

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

**In the Matter of the Accusation:**

**Larry A. Present, M.D.**

**Physician's and Surgeon's  
Certificate No. G 42579**

**Case No.: 800-2021-080018**

**Respondent.**

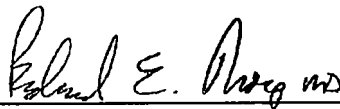
**DECISION**

**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 November 6, 2024.**

**IT IS SO ORDERED: October 7, 2024.**

**MEDICAL BOARD OF CALIFORNIA**



**Richard E. Thorp, Chair  
Panel B**

1 ROB BONTA  
Attorney General of California  
2 ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General  
3 ROSEMARY F. LUZON  
Deputy Attorney General  
4 State Bar No. 221544  
600 West Broadway, Suite 1800  
5 San Diego, CA 92101  
P.O. Box 85266  
6 San Diego, CA 92186-5266  
Telephone: (619) 738-9074  
7 Facsimile: (619) 645-2061

8 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:

14 **Larry A. Presant, M.D.**  
15 **15611 Pomerado Road, # 400**  
**Poway, CA 92064**

16 **Physician's and Surgeon's Certificate**  
17 **No. G 42579,**

18 Respondent.

Case No. 800-2021-080018

OAH No. 2024010345

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

19  
20 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
21 entitled proceedings that the following matters are true:

22 **PARTIES**

23 1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of  
24 California (Board). He brought this action solely in his official capacity and is represented in this  
25 matter by Rob Bonta, Attorney General of the State of California, by Rosemary F. Luzon, Deputy  
26 Attorney General.

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1           2.     Respondent Larry A. Presant, M.D. (Respondent) is represented in this proceeding by  
2 attorney N. Ben Cramer, Esq., whose address is: Kelly Trotter & Franzen, 225 Broadway, Suite  
3 1500, San Diego, California 92101.

4           3.     On or about July 14, 1980, the Board issued Physician's and Surgeon's Certificate  
5 No. G 42579 to Respondent. The Physician's and Surgeon's Certificate was in full force and  
6 effect at all times relevant to the charges brought in Accusation No. 800-2021-080018, and will  
7 expire on September 30, 2025, unless renewed.

8                                   **JURISDICTION**

9           4.     On or about October 12, 2023, Accusation No. 800-2021-080018 was filed before the  
10 Board, and is currently pending against Respondent. The Accusation and all other statutorily  
11 required documents were properly served on Respondent on October 12, 2023, at his address of  
12 record. Respondent timely filed his Notice of Defense contesting the Accusation.

13           5.     A true and correct copy of Accusation No. 800-2021-080018 is attached as Exhibit A  
14 and incorporated herein by reference.

15                                   **ADVISEMENT AND WAIVERS**

16           6.     Respondent has carefully read, fully discussed with counsel, and understands the  
17 charges and allegations in Accusation No. 800-2021-080018. Respondent has also carefully read,  
18 fully discussed with his counsel, and understands the effects of this Stipulated Settlement and  
19 Disciplinary Order.

20           7.     Respondent is fully aware of his legal rights in this matter, including the right to a  
21 hearing on the charges and allegations in the Accusation; the right to confront and cross-examine  
22 the witnesses against him; the right to present evidence and to testify on his own behalf; the right  
23 to the issuance of subpoenas to compel the attendance of witnesses and the production of  
24 documents; the right to reconsideration and court review of an adverse decision; and all other  
25 rights accorded by the California Administrative Procedure Act and other applicable laws, having  
26 been fully advised of same by his attorney, N. Ben Cramer, Esq.

27           8.     Having the benefit of counsel, Respondent voluntarily, knowingly, and intelligently  
28 waives and gives up each and every right set forth above.

1 **CULPABILITY**

2 9. Respondent does not contest that, at an administrative hearing, Complainant could  
3 establish a *prima facie* case with respect to the charges and allegations contained in Accusation  
4 No. 800-2021-080018, and Respondent hereby gives up his rights to contest those charges.  
5 Respondent further agrees that he has thereby subjected his Physician's and Surgeon's Certificate  
6 No. G 42579 to disciplinary action.

7 10. Respondent agrees that if he ever petitions for early termination or modification of  
8 probation, or if an accusation and/or petition to revoke probation is filed against him before the  
9 Board, all of the charges and allegations contained in Accusation No. 800-2021-080018 shall be  
10 deemed true, correct and fully admitted by Respondent for purposes of any such proceeding or  
11 any other licensing proceeding involving Respondent in the State of California.

12 11. Respondent agrees that his Physician's and Surgeon's Certificate No. G 42579 is  
13 subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth  
14 in the Disciplinary Order below.

15 **CONTINGENCY**

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

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1 with any information and documents that the approved course provider may deem pertinent.  
2 Respondent shall participate in and successfully complete the classroom component of the course  
3 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully  
4 complete any other component of the course within one (1) year of enrollment. The prescribing  
5 practices course shall be at Respondent's expense and shall be in addition to the Continuing  
6 Medical Education (CME) requirements for renewal of licensure.

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

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

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

24 A medical record keeping course taken after the acts that gave rise to the charges in the  
25 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
26 or its designee, be accepted towards the fulfillment of this condition if the course would have  
27 been approved by the Board or its designee had the course been taken after the effective date of  
28 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.

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

The program shall consist of a comprehensive assessment of Respondent's physical and mental health and the six general domains of clinical competence as defined by the Accreditation Council on Graduate Medical Education and American Board of Medical Specialties pertaining to Respondent's current or intended area of practice. The program shall take into account data obtained from the pre-assessment, self-report forms and interview, and the Decision(s), Accusation(s), and any other information that the Board or its designee deems relevant. The program shall require Respondent's on-site participation as determined by the program for the assessment and clinical education and evaluation. Respondent shall pay all expenses associated with the clinical competence assessment program.

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

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

If Respondent fails to enroll, participate in, or successfully complete the clinical competence assessment program within the designated time period, Respondent shall receive a

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

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

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

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

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

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

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

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

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1           6.   SOLO PRACTICE PROHIBITION. Respondent is prohibited from engaging in the  
2 solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice  
3 where: 1) Respondent merely shares office space with another physician but is not affiliated for  
4 purposes of providing patient care, or 2) Respondent is the sole physician practitioner at that  
5 location.

6           If Respondent fails to establish a practice with another physician or secure employment in  
7 an appropriate practice setting within 60 calendar days of the effective date of this Decision,  
8 Respondent shall receive a notification from the Board or its designee to cease the practice of  
9 medicine within three (3) calendar days after being so notified. The Respondent shall not resume  
10 practice until an appropriate practice setting is established.

11           If, during the course of the probation, the Respondent's practice setting changes and the  
12 Respondent is no longer practicing in a setting in compliance with this Decision, the Respondent  
13 shall notify the Board or its designee within five (5) calendar days of the practice setting change.  
14 If Respondent fails to establish a practice with another physician or secure employment in an  
15 appropriate practice setting within 60 calendar days of the practice setting change, Respondent  
16 shall receive a notification from the Board or its designee to cease the practice of medicine within  
17 three (3) calendar days after being so notified. The Respondent shall not resume practice until an  
18 appropriate practice setting is established.

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

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

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

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

7           10. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby  
8 ordered to reimburse the Board its costs of investigation and enforcement in the amount of  
9 \$30,194.76 (thirty thousand one hundred ninety-four dollars and seventy-six cents). Costs shall  
10 be payable to the Medical Board of California. Failure to pay such costs shall be considered a  
11 violation of probation.

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

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

18           11. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations  
19 under penalty of perjury on forms provided by the Board, stating whether there has been  
20 compliance with all the conditions of probation.

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

23           12. GENERAL PROBATION REQUIREMENTS.

24           Compliance with Probation Unit

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

26           Address Changes

27           Respondent shall, at all times, keep the Board informed of Respondent's business and  
28 residence addresses, email address (if available), and telephone number. Changes of such

addresses shall be immediately communicated in writing to the Board or its designee. Under no circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code section 2021, subdivision (b).

Place of Practice

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

License Renewal

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

Travel or Residence Outside California

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

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

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

14. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is defined as any period of time Respondent is not practicing medicine as defined in Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct patient care, clinical activity or teaching, or other activity as approved by the Board. If Respondent resides in California and is considered to be in non-practice, Respondent shall comply with all terms and conditions of probation. All time spent in an intensive training

1 program which has been approved by the Board or its designee shall not be considered non-  
2 practice and does not relieve Respondent from complying with all the terms and conditions of  
3 probation. Practicing medicine in another state of the United States or Federal jurisdiction while  
4 on probation with the medical licensing authority of that state or jurisdiction shall not be  
5 considered non-practice. A Board-ordered suspension of practice shall not be considered as a  
6 period of non-practice.

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

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

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

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

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

25 16. VIOLATION OF PROBATION. Failure to fully comply with any term or condition  
26 of probation is a violation of probation. If Respondent violates probation in any respect, the  
27 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and  
28 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke

1 Probation, or an Interim Suspension Order is filed against Respondent during probation, the  
2 Board shall have continuing jurisdiction until the matter is final, and the period of probation shall  
3 be extended until the matter is final.

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

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

19 19. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for  
20 a new license or certification, or petition for reinstatement of a license, by any other health care  
21 licensing action agency in the State of California, all of the charges and allegations contained in  
22 Accusation No. 800-2021-080018 shall be deemed to be true, correct, and admitted by  
23 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or  
24 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, N. Ben Cramer, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate No. G 42579. 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.

Signature: Larry A. Present MD

Larry A. Present MD (Aug 20, 2024 17:54 PDT)

DATED: 8/20/24

Email: larrypapr@hotmail.com

LARRY A. PRESENT, M.D.  
Respondent

I have read and fully discussed with Respondent Larry A. Present, 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: 8/20/24

N. Ben Cramer  
N. BEN CRAMER, ESQ  
Attorney for Respondent

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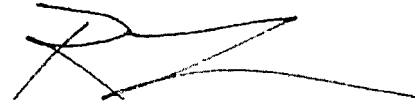
**ENDORSEMENT**

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

DATED: 8/21/2024

Respectfully submitted,

ROB BONTA  
Attorney General of California  
ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General



ROSEMARY F. LUZON  
Deputy Attorney General  
*Attorneys for Complainant*

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**Exhibit A**

**Accusation No. 800-2021-080018**

1 ROB BONTA  
Attorney General of California  
2 ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General  
3 ROSEMARY F. LUZON  
Deputy Attorney General  
4 State Bar No. 221544  
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P.O. Box 85266  
6 San Diego, CA 92186-5266  
Telephone: (619) 738-9074  
7 Facsimile: (619) 645-2061

8 *Attorneys for Complainant*

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10 **BEFORE THE**  
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11 **DEPARTMENT OF CONSUMER AFFAIRS**  
**STATE OF CALIFORNIA**  
12

13 In the Matter of the Accusation Against:

Case No. 800-2021-080018

14 **Larry A. Presant, M.D.**  
15 **15611 Pomerado Road, # 400**  
**Poway, CA 92064**

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

16 **Physician's and Surgeon's Certificate**  
17 **No. G 42579,**

18 **Respondent.**

19  
20 **PARTIES**

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

24 2. On or about July 14, 1980, the Board issued Physician's and Surgeon's Certificate  
25 No. G 42579 to Larry A. Presant, M.D. (Respondent). The Physician's and Surgeon's Certificate  
26 was in full force and effect at all times relevant to the charges brought herein and will expire on  
27 September 30, 2023, unless renewed.

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4. Section 2220 of the Code states:

5. Section 2227 of the Code states:

(1) Have his or her license revoked 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.

(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.

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1       7.     Section 725 of the Code states:

2           (a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or  
3     administering of drugs or treatment, repeated acts of clearly excessive use of  
4     diagnostic procedures, or repeated acts of clearly excessive use of diagnostic or  
5     treatment facilities as determined by the standard of the community of licensees is  
6     unprofessional conduct for a physician and surgeon . . .

7       8.     Section 2266 of the Code states:

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

### 11                               COST RECOVERY

12       9.     Section 125.3 of the Code states:

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

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

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

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

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

38           (f) In any action for recovery of costs, proof of the board's decision shall be  
39    conclusive proof of the validity of the order of payment and the terms for payment.

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

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

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

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

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

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

##### 15 **(Gross Negligence)**

16 10. Respondent has subjected his Physician's and Surgeon's Certificate No. G 42579 to  
17 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of  
18 the Code, in that he committed gross negligence in his care and treatment of Patient A,<sup>1</sup> as more  
19 particularly alleged hereinafter:

20 11. On or about September 5, 2008, Patient A established care with Respondent as a new  
21 patient.<sup>2</sup> Later that month, on or about September 26, 2008, Patient A saw Respondent for an  
22 annual physical. At or around the time of these visits, Patient A completed two patient  
23 questionnaires. In the questionnaire entitled, "Adult Physical Exam – Confidential Health  
24 Update," Patient A stated that he periodically took Xanax<sup>3</sup> to "get back to sleep[.]" In the  
25 questionnaire entitled, "Confidential Medical History," Patient A listed Xanax as a current  
26 medication that he was taking. The dosage was 0.5 mg and the frequency was three to four times  
27 per week, and he stated that he began taking Xanax in 2001 off and on. He further stated that he  
28 recently experienced mild anxiety, with onset dates in 2001 and 2005.

29 <sup>1</sup> References to "Patient A" herein are used to protect patient privacy.

30 <sup>2</sup> Any medical care or treatment rendered by Respondent more than seven years prior to  
31 the filing of the instant Accusation is described for informational and contextual purposes only  
32 and not pleaded as a basis for disciplinary action.

33 <sup>3</sup> Xanax (alprazolam) is a Schedule IV controlled substance pursuant to Health and Safety  
34 Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions  
35 Code section 4022.

1           12. Between in or about January 2011, and July 2016, Patient A had approximately nine  
2 visits with Respondent. These visits took place on or about January 24, 2011, February 11, 2011,  
3 December 22, 2011, January 8, 2013, July 9, 2013, August 12, 2014, July 14, 2015, November 4,  
4 2015, and July 11, 2016. During this timeframe, Respondent continuously prescribed Xanax and  
5 Ambien to Patient A, either alone or in combination with each other.

6           13. During the visits that took place on or about January 24, 2011, and February 11,  
7 2011, Respondent prescribed Xanax to Patient A. The dosage was 0.5 mg, the quantity was #60,  
8 and the frequency was "1-2 tablet (0.25MG) by ORAL route 2 times every bedtime."

9           14. On or about December 22, 2011, Respondent started Patient A on Ambien.<sup>4</sup> During  
10 this visit, Patient A told Respondent that Xanax helped his insomnia, worked well, and that he  
11 took a half pill in the middle of the night. As part of the assessment/plan, Respondent noted that  
12 they discussed Ambien and Xanax, and that Patient A will try Ambien and taper off Xanax.  
13 Respondent instructed Patient A to return in six months unless there was a problem. The dosage  
14 for Xanax continued to be 0.5 mg, with a quantity of #60, and a frequency of "1-2 tablet  
15 (0.25MG) by ORAL route 2 times every bedtime." The dosage for Ambien was 10 mg, the  
16 quantity was #30, and the frequency was one tablet (10 mg) orally every day at bedtime as  
17 needed.

18           15. On or about January 8, 2013, Patient A saw Respondent for a follow-up visit  
19 regarding his insomnia. Respondent noted that his complaints about insomnia were "continual."  
20 Respondent prescribed only Ambien to Patient A during this visit, at the same prior dosage (10  
21 mg), quantity (#30), and frequency (one tablet per day at bedtime as needed). Respondent  
22 instructed Patient A to return in six months. In or around late January 2013, telephone records  
23 from Respondent's office showed communications from the pharmacy reporting that Patient A  
24 requested a prescription for Xanax, followed by Respondent's issuance of a Xanax prescription in  
25 March 2013, and then refills of both Xanax and Ambien in June 2013.

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27           <sup>4</sup> Ambien (zolpidem tartrate) is a Schedule IV controlled substance pursuant to Health and  
28 Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and  
Professions Code section 4022.

1           16. On or about July 9, 2013, August 12, 2014, and July 14, 2015, Patient A presented to  
2 Respondent with complaints of insomnia. During the July 9, 2013, visit, Respondent noted that  
3 Patient A "awakens at 3-4." As part of the assessment/plan, Respondent noted that Patient A will  
4 "[u]se Ambien for 1 week to improve sleep pattern[.]" Respondent prescribed Xanax and  
5 Ambien during this visit. The dosage for Xanax was 0.25 mg, with a quantity of #60, and a  
6 frequency of "1 tablet (0.25MG) by ORAL route 2 times every day as needed[.]" The dosage for  
7 Ambien was 10 mg, the quantity was #30, and the frequency was "0.5 - 1 Tablet (5MG) by  
8 ORAL route every day at bedtime as needed[.]"

9           17. During the August 12, 2014, visit, Respondent noted that Patient A "has been doing  
10 OK on his medication" and doing well with respect to his insomnia. Respondent continued to  
11 prescribe both Xanax and Ambien to Patient A. The dosage for Xanax was 0.25 mg and the  
12 frequency was "1 tablet (0.25MG) by ORAL route 2 times every day as needed[.]" The dosage  
13 for Ambien was 10 mg and the frequency was "1 Tablet by ORAL route every day at bedtime as  
14 needed[.]"

15           18. During the July 14, 2015, visit, Respondent noted that Patient A's insomnia  
16 complaints were "continual." In his assessment/plan, Respondent suggested to Patient A that he  
17 should limit his Ambien intake to 10 mg per night. He instructed Patient A to return in six  
18 months. Respondent stopped Xanax, but continued to prescribe Ambien to Patient A. The  
19 dosage for Ambien was 10 mg and the frequency was "1 Tablet by ORAL route every day at  
20 bedtime as needed for insomnia[.]"

21           19. On or about November 4, 2015, Patient A presented to Respondent again with  
22 complaints of insomnia. He told Respondent he was taking "more than 1 ambien a night." As  
23 part of the assessment/plan, Respondent repeated that Patient A should try to limit his Ambien  
24 intake to 10 mg per night, and he added trazodone to the regimen.<sup>5</sup> The dosage for Ambien was  
25 10 mg and the frequency was one tablet per night at bedtime as needed. The dosage for trazodone  
26 was 50 mg and the frequency was one to two tablets per night at bedtime.

27 ///

28           <sup>5</sup> Trazodone is an antidepressant medication that is sometimes prescribed as a sleep aid.

20. On or about July 11, 2016, Patient A presented to Respondent with sleep problems and his symptoms were noted to be "unchanged." Respondent continued Patient A on the same Ambien and trazodone regimen, but decreased the frequency for trazodone to one tablet per night, taken one to two hours before bedtime. He instructed Patient A to return in four to five months.

21. From in or about July 2016, to October 2019, Respondent continuously prescribed Ambien to Patient A, which Patient A filled as follows:

Date Filled	Drug Name	Form	Strength	Quantity	Days Supplied	Refill #
7-1-2016	Zolpidem Tartrate	TAB	10 mg	30	30	0
8-1-2016	Zolpidem Tartrate	TAB	10 mg	30	30	0
8-30-2016	Zolpidem Tartrate	TAB	10 mg	30	30	1
9-28-2016	Zolpidem Tartrate	TAB	10 mg	30	30	2
10-26-2016	Zolpidem Tartrate	TAB	10 mg	30	30	3
11-23-2016	Zolpidem Tartrate	TAB	10 mg	30	30	4
12-9-2016	Zolpidem Tartrate	TAB	10 mg	30	30	0
2-1-2017	Zolpidem Tartrate	TAB	10 mg	30	30	2
2-28-2017	Zolpidem Tartrate	TAB	10 mg	30	30	3
3-25-2017	Zolpidem Tartrate	TAB	10 mg	30	30	4
4-23-2017	Zolpidem Tartrate	TAB	10 mg	30	30	5
6-15-2017	Zolpidem Tartrate	TAB	10 mg	30	30	0
7-13-2017	Zolpidem Tartrate	TAB	10 mg	30	30	0
8-10-2017	Zolpidem Tartrate	TAB	10 mg	30	30	1
9-6-2017	Zolpidem Tartrate	TAB	10 mg	30	30	2
10-9-2017	Zolpidem Tartrate	TAB	10 mg	30	30	3
11-6-2017	Zolpidem Tartrate	TAB	10 mg	30	30	4
12-5-2017	Zolpidem Tartrate	TAB	10 mg	60	60	0
2-1-2018	Zolpidem Tartrate	TAB	10 mg	60	60	1
3-21-2018	Zolpidem Tartrate	TAB	10 mg	60	60	2
5-7-2018	Zolpidem Tartrate	TAB	10 mg	60	60	0
7-17-2018	Zolpidem Tartrate	TAB	10 mg	60	60	1
9-11-2018	Zolpidem Tartrate	TAB	10 mg	60	60	0
11-5-2018	Zolpidem Tartrate	TAB	10 mg	60	60	1
1-3-2019	Zolpidem Tartrate	TAB	10 mg	60	60	2
3-5-2019	Zolpidem Tartrate	TAB	10 mg	60	60	0



Date Filled	Drug Name	Form	Strength	Quantity	Days Supplied	Refill #
5-6-2019	Zolpidem Tartrate	TAB	10 mg	60	60	1
7-1-2019	Zolpidem Tartrate	TAB	10 mg	60	60	2
8-30-2019	Zolpidem Tartrate	TAB	10 mg	60	60	0
10-26-2019	Zolpidem Tartrate	TAB	10 mg	60	60	1

22. After the July 11, 2016, visit, Patient A had approximately six more visits with Respondent occurring between in or about December 2016, and November 2019, with the last visit taking place on or about November 25, 2019. During this timeframe, Respondent continuously prescribed Ambien to Patient A, alongside trazodone.

23. During the visits that took place on or about December 9, 2016, June 15, 2017, and November 27, 2017, Patient A continued to present with sleep problems, and he continued to use Ambien and trazodone in order to sleep. During the June 15, 2017, visit, Respondent noted that Patient A's sleep complaints were "episodic." During the November 27, 2017, visit, Respondent noted that Patient A was "doing well" on Ambien. Respondent continued to prescribe Ambien and trazodone to Patient A during these visits. The dosage for Ambien was 10 mg and the frequency was one tablet per night at bedtime as needed. The dosage for trazodone was 50 mg and the frequency was one tablet per night.

24. During the September 11, 2018, visit, Respondent noted that Patient A presented again with sleep problems, but his symptoms were "improving" and were controlled on Ambien and trazodone. Respondent further noted that Patient A was getting up at 4:00 a.m. and "taking an extra 1/2 ambien." In his assessment/plan, Respondent noted that he would try to increase the dosage of trazodone to 100 mg at night for insomnia. He instructed Patient A to return in six months unless there was a problem. Respondent continued to prescribe both trazodone and Ambien to Patient A. The dosage for trazodone was 100 mg and the frequency was "1 tablet by oral route[,] 2 times every day after meals[.]" Despite noting Patient A's overuse of Ambien, Respondent continued Patient A on Ambien at the same prior dosage (10 mg) and frequency (one tablet per night at bedtime as needed).

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1           25. Approximately one year later, on or about August 20, 2019, Patient A presented to  
2 Respondent with sleep problems. Respondent noted that he was doing well on Ambien, with no  
3 side effects. Respondent continued Patient A on the same regimen for Ambien and trazodone.

4           26. On or about November 25, 2019, Patient A had his last visit with Respondent. He  
5 presented with complaints of insomnia and anxiety. Respondent noted that Patient A was "taking  
6 too much Ambien." Apart from noting Patient A's anxiety, Respondent did not document any  
7 further history or information about this complaint. Despite Patient A's insomnia complaints,  
8 Respondent noted in his review of systems that Patient A was negative for insomnia. In addition,  
9 Respondent did not conduct a relevant psychiatric or neurological examination to assess Patient  
10 A's insomnia and anxiety complaints.

11           27. During this visit, Respondent increased the dosage of trazodone to 200 mg at night  
12 for Patient A's insomnia and he added citalopram<sup>6</sup> for "mood and spirits and anxiety."  
13 Respondent also continued to prescribe Ambien to Patient A. The dosage for citalopram was 10  
14 mg and the frequency was one tablet daily. The dosage for trazodone was 100 mg and the  
15 frequency was two tablets daily after meals. Despite noting Patient A's overuse of Ambien,  
16 Respondent continued Patient A on Ambien at the same prior dosage (10 mg) and frequency (one  
17 tablet per night at bedtime as needed). Moreover, Respondent failed to clearly document the plan  
18 for this escalated medication regimen, including the rationale for his decision to continue  
19 prescribing Ambien at a high dose on an as-needed basis, particularly given Patient A's prolonged  
20 use of Ambien.

21           28. On or about November 30, 2019, Patient A was admitted to the hospital. On or about  
22 December 3, 2019, Respondent's office was contacted by a physician from the hospital. The  
23 physician advised that Patient A was experiencing cognitive changes that brought him in. The  
24 physician stated that Patient A was abusing Ambien and requested that he not be prescribed any  
25 more Ambien.

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28       \_\_\_\_\_  
          <sup>6</sup> Citalopram is an antidepressant medication.

1           29. Between in or about 2016, and November 25, 2019, Respondent failed to evaluate  
2 and document an appropriate history and information about Patient A's recurring complaints of  
3 insomnia, including his sleep patterns, sleep hygiene, life stressors, precipitating factors, relieving  
4 factors, alcohol and caffeine use, and other potential contributing factors to his insomnia.  
5 Respondent also failed to evaluate and document an appropriate history and information about  
6 Patient A's complaints of anxiety during the November 25, 2019, visit.

7           30. Between in or about 2016, and November 25, 2019, Respondent failed to provide any  
8 treatment options to Patient A to address his complaints of insomnia and anxiety other than  
9 medication.

10          31. Between in or about 2016, and November 25, 2019, Respondent failed to provide any  
11 specialist referrals to Patient A to address his complaints of insomnia and anxiety.

12          32. Between in or about 2016, and November 25, 2019, Respondent failed to discuss and  
13 document the risks of sedatives such as Ambien with Patient A, including the risks of  
14 dependency, abuse, and withdrawal.

15          33. Between the FDA's issuance of a Black Box warning for Ambien in or about April  
16 2019, and November 25, 2019, Respondent failed to discuss and document the risk of serious  
17 injury and death resulting from complex sleep behaviors with Patient A.

18          34. Respondent committed gross negligence in his care and treatment of Patient A, which  
19 included, but was not limited to, the following:

20           A. Respondent failed to adequately evaluate and document an appropriate  
21 history and information regarding Patient A's complaints of insomnia and anxiety.

22           B. Respondent failed to provide any treatment options to Patient A to  
23 address his complaints of insomnia and anxiety other than medication.

24           C. Respondent failed to provide any specialist referrals to Patient A to  
25 address his complaints of insomnia and anxiety.

26           D. Respondent failed to safely manage Patient A's prescriptions for Ambien  
27 by: (1) continuing to prescribe Ambien at the same regimen despite noting Patient  
28 A's overuse of the medication; (2) failing to clearly document the plan and rationale

1 for escalating Patient A's medication regimen on or about November 25, 2019; and  
2 (3) failing to discuss and document the risks of sedatives such as Ambien with Patient  
3 A, including the FDA's Black Box warning for Ambien.

4 **SECOND CAUSE FOR DISCIPLINE**

5 **(Excessive Prescribing of Controlled Substances)**

6 35. Respondent has subjected his Physician's and Surgeon's Certificate No. G 42579 to  
7 disciplinary action under sections 2227 and 2234, as defined by section 725, subdivision (a), of  
8 the Code, in that he committed repeated acts of excessively prescribing controlled substances to  
9 Patient A, as more particularly alleged in paragraphs 11 through 34, above, which are hereby  
10 incorporated by reference and re-alleged as if fully set forth herein.

11 **THIRD CAUSE FOR DISCIPLINE**

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

13 36. Respondent has subjected his Physician's and Surgeon's Certificate No. G 42579 to  
14 disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that  
15 he failed to maintain adequate and accurate records regarding his care and treatment of Patient A,  
16 as more particularly alleged in paragraphs 11 through 34, above, which are hereby incorporated  
17 by reference and re-alleged as if fully set forth herein.

18 **PRAAYER**

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

21 1. Revoking or suspending Physician's and Surgeon's Certificate No. G 42579, issued  
22 to Respondent Larry A. Presant, M.D.;

23 2. Revoking, suspending or denying approval of Respondent Larry A. Presant, M.D.'s  
24 authority to supervise physician assistants and advanced practice nurses;


25 3. Ordering Respondent Larry A. Presant, M.D., to pay the Board the costs of the  
26 investigation and enforcement of this case, and if placed on probation, the costs of probation  
27 monitoring; and

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

DATED: OCT 12 2023

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

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