool or a

questionnaire, provided that the licensee complies with the appropriate standard of care.

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

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

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

10. Section 2266 of the Code states:

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

11. Section 725 of the Code states:

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

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

(c) A practitioner who has a medical basis for prescribing, furnishing,

1 dispensing, or administering dangerous drugs or prescription controlled substances
2 shall not be subject to disciplinary action or prosecution under this section.

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

5 12. Section 741 of the Code states:

6 (a) Notwithstanding any other law, when prescribing an opioid or
7 benzodiazepine medication to a patient, a prescriber shall do the following:

8 (1) Offer the patient a prescription for naloxone hydrochloride or
9 another drug approved by the United States Food and Drug Administration for the
10 complete or partial reversal of opioid-induced respiratory depression when one or
11 more of the following conditions are present:

12 (A) The prescription dosage for the patient is 90 or more morphine
13 milligram equivalents of an opioid medication per day.

14 (B) An opioid medication is prescribed within a year from the date a
15 prescription for benzodiazepine has been dispensed to the patient.

16 (C) The patient presents with an increased risk for opioid overdose,
17 including a patient with a history of opioid overdose, a patient with a history of
18 opioid use disorder, or a patient at risk for returning to a high dose of opioid
19 medication to which the patient is no longer tolerant.

20 (2) Consistent with the existing standard of care, provide education to
21 the patient on opioid overdose prevention and the use of naloxone hydrochloride or
22 another drug approved by the United States Food and Drug Administration for the
23 complete or partial reversal of opioid-induced respiratory depression.

24 (3) Consistent with the existing standard of care, provide education on
25 opioid overdose prevention and the use of naloxone hydrochloride or another drug
26 approved by the United States Food and Drug Administration for the complete or
27 partial reversal of opioid-induced respiratory depression to one or more persons
28 designated by the patient, or, for a patient who is a minor, to the minor's parent or
guardian.

(b) A prescriber is not required to provide the education specified in
paragraphs (2) or (3) of subdivision (a) if the patient receiving the prescription
declines the education or has received the education within the past 24 months.

(c) This section does not apply to a prescriber under any of the following
circumstances:

(1) When prescribing to an inmate or a youth under the jurisdiction of
the Department of Corrections and Rehabilitation or the Division of Juvenile Justice
within the Department of Corrections and Rehabilitation.

(2) When ordering medications to be administered to a patient while the
patient is in either an inpatient or outpatient setting.

(3) When prescribing medications to a patient who is terminally ill, as
defined in subdivision (c) of Section 11159.2 of the Health and Safety Code.

1 13. Health and Safety Code § 11165.4 states:

2 (a)(1)(A)(i) A health care practitioner authorized to prescribe, order,
3 administer, or furnish a controlled substance shall consult the CURES database to
4 review a patient's controlled substance history before prescribing a Schedule II,
5 Schedule III, or Schedule IV controlled substance to the patient for the first time and
6 at least once every four months thereafter if the substance remains part of the
7 treatment of the patient.

8 (ii) If a health care practitioner authorized to prescribe, order,
9 administer, or furnish a controlled substance is not required, pursuant to an
10 exemption described in subdivision (c), to consult the CURES database the first
11 time he or she prescribes, orders, administers, or furnishes a controlled substance to
12 a patient, he or she shall consult the CURES database to review the patient's
13 controlled substance history before subsequently prescribing a Schedule II,
14 Schedule III, or Schedule IV controlled substance to the patient and at least once
15 every four months thereafter if the substance remains part of the treatment of the
16 patient.

17 (B) For purposes of this paragraph, first time means the initial
18 occurrence in which a health care practitioner, in his or her role as a health care
19 practitioner, intends to prescribe, order, administer, or furnish a Schedule II,
20 Schedule III, or Schedule IV controlled substance to a patient and has not previously
21 prescribed a controlled substance to the patient.

22 (2) A health care practitioner shall obtain a patient's controlled
23 substance history from the CURES database no earlier than 24 hours, or the
24 previous business day, before he or she prescribes, orders, administers, or furnishes
25 a Schedule II, Schedule III, or Schedule IV controlled substance to the patient.

26 (b) The duty to consult the CURES database, as described in subdivision
27 (a), does not apply to veterinarians or pharmacists.

28 (c) The duty to consult the CURES database, as described in subdivision
(a), does not apply to a health care practitioner in any of the following circumstances:

(1) If a health care practitioner prescribes, orders, or furnishes a
controlled substance to be administered to a patient while the patient is admitted to
any of the following facilities or during an emergency transfer between any of the
following facilities for use while on facility premises:

(A) A licensed clinic, as described in Chapter 1 (commencing with
Section 1200) of Division 2.

(B) An outpatient setting, as described in Chapter 1.3 (commencing
with Section 1248) of Division 2.

(C) A health facility, as described in Chapter 2 (commencing with
Section 1250) of Division 2.

(D) A county medical facility, as described in Chapter 2.5 (commencing
with Section 1440) of Division 2.

(2) If a health care practitioner prescribes, orders, administers, or
furnishes a controlled substance in the emergency department of a general acute

1 care hospital and the quantity of the controlled substance does not exceed a
2 nonrefillable seven-day supply of the controlled substance to be used in accordance
3 with the directions for use.

4 (3) If a health care practitioner prescribes, orders, administers, or
5 furnishes a controlled substance to a patient as part of the patient's treatment for a
6 surgical procedure and the quantity of the controlled substance does not exceed a
7 nonrefillable five-day supply of the controlled substance to be used in accordance
8 with the directions for use, in any of the following facilities:

9 (A) A licensed clinic, as described in Chapter 1 (commencing with
10 Section 1200) of Division 2.

11 (B) An outpatient setting, as described in Chapter 1.3 (commencing
12 with Section 1248) of Division 2.

13 (C) A health facility, as described in Chapter 2 (commencing with
14 Section 1250) of Division 2.

15 (D) A county medical facility, as described in Chapter 2.5 (commencing
16 with Section 1440) of Division 2.

17 (E) A place of practice, as defined in Section 1658 of the Business and
18 Professions Code.

19 (4) If a health care practitioner prescribes, orders, administers, or
20 furnishes a controlled substance to a patient currently receiving hospice care, as
21 defined in Section 1339.40.

22 (5) (A) If all of the following circumstances are satisfied:

23 (i) It is not reasonably possible for a health care practitioner to access
24 the information in the CURES database in a timely manner.

25 (ii) Another health care practitioner or designee authorized to access the
26 CURES database is not reasonably available.

27 (iii) The quantity of controlled substance prescribed, ordered,
28 administered, or furnished does not exceed a nonrefillable five-day supply of the
controlled substance to be used in accordance with the directions for use and no
refill of the controlled substance is allowed.

(B) A health care practitioner who does not consult the CURES
database under subparagraph (A) shall document the reason he or she did not
consult the database in the patient's medical record.

(6) If the CURES database is not operational, as determined by the
department, or when it cannot be accessed by a health care practitioner because of a
temporary technological or electrical failure. A health care practitioner shall,
without undue delay, seek to correct any cause of the temporary technological or
electrical failure that is reasonably within his or her control.

(7) If the CURES database cannot be accessed because of technological
limitations that are not reasonably within the control of a health care practitioner.

(8) If consultation of the CURES database would, as determined by the

1 health care practitioner, result in a patient's inability to obtain a prescription in a
2 timely manner and thereby adversely impact the patient's medical condition,
3 provided that the quantity of the controlled substance does not exceed a
4 nonrefillable five-day supply if the controlled substance were used in accordance
5 with the directions for use.

6 (d) (1) A health care practitioner who fails to consult the CURES
7 database, as described in subdivision (a), shall be referred to the appropriate state
8 professional licensing board solely for administrative sanctions, as deemed
9 appropriate by that board.

10 (2) This section does not create a private cause of action against a health
11 care practitioner. This section does not limit a health care practitioner's liability for
12 the negligent failure to diagnose or treat a patient.

13 (e) This section is not operative until six months after the Department of
14 Justice certifies that the CURES database is ready for statewide use and that the
15 department has adequate staff, which, at a minimum, shall be consistent with the
16 appropriation authorized in Schedule (6) of Item 0820-001-0001 of the Budget Act of
17 2016 (Chapter 23 of the Statutes of 2016), user support, and education. The
18 department shall notify the Secretary of State and the office of the Legislative
19 Counsel of the date of that certification.

20 (f) All applicable state and federal privacy laws govern the duties
21 required by this section.

22 (g) The provisions of this section are severable. If any provision of this
23 section or its application is held invalid, that invalidity shall not affect other
24 provisions or applications that can be given effect without the invalid provision or
25 application.

26 (h) This section shall become inoperative on July 1, 2021, or upon the
27 date the department promulgates regulations to implement this section and posts those
28 regulations on its internet website, whichever date is earlier, and, as of January 1,
2022, is repealed.

COST RECOVERY

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

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FIRST CAUSE FOR DISCIPLINE

(Gross Negligence— 2 Patients)

15. Respondent, Pazrica Morabe Cho, M.D. is subject to disciplinary action under section 2234, subdivision (b) of the Code for the commission of acts or omissions involving gross negligence in the care and treatment of Patients 1 and 2.¹ The circumstances are as follows:

Patient 1

16. Patient 1 (or “patient”) is a 60-year-old male, who treated with Respondent from approximately December 2014 through September 2022,² for various conditions including chronic pain and management of hypertension (high blood pressure). Beginning in 2018 through 2022, the patient visited Respondent, typically on a monthly basis, and sometimes more often. By January of 2018, Respondent’s own assessment of the Patient 1 was that the patient also had opioid dependence.

17. During this timeframe of Respondent’s treatment of Patient 1 the patient typically presented to Respondent for refills of his prescription for Oxycodone, Norco, and other medications (Xanax and Alprazolam).³ On most of the patient’s visit throughout this time period, there was no adequate documentation that review of systems was completed by Respondent. On most of the visits during this time period, Respondent’s documentation of a treatment plan for the patient was not legible.

18. Also, from 2018 through 2020, records showed that Patient 1 showed signs of opiate abuse/addiction/dependence. For example, in December 2018, Patient 1 visited the Emergency Room at a local hospital. During that emergency room visit, the patient endorsed/admitted to having an opiate addiction to the admitting physician. Moreover, on March 21, 2019, Patient 1 reported that he would not get any more pain medications “from his dentist”. On April 5, 2019,

¹ The patients are identified by numbers to protect their privacy.

² These are approximate dates based on the medical records which were available to the Board. Patient 1 may have treated with Respondent before or after these dates.

³ These medications are all controlled substances, with most having serious side effects and risk for addiction. They are also dangerous drugs pursuant to section 4022 of the Code. Specifically, Oxycodone and Norco are opiate painkillers and Xanax is a benzodiazepine used to treat anxiety.

1 Patient 1 reported that he was not ready to taper his [controlled substances] and denied sharing his
2 medications saying, "it's not enough for me." Despite these warning signs/"red flags," there was
3 no documentation that Respondent ever reduced/tapered the medication dosages, nor was there
4 any documentation that Respondent discussed with the patient alternative treatment(s), or that he
5 referred Patient 1 for a second opinion. Instead of tapering the patient's prescriptions, records
6 show that Respondent continued to refill Patient 1's prescriptions for Oxycodone and Norco, as
7 the patient was not able to taper and would like to keep the current dosages. To make matters
8 worse, records show that by May 2020, Respondent added Xanax (an addictive/dangerous
9 benzodiazepine) to Patient 1's ongoing prescriptions of Oxycodone and Norco (both opioids).⁴

10 19. CURES (Controlled Substance Utilization Review and Evaluation System, a drug
11 monitoring database for Schedule II through V controlled substances dispensed in California),
12 also showed that Patient 1's daily morphine milligram equivalent (MME)⁵ was 160 based on the
13 dose of Norco and Oxycodone prescribed to Patient 1 by Respondent. Despite the high MME
14 that Patient 1 was on, there was no documentation of any CURES log-ins by Respondent to check
15 on Patient 1 from 2016 through 2021, despite the consultation of CURES becoming mandatory in
16 October 2018.⁶

17 20. Patient 1 also presented to several appointments with Respondent during the relevant
18 timeframe with elevated blood pressure, but there was no documentation to show that Respondent
19 adequately addressed the patient's hypertension, as review of systems on multiple visits were not
20 completed, and medication reconciliation was not fully documented on multiple visits.

21 ⁴ It should also be noted that the standard of care for a provider in California, after January
22 1, 2019, is when prescribing opioids concurrently with a benzodiazepine, the provider must offer
23 a prescription for naloxone (Narcan), and educate the patient regarding overdose prevention and
24 the use of naloxone.

25 ⁵ MME are values that represent the potency of an opioid dose relative to morphine.
26 Patients taking 50 or greater MME daily are more at risk for problems related to opioid use. Very
27 high dosages are 90 or greater MME a day. In this case, Patient 1's opiate therapy (i.e., the
28 prescriptions for Oxycodone and Norco) was chronic in nature. Therefore, the MME of the
patient's daily opiate therapy should not have exceeded 50-90 mg per day, as the risks of drug
overdose, death, and adverse effects increased significantly beyond this dosage. As stated above,
Patient 1's MME was 160.

⁶ In an interview with the Board, Respondent asserted that she checked CURES three
times a year ("About every four months or so..." and sometimes "put it on the record..." or
documented that the CURES was checked...").

1 21. Overall, Respondent committed the following acts and/or omissions in her care and
2 treatment of Patient 1 which represent extreme departures from the standard of care:

3 A. There was an extreme departure from the standard of care for failure to provide
4 accurate medical record keeping.⁷

5 B. There was an extreme departure from the standard of care for Respondent's failure
6 to provide an appropriate initial and ongoing titration and monitoring of chronic
7 opiate pain management.

8 C. There was an extreme departure from the standard of care for Respondent's failure
9 to consult the CURES database to review a patient's controlled substance history
10 before prescribing a Schedule II, Schedule III, or Schedule IV controlled substance
11 to the patient for the first time and at least once every four months thereafter while
12 the substances remained part of the treatment of the patient.

13 D. There was an extreme departure from the standard of care for failing to offer
14 naloxone (Narcan) therapy to the patient who was on an excessive MED (Morphine
15 Equivalent Dose);⁸

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17 E. There was a simple departure from the standard of care in the management of the
18 patient's hypertension.

19 22. The above acts or omissions constitute gross negligence under the Code, and
20 therefore subject Respondent's medical license to discipline.

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23 ⁷ During the investigation, it was discovered that the original set of medical records
24 received by the Board from Respondent were incomplete. Respondent was subsequently asked to
25 provide additional medical records, which included additional patient records such as pain
contracts, copies of prescriptions, and the like. These documents were not included in the
original set sent to the Board.

26 ⁸ Since May of 2018, Patient 1 had been prescribed narcotics at least around 100 MME or
27 more (and subsequently MME of 160 starting toward end of January 2019), which would place
28 the patient in a high risk for adverse events. Despite multiple clinic visits during that time (about
monthly), there was no mention of naloxone antidote therapy or prescription by Respondent
before January 2021, when a plan for Narcan was finally documented.

1 **Patient 2**

2 23. Patient 2 (or "patient"), a 68-year-old female, was treated by Respondent from
3 approximately August 2006 through 2022.⁹ Per the records available to the Board, from about
4 May 2013 through February 2022, Respondent treated the patient for various ailments including
5 pain, anxiety, insomnia, and other conditions. During this period, Respondent prescribed multiple
6 controlled substances to Patient 2 including Norco (Hydrocodone), Xanax (alprazolam),
7 Trazadone (antidepressant), Soma (muscle relaxant a.k.a. carisoprodol), and Valium
8 (benzodiazepine).¹⁰

9 24. Although Respondent was prescribing both opioids/narcotics and benzodiazepines to
10 Patient 2, there was no documentation that Respondent provided the patient with any education
11 regarding accidental overdose, and there was no documentation that Respondent provided the
12 patient with a naloxone (Narcan) antidote therapy prescription, which is an opioid reversal
13 medication.¹¹

14 25. Respondent also failed to adequately monitor/manage the patient's chronic use of
15 opiate medications, which were sometimes combined with benzodiazepines and hypnotics, as there
16 were no documented discussions of the potential adverse side effects upon multiple follow up
17 visits by the patient. There was also no documentation of functional goals on the multiple clinic
18 visits, and there were only two documented urine tests (one on October 13, 2015, and another on
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20 ⁹ Although records showed that Patient 2 began treating with Respondent from at least
21 2006, it appeared that Respondent did not become the patient's primary care physician (PCP)
22 until May 2013, when the patient requested that Respondent be her PCP. Acts and omissions
23 occurring prior to 2016 are listed herein for historical purposes.

24 ¹⁰ Norco (Hydrocodone/Schedule II drug) is an opiate pain killer. Xanax is a
25 benzodiazepine often used for anxiety relief. Trazadone is an antidepressant/sedative. Soma
26 (Carisoprodol) is not an opioid, but it is classified as a controlled substance because similar to an
27 opioid, it can lead to dependence and carries a risk for misuse. It should also be noted that a
28 "triple threat" patient profile on drug utilization review due to concurrent usage of opioids,
benzodiazepines/hypnotic agents and skeletal muscle relaxants (e.g. Norco, soma, and valium)
was sent to Respondent and filed on the patient on November 29, 2019, by the patient's
pharmacy. Despite this warning, records showed that Respondent continued to prescribe this
"triple threat" of medications to the patient until at least 2022.

¹¹ As stated above, the standard of care for a provider in California, after January 1, 2019,
is when prescribing opioids concurrently with a benzodiazepine, the provider must offer a
prescription for naloxone (Narcan), and educate the patient regarding overdose prevention and the
use of naloxone.

1 December 4, 2019), despite almost monthly visits by Patient 2 from about 2013 through 2022.
2 Moreover, the urine drug screen test (i.e., the December 2019 test) did not correlate/match the
3 prescription records from Respondent, nor was there an entry for oxycodone prescriptions from
4 Respondent around that time frame (approximately December 2019), although the December
5 2019 urine screen test was positive for oxycodone.¹² Despite multiple clinic visits from about
6 2013 through 2022, documentation shows that CURES was only checked two times in 2013, and
7 again two times in 2022.¹³

8 26. Respondent also failed to accurately document Patient 2's medical records with
9 respect to her treatment of Patient 2. For example, Respondent's handwriting was difficult to
10 decipher in multiple notes. The notes were short and lacking in details. A review of systems on
11 multiple visits were left unmarked. Medication reconciliation was not documented fully on
12 multiple visits in terms of dosing and frequency. There was no reconciliation of outside
13 prescriptions mentioned, and nonstandard abbreviations were used on multiple visits, making the
14 notes difficult to understand. These deficiencies in documentation is an extreme departure from
15 the standard of care, as it would make it difficult for another physician (or physician's assistant)
16 to cross cover or pick up care for this patient based on the medical records provided by
17 Respondent.¹⁴

18 27. Overall, Respondent committed the following acts and/or omissions in her care and
19 treatment of Patient 2 which represent extreme departures from the standard of care:

20 A. There was an extreme departure from the standard of care for Respondent's
21 failure to provide accurate medical record keeping.

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24 ¹² Given this discrepancy/unexpected result, it is concerning for the patient to be taking
25 medication (e.g. oxycodone) that was not meant for her, the standard of care is to, at a minimum,
repeat the urine test to see if there was an error.

26 ¹³ Again, Respondent asserted that she checked CURES three times a year ("About every
27 four months or so..." and sometimes "put it on the record..." or documented that the CURES was
checked....").

28 ¹⁴ Legible and accurate record-keeping is particularly important in this case as Respondent
has a busy practice which relies on other medical professionals (e.g., physician's assistants) to
cover.

1 B. There was an extreme departure from the standard of care for Respondent's
2 failure to provide an appropriate initial and ongoing titration and monitoring of chronic
3 opiate pain management.

4 C. There was an extreme departure from the standard of care for the concurrent
5 prescription of narcotics and benzodiazepines without documentation of appropriate
6 education and consideration for antidote therapy.¹⁵

7 D. There was an extreme departure from the standard of care for failing to consult
8 the CURES database to review a patient's controlled substance history before
9 prescribing a Schedule II, Schedule III, or Schedule IV controlled substance to the
10 patient for the first time and at least once every four months thereafter while the
11 substances remained part of the treatment of the patient.

12 28. The above acts or omissions constitute gross negligence under the Code, and
13 therefore subject Respondent's medical license to discipline.

14 **(Repeated Negligent Acts– 2 Patients)**

15 29. Respondent, Pazrica Morabe Cho, M.D. is subject to disciplinary action under section
16 2234, subdivision (c) of the Code for the commission of acts or omissions involving negligence in
17 the care and treatment of Patients 1 and 2.

18 30. The facts and allegations set forth in the First Cause for Discipline are incorporated
19 by reference as if fully set forth.

20 31. Each of the alleged acts of gross negligence set forth in the First Cause for Discipline,
21 above, is also a negligent act.

22 32. Respondent was also negligent in his management of Patient 1's hypertension.

23 33. The above acts or omissions constitute repeated negligent under the Code, and
24 therefore subject Respondent's medical license to discipline.

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27 ¹⁵ As stated above, the standard of care after January 1, 2019, is when prescribing opioids
28 concurrently with a benzodiazepine, the provider must offer a prescription for naloxone (Narcan),
and educate the patient regarding overdose prevention and the use of naloxone.

1 **THIRD CAUSE FOR DISCIPLINE**

2 **(Excessive Prescribing- Patient 1)**

3 34. Respondent, Pazrica Morabe Cho, M.D. is subject to disciplinary action under section
4 725 of the Code in that Respondent excessively prescribed dangerous drugs to Patient 1, above.

5 35. Paragraphs 16 through 22, inclusive, are incorporated herein by reference as if fully
6 set forth.

7 **FOURTH CAUSE FOR DISCIPLINE**

8 **(Failure to Maintain Adequate and Accurate Medical Records- 2 Patients)**

9 31. By reason of the facts and allegations set forth in the First Cause for Discipline above,
10 Respondent, Pazrica Morabe Cho, M.D. is subject to disciplinary action under section 2266 of the
11 Code in that Respondent failed to maintain adequate and accurate records of her care and
12 treatment of Patients 1 and 2, above.

13 **FIFTH CAUSE FOR DISCIPLINE**

14 **(Prescribing to an Addict - Patient 1)**

15 32. Respondent, Pazrica Morabe Cho, M.D. is subject to disciplinary action under section
16 2241 of the Code in that Respondent prescribed controlled substances to Patient 1 who had signs
17 of addiction/dependence.

18 33. Paragraphs 16 through 22, inclusive, are incorporated herein by reference as if fully.
19 set forth.

20 **SIXTH CAUSE FOR DISCIPLINE**

21 **(Violation of Drug Statute; CURES- 2 Patients)**

22 34. Respondent, Pazrica Morabe Cho, M.D. is subject to disciplinary action under section
23 2238 of the Code and section 11165.4 of the Health and Safety Code in that she failed to consult
24 the CURES database to review a patient's controlled substance history before prescribing a
25 Schedule II, Schedule III, or Schedule IV controlled substance to the patient for the first time and
26 at least once every four months thereafter while the controlled substances remained part of the
27 treatment of the patient. The circumstances are as follows:

28 35. The allegations of the First through Fourth Causes for Discipline, inclusive, are

1 incorporated herein by reference as if fully set forth.

2 **SEVENTH CAUSE FOR DISCIPLINE**

3 **(Offer of Opioid Reversal Drug- 2 Patients)**

4 36. Respondent is subject to disciplinary action under section 741 of the Code, in that
5 Respondent failed to timely offer Patients 1 and 2, above, a prescription for naloxone
6 hydrochloride or another drug approved by the United States Food and Drug Administration for
7 the complete or partial reversal of opioid-induced respiratory depression. The circumstances are
8 as follows:

9 37. The allegations of the First Cause for Discipline, inclusive, are incorporated herein by
10 reference as if fully set forth.

11 **PRAYER**

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

- 14 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 52259,
15 issued to Pazrica Morabe Cho, M.D.;
- 16 2. Revoking, suspending or denying approval of Pazrica Morabe Cho, M.D.'s authority
17 to supervise physician assistants and advanced practice nurses;
- 18 3. Ordering Pazrica Morabe Cho, M.D., to pay the Board the costs of the investigation
19 and enforcement of this case, and if placed on probation, the costs of probation monitoring; and
- 20 4. Taking such other and further action as deemed necessary and proper.

21
22 DATED: **AUG 18 2023**

23 JENNA JONES FOR
24 REJI VARGHESE
25 Executive Director
26 Medical Board of California
27 Department of Consumer Affairs
28 State of California
Complainant