

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

In the Matter of the Accusation
Against:

Elisa Cuellar Alvarado, M.D.

Physician's and Surgeon's
Certificate No. A 98438

Case No.: 800-2021-082975

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 April 10, 2025.

IT IS SO ORDERED: March 11, 2025.

MEDICAL BOARD OF CALIFORNIA

Michelle A. Bholat, MD

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

1 ROB BONTA
2 Attorney General of California
3 EDWARD KIM
4 Supervising Deputy Attorney General
5 CHRISTINA SEIN GOOT
6 Deputy Attorney General
7 State Bar No. 229094
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13 *Attorneys for Complainant*

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

In the Matter of the Accusation Against:

Case No. 800-2021-082975

ELISA CUELLAR ALVARADO, M.D.
630 S. Raymond Ave., Suite 340
Pasadena, CA 91105

OAH No. 2024080348

**Physician's and Surgeon's
Certificate No. A 98438,**

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

Respondent.

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

PARTIES

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

2. Respondent Elisa Cuellar Alvarado, M.D. (Respondent) is represented in this proceeding by attorney Kevin D. Cauley, whose address is: 35 North Lake Avenue, Suite 710 Pasadena, CA 91101-4185.

3. On or about December 29, 2006, the Board issued Physician's and Surgeon's Certificate No. A 98438 to Respondent. The Physician's and Surgeon's Certificate was in full

1 force and effect at all times relevant to the charges brought in Accusation No. 800-2021-082975,
2 and will expire on August 31, 2026, unless renewed.

3 **JURISDICTION**

4 4. Accusation No. 800-2021-082975 was filed before the Board, and is currently
5 pending against Respondent. The Accusation and all other statutorily required documents were
6 properly served on Respondent on April 4, 2024. Respondent timely filed her Notice of Defense
7 contesting the Accusation.

8 5. A copy of Accusation No. 800-2021-082975 is attached hereto as **Exhibit A** and
9 incorporated herein by reference.

10 **ADVISEMENT AND WAIVERS**

11 6. Respondent has carefully read, fully discussed with counsel, and understands the
12 charges and allegations in Accusation No. 800-2021-082975. Respondent has also carefully read,
13 fully discussed with her counsel, and understands the effects of this Stipulated Settlement and
14 Disciplinary Order.

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

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

23 **CULPABILITY**

24 9. Respondent understands and agrees that the charges and allegations in Accusation
25 No. 800-2021-082975, if proven at a hearing, constitute cause for imposing discipline upon her
26 Physician's and Surgeon's Certificate. Respondent hereby gives up her right to contest those
27 charges and allegations.

28 10. Respondent does not contest that, at an administrative hearing, Complainant could

1 establish a *prima facie* case with respect to the charges and allegations contained in Accusation
2 No. 800-2021-082975 and that she has thereby subjected her license to disciplinary action.

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

6 **CONTINGENCY**

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

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

20 14. Respondent agrees that if she ever petitions for early termination or modification of
21 probation, or if an accusation and/or petition to revoke probation is filed against her before the
22 Board, all of the charges and allegations contained in Accusation No. 800-2021-082975 shall be
23 deemed true, correct and fully admitted by Respondent for purposes of any such proceeding or
24 any other licensing proceeding involving Respondent in the State of California.

25 15. The parties understand and agree that Portable Document Format (PDF) and facsimile
26 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile
27 signatures thereto, shall have the same force and effect as the originals.

28 16. In consideration of the foregoing admissions and stipulations, the parties agree that

1 the Board may, without further notice or opportunity to be heard by the Respondent, issue and
2 enter the following Disciplinary Order:

3 **DISCIPLINARY ORDER**

4 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 98438 issued
5 to Respondent ELISA CUELLAR ALVARADO, M.D. is revoked. However, the revocation is
6 stayed and Respondent is placed on probation for three (3) years on the following terms and
7 conditions:

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

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

27 A prescribing practices course taken after the acts that gave rise to the charges in the
28 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board

1 or its designee, be accepted towards the fulfillment of this condition if the course would have
2 been approved by the Board or its designee had the course been taken after the effective date of
3 this Decision.

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

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

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

21 Respondent shall submit a certification of successful completion to the Board or its
22 designee not later than 15 calendar days after successfully completing the course, or not later than
23 15 calendar days after the effective date of the Decision, whichever is later.

24 4. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this
25 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice
26 monitor, the name and qualifications of one or more licensed physicians and surgeons whose
27 licenses are valid and in good standing, and who are preferably American Board of Medical
28 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal

1 relationship with Respondent, or other relationship that could reasonably be expected to
2 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
3 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
4 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

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

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

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

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

27 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
28 such resignation or unavailability, submit to the Board or its designee, for prior approval, the

1 name and qualifications of a replacement monitor who will be assuming that responsibility within
2 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
3 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
4 notification from the Board or its designee to cease the practice of medicine within three (3)
5 calendar days after being so notified. Respondent shall cease the practice of medicine until a
6 replacement monitor is approved and assumes monitoring responsibility.

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

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

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

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

24 7. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
25 ordered to reimburse the Board its costs of investigation and enforcement, including, but not
26 limited to, expert review, amended accusations, legal reviews, investigation(s), and subpoena
27 enforcement, as applicable, in the amount of \$33,888.00 (thirty-three thousand eight hundred
28 eighty eight dollars and zero cents). Costs shall be payable to the Medical Board of California.

1 Failure to pay such costs shall be considered a violation of probation.

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

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

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

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

13 9. **GENERAL PROBATION REQUIREMENTS.**

14 Compliance with Probation Unit

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

16 Address Changes

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

22 Place of Practice

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

26 License Renewal

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

1 Travel or Residence Outside California

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

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

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

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

25 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
26 months, Respondent shall successfully complete the Federation of State Medical Boards's Special
27 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
28 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model

1 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.
2 Respondent's period of non-practice while on probation shall not exceed two (2) years.
3 Periods of non-practice will not apply to the reduction of the probationary term.
4 Periods of non-practice for a Respondent residing outside of California will relieve
5 Respondent of the responsibility to comply with the probationary terms and conditions with the
6 exception of this condition and the following terms and conditions of probation: Obey All Laws;
7 General Probation Requirements; Quarterly Declarations.

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

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

21 14. LICENSE SURRENDER. Following the effective date of this Decision, if
22 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
23 the terms and conditions of probation, Respondent may request to surrender his or her license.
24 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in
25 determining whether or not to grant the request, or to take any other action deemed appropriate
26 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
27 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
28 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject

1 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
2 application shall be treated as a petition for reinstatement of a revoked certificate.

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

8 16. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
9 a new license or certification, or petition for reinstatement of a license, by any other health care
10 licensing action agency in the State of California, all of the charges and allegations contained in
11 Accusation No. 800-2021-082975 shall be deemed to be true, correct, and admitted by
12 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
13 restrict license.

ACCEPTANCE

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

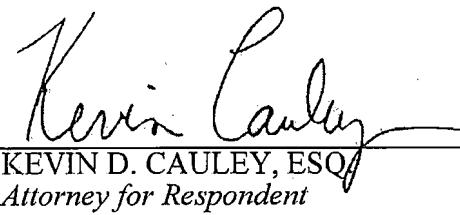
21 DATED: 12/23/24
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ELISA CUELLAR ALVARADO, M.D.
Respondent

[Signatures continued on following page]

1 I have read and fully discussed with Respondent Elisa Cuellar Alvarado, M.D. the terms
2 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary
3 Order. I approve its form and content.

4
5 DATED: December 23, 2024


KEVIN D. CAULEY, ESQ.
Attorney for Respondent

7
8 **ENDORSEMENT**

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

11 DATED: _____

Respectfully submitted,

12 ROB BONTA
13 Attorney General of California
14 EDWARD KIM
Supervising Deputy Attorney General

16 CHRISTINA SEIN GOOT
17 Deputy Attorney General
18 *Attorneys for Complainant*

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1 I have read and fully discussed with Respondent Elisa Cuellar Alvarado, M.D. the terms
2 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary
3 Order. I approve its form and content.

4
5 DATED: _____

6 KEVIN D. CAULEY, ESQ.
7 *Attorney for Respondent*

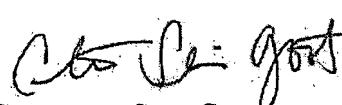
8 **ENDORSEMENT**

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

11 DATED: 12/24/2024

12 Respectfully submitted,

13 ROB BONTA
14 Attorney General of California
15 EDWARD KIM
16 Supervising Deputy Attorney General

17 
18 CHRISTINA SEIN GOOT
19 Deputy Attorney General
20 Attorneys for Complainant

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Exhibit A

Accusation No. 800-2021-082975

1 ROB BONTA
2 Attorney General of California
3 EDWARD KIM
4 Supervising Deputy Attorney General
5 CHRISTINA SEIN GOOT
6 Deputy Attorney General
7 State Bar No. 229094
8 300 So. Spring Street, Suite 1702
9 Los Angeles, CA 90013
10 Telephone: (213) 269-6481
11 Facsimile: (916) 731-2117
12 *Attorneys for Complainant*

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

In the Matter of the Accusation Against: Case No. 800-2021-082975
ELISA CUELLAR ALVARADO, M.D. ACCUSATION
630 S. Raymond Ave., Suite 340
Pasadena, CA 91105
Physician's and Surgeon's Certificate
No. A 98438,
Respondent.

PARTIES

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

2. On or about December 29, 2006, the Board issued Physician's and Surgeon's
Certificate Number A 98438 to Elisa Cuellar Alvarado, M.D. (Respondent). The Physician's and
Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
herein and will expire on August 31, 2024, unless renewed.

JURISDICTION

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

1 indicated.

2 4. Section 2004 of the Code states:

3 The board shall have the responsibility for the following:

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

6 (b) The administration and hearing of disciplinary actions.

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

9 (d) Suspending, revoking, or otherwise limiting certificates after the conclusion
10 of disciplinary actions.

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

13 (f) Approving undergraduate and graduate medical education programs.

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

16 (h) Issuing licenses and certificates under the board's jurisdiction.

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

18 5. Section 2227 of the Code states:

19 (a) A licensee whose matter has been heard by an administrative law judge of
20 the Medical Quality Hearing Panel as designated in Section 11371 of the Government
21 Code, or whose default has been entered, and who is found guilty, or who has entered
22 into a stipulation for disciplinary action with the board, may, in accordance with the
23 provisions of this chapter:

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

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

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

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

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

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

1 continuing education activities, and cost reimbursement associated therewith that are
2 agreed to with the board and successfully completed by the licensee, or other matters
3 made confidential or privileged by existing law, is deemed public, and shall be made
4 available to the public by the board pursuant to Section 803.1.

5 6. Section 2228 of the Code states:

7 The authority of the board or the California Board of Podiatric Medicine to
8 discipline a licensee by placing him or her on probation includes, but is not limited to,
9 the following:

10 11 (a) Requiring the licensee to obtain additional professional training and to pass
12 an examination upon the completion of the training. The examination may be written
13 or oral, or both, and may be a practical or clinical examination, or both, at the option
14 of the board or the administrative law judge.

15 (b) Requiring the licensee to submit to a complete diagnostic examination by
16 one or more physicians and surgeons appointed by the board. If an examination is
17 ordered, the board shall receive and consider any other report of a complete
18 diagnostic examination given by one or more physicians and surgeons of the
19 licensee's choice.

20 (c) Restricting or limiting the extent, scope, or type of practice of the licensee,
21 including requiring notice to applicable patients that the licensee is unable to perform
22 the indicated treatment, where appropriate.

23 (d) Providing the option of alternative community service in cases other than
24 violations relating to quality of care.

15 STATUTORY PROVISIONS

16 7. Section 2234 of the Code states:

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

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

22 (b) Gross negligence.

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

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

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

(d) Incompetence.

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

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

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

8. Section 2266 of the Code states: The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct.

COST RECOVERY

9. Section 125.3 of the Code states:

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

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

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

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

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

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

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

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

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

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

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

FACTUAL ALLEGATIONS

10. At all times relevant to the allegations herein, Respondent was a licensed physician practicing internal medicine.

Patient 1¹

11. Respondent first began treating Patient 1, then a 46-year-old female, in or around 2010. Respondent served as Patient 1's primary care physician. From in or around 2017 through 2021,² Respondent regularly treated Patient 1 for various conditions, including chronic low back pain, which was diagnosed as multifactorial with a combination of progressive degenerative disc disease and inflammatory arthritis with mixed connective tissue disease. Respondent prescribed the same dosage of Vicodin (hydrocodone with acetaminophen)³ to Patient 1 from at least in or around 2018 through 2021 for her back pain.

12. Patient 1 also suffered from chronic anxiety, which Respondent treated with Xanax (alprazolam),⁴ 1 mg three times per day. Respondent regularly prescribed alprazolam from at

¹ Patients are identified by number to protect their privacy.

² The medical records that were available to the Board spanned this time period.

³ Vicodin is a brand name for hydrocodone with acetaminophen. Hydrocodone is a semi-synthetic opioid form of codeine. It is a narcotic analgesic taken orally for relief of moderate to severe pain.

⁴ Alprazolam is a benzodiazepine drug used to treat anxiety disorders, panic disorders, and anxiety caused by depression. Benzodiazepines are a class of drugs that produce central nervous system (CNS) depression. They are used therapeutically to produce sedation, induce sleep, relieve anxiety and muscle spasms, and to prevent seizures.

1 least in or around 2018 through 2021. Between in or around 2017 and 2021, Respondent
2 repeatedly listed Patient 1's anxiety in the "Problems" list in Patient 1's chart. However, the one
3 and only time when Respondent addressed Patient 1's anxiety in the note portion of the chart was
4 for her visit on or about September 2, 2021. On or about September 2, 2021, Respondent's nurse
5 practitioner wrote "Anxiety stable on Xanax," in the "Plan" portion of that chart note.
6 Respondent did not document medications that had been tried and failed before prescribing
7 alprazolam. Respondent also failed to document a discussion of the risks of alprazolam (a
8 benzodiazepine) use in combination with Vicodin (an opioid).

9 13. In an interview with Board representatives, Respondent admitted that she did not
10 have a signed medication management agreement with Patient 1. Patient 1 had been using opioid
11 medications long term (monthly for years), which warranted the use of a medication management
12 agreement.

13 **Patient 2**

14 14. On or about October 18, 2017, Respondent first began treating Patient 2, then a 71-
15 year-old male. Respondent served as Patient 2's primary care physician from in or around 2017
16 through 2021. Patient 2 had a history of chronic leg pain as a result of restless leg syndrome.
17 Prior to establishing care with Respondent, Patient 2 had been taking tramadol⁵ and Tylenol
18 (acetaminophen) with codeine.⁶

19 15. The first time Respondent performed a leg or neurological exam on Patient 2 was on
20 or about November 18, 2018, more than one year after Patient 2 first began treating with
21 Respondent. Throughout the course of treatment, Respondent treated Patient 2's restless leg
22 syndrome by prescribing Tylenol with codeine and tramadol, 50 mg tablets, 8 tablets per day,
23 which equates to a daily dose of 400 mg of tramadol. This is above the daily maximum dose
24 recommended by the FDA, which is 300 mg per day in a patient aged 65 or older. Moreover, the
25 initial pharmacologic therapies for restless leg syndrome include gabapentoids⁷ and

26 ⁵ Tramadol is an opioid analgesic used to help relieve moderate to moderately severe pain.

27 ⁶ Codeine is an opioid pain reliever used to treat mild to moderately severe pain.

28 ⁷ "Gabapentin" is an anticonvulsant medication used to treat partial seizures, neuropathic
pain, hot flashes, and restless leg syndrome.

1 dopaminergic⁸ agents. Severe cases sometimes require the use of a benzodiazepine, but opioids
2 are not generally used in treating restless leg syndrome. The use of two opioids (high doses of
3 Tylenol with codeine in addition to tramadol) is not the standard of care for restless leg syndrome.

4 16. During the course of treatment of Patient 2, Respondent also failed to adequately
5 document a description of the pain experienced by Patient 2, including, without limitation, a
6 justification for treatment with the drugs that she prescribed to him including the narcotics.
7 Respondent only documented two visits with a physical exam and neither exam had findings
8 consistent with radiculopathy or severe pain syndromes. The records did not demonstrate an
9 indication for two separate narcotics (Tylenol with codeine and tramadol) for pain management.

10 17. Respondent also prescribed multiple benzodiazepines to Patient 2 throughout the
11 course of treatment. Since in or around 2018, Respondent regularly prescribed 1 mg per day of
12 lorazepam,⁹ and intermittently prescribed temazepam¹⁰ for insomnia. Respondent was also aware
13 that Patient 2's psychiatrist was also prescribing Adderall¹¹ to the patient. Thus, during the
14 course of Respondent's treatment of Patient 2, the patient was taking an amphetamine, two
15 opioids, and two benzodiazepines. The combination of these controlled substances increases the
16 potential risk of sedation, addiction, and seizures. Respondent failed to document a discussion
17 with Patient 2 regarding the risks of using these controlled substances concomitantly and the
18 potential hazards of addiction, somnolence, and/or seizures.

19 18. In an interview with Board representatives, Respondent acknowledged that she did
20 not have a signed medication management agreement with Patient 2 and did not perform
21 toxicology testing to screen for diversion of medications.

22 **FIRST CAUSE FOR DISCIPLINE**

23 **(Gross Negligence)**

24 19. Respondent is subject to disciplinary action under section 2234, subdivision (b), of

25 ⁸ Dopaminergic means "related to dopamine" (literally, "working on dopamine"),
26 dopamine being a common neurotransmitter. Dopaminergic substances or actions increase
dopamine-related activity in the brain

27 ⁹ Lorazepam is a benzodiazepine used to treat anxiety disorders.

28 ¹⁰ Temazepam is a benzodiazepine used to treat insomnia.

¹¹ Adderall is a brand name of a combination of two stimulant drugs, amphetamine and
dextroamphetamine. It is generally used to treat attention deficit hyperactivity disorder.

1 the Code, in that she committed gross negligence in the course of her care and treatment of
2 Patient 2. The circumstances are as follows:

3 20. The allegations of paragraphs 14 through 18 are incorporated by reference herein as if
4 set forth in full.

5 21. With respect to Patient 2, Respondent's prescribing of two opioid medications
6 (Tylenol with codeine and tramadol) for restless leg syndrome, and a tramadol dose above the
7 recommended daily maximum dose for patients aged 65 or older, constitutes gross negligence.

8 **SECOND CAUSE FOR DISCIPLINE**

9 (Repeated Negligent Acts)

10 22. Respondent is subject to disciplinary action under section 2234, subdivision (c), of
11 the Code, in that she committed repeated negligent acts in the course of her care and treatment of
12 Patients 1 and 2. The circumstances are as follows:

13 23. The allegations of paragraphs 10 through 18 are incorporated by reference herein as if
14 set forth in full.

15 24. Respondent's treatment of Patients 1 and 2 includes the following acts and/or
16 omissions which constitute repeated negligent acts:

17 **Patient 1**

18 a. The lack of a signed medication management agreement.
19 b. Respondent's failure to document alternative options or medications that had
20 been tried and failed before prescribing a benzodiazepine (Xanax) and the risks of harm of
21 concomitant opioid (Vicodin) use.

22 **Patient 2**

23 c. The allegations of the First Cause for Discipline are incorporated by reference
24 herein as if set forth in full.

25 d. Respondent's failure to document the need for persistent use of opioids and the
26 failure to document monitoring of appropriate use (e.g., toxicology testing).

27 e. Respondent's failure to document a discussion of the risks, benefits, and
28 alternatives to polysubstance use.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

25. Respondent is subject to disciplinary action under section 2266 of the Code, in that she failed to maintain adequate and accurate records concerning the care and treatment of Patients 1 through 2, inclusive. The circumstances are as follows:

26. The allegations of the First and Second Causes for Discipline are incorporated by reference herein as if set forth in full.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 98438, issued to Respondent Elisa Cuellar Alvarado, M.D.;

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

3. Ordering Respondent Elisa Cuellar Alvarado, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and

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

DATED: APR 04 2024

JENNA JONES KOR

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

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