

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

In the Matter of the Accusation Against:

Alan Michael Krystal, M.D.

Physician's & Surgeon's
Certificate No. G 74558

Respondent.

Case No. 800-2021-078050

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 28, 2025.

IT IS SO ORDERED: March 28, 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 ALEXANDRA M. ALVAREZ
4 Supervising Deputy Attorney General
5 ROSEMARY F. LUZON
6 Deputy Attorney General
7 State Bar No. 221544
8 600 West Broadway, Suite 1800
9 San Diego, CA 92101
10 P.O. Box 85266
11 San Diego, CA 92186-5266
12 Telephone: (619) 738-9074
13 Facsimile: (619) 645-2061

14 *Attorneys for Complainant*

15 **BEFORE THE**
16 **MEDICAL BOARD OF CALIFORNIA**
17 **DEPARTMENT OF CONSUMER AFFAIRS**
18 **STATE OF CALIFORNIA**

19 In the Matter of the Accusation Against:

20 **Alan Michael Krystal, M.D.**
21 **1492 Pioneer Cir.**
22 **Oceanside, CA 92057-1804**

23 **Physician's and Surgeon's Certificate**
24 **No. G 74558,**

25 **Respondent.**

26 Case No. 800-2021-078050

27 OAH No. 2024080794

28 **STIPULATED SETTLEMENT AND**
DISCIPLINARY ORDER

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

31 **PARTIES**

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

36 *///*

37 *///*

2. Respondent Alan Michael Krystal, M.D. (Respondent) is represented in this proceeding by attorney Robert K. Weinberg, Esq., whose address is: Law Office of Robert K. Weinberg, 19200 Von Karman Avenue, Suite 380, Irvine, CA 92612.

3. On or about July 7, 1992, the Board issued Physician's and Surgeon's Certificate No. G 74558 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2021-078050, and will expire on August 31, 2025, unless renewed.

JURISDICTION

4. On or about May 10, 2024, Accusation No. 800-2021-078050 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on or about May 10, 2024, at his address of record. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A true and correct copy of Accusation No. 800-2021-078050 is attached as Exhibit A and incorporated by reference as if fully set forth herein.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2021-078050. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

CULPABILITY

9. Respondent does not contest that, at an administrative hearing, Complainant could establish a *prima facie* case with respect to the charges and allegations in Accusation No. 800-2021-078050, a true and correct copy of which is attached hereto as Exhibit A, and Respondent hereby gives up his rights to contest those charges. Respondent further agrees that he has thereby subjected his Physician's and Surgeon's Certificate No. G 74558 to disciplinary action.

10. Respondent agrees that if an accusation is ever filed against him before the Board, all of the charges and allegations contained in Accusation No. 800-2021-078050 shall be deemed true, correct, and fully admitted by Respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

11. Respondent agrees that his Physician's and Surgeon's Certificate No. G 74558 is subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

CONTINGENCY

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

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

111

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

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Respondent Alan Michael Krystal, M.D., Physician's and Surgeon's Certificate No. G 74558, shall be and is hereby Publicly Reprimanded pursuant to California Business and Professions Code section 2227, subdivision (a), subsection (4). This Public Reprimand is issued in connection with the allegations relating to Respondent's care and treatment of Patient A, which are set forth in Accusation No. 800-2021-078050, as follows:

1. PUBLIC REPRIMAND.

Between May 2017 and June 2021, you failed to prescribe opiate and benzodiazepine medications to Patient A consistent with the standard of care for prescribing controlled substances, in violation of California Business and Professions Code sections 2234 and 2266, as more fully described in Accusation No. 800-2021-078050, a true and copy of which is attached hereto as Exhibit A and incorporated by reference as if fully set forth herein.

2. EDUCATION COURSE

Decision, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Within one year of the effective date

111

1 of this Decision, Respondent shall provide proof of attendance for 65 hours of CME of which 40
2 hours were in satisfaction of this condition.

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

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

17 Respondent shall submit a certification of successful completion to the Board or its
18 designee not later than 15 calendar days after successfully completing the course, or not later than
19 15 calendar days after the effective date of the Decision, whichever is later.

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

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

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

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

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

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

27 ///

28 ///

1 6. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
2 ordered to reimburse the Board its costs of investigation and enforcement in the amount of
3 \$15,000 (fifteen thousand dollars and zero cents). Costs shall be payable to the Medical Board of
4 California. Failure to pay such costs shall be considered a violation of this Disciplinary Order.

5 Payment must be made in full within 30 calendar days of the effective date of the Order, or
6 by a payment plan approved by the Medical Board of California. Any and all requests for a
7 payment plan shall be submitted in writing by Respondent to the Board. Failure to comply with
8 the payment plan shall be considered a violation of this Disciplinary Order.

9 The filing of bankruptcy by Respondent shall not relieve respondent of the responsibility to
10 repay investigation and enforcement costs.

11 7. FAILURE TO COMPLY. Any failure by Respondent to comply with the terms and
12 conditions of the Disciplinary Order set forth above shall constitute unprofessional conduct and
13 grounds for further disciplinary action.

14 8. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
15 a new license or certification, or petition for reinstatement of a license, by any other health care
16 licensing action agency in the State of California, all of the charges and allegations contained in
17 Accusation No. 800-2021-078050 shall be deemed to be true, correct, and admitted by
18 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
19 restrict license.

20 ///

21 ///

22 ///

23 ///

24 ///

25 ///

26 ///

27 ///

28 ///

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Robert K. Weinberg, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate No. G 74558. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 1-23-25

ALAN MICHAEL KRYSTAL, M.D.
Respondent

I have read and fully discussed with Respondent Alan Michael Krystal, 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: 1-24-25

ROBERT KEITH WEINBERG, ESQ.
Attorney for Respondent

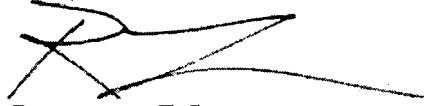
1
ENDORSEMENT

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

4 DATED: 1/28/25

Respectfully submitted,

5 ROB BONTA
6 Attorney General of California
7 ALEXANDRA M. ALVAREZ
8 Supervising Deputy Attorney General



9 ROSEMARY F. LUZON
10 Deputy Attorney General
11 *Attorneys for Complainant*

12 SD2024801306
13 84880340.docx

14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

Exhibit A

Accusation No. 800-2021-078050

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

Attorneys for Complainant

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

13 In the Matter of the Accusation Against:

Case No. 800-2021-078050

14 Alan Michael Krystal, M.D.
15 1492 Pioneer Cir.
Oceanside, CA 92057-1804

ACCUSATION

16 Physician's and Surgeon's Certificate
17 No. G 74558,

Respondent.

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 7, 1992, the Board issued Physician's and Surgeon's Certificate
25 No. G 74558 to Alan Michael Krystal, M.D. (Respondent). The Physician's and Surgeon's
26 Certificate was in full force and effect at all times relevant to the charges brought herein and will
27 expire on August 31, 2025, unless renewed.

28 | 111

JURISDICTION

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

4. Section 2220 of the Code states:

Except as otherwise provided by law, the board may take action against all persons guilty of violating this chapter. . .

5. Section 2227 of the Code states:

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

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

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

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

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

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

6. Section 2234 of the Code states:

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

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

111

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

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

7. Section 2266 of the Code states:

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

COST RECOVERY

8. Section 125.3 of the Code 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.

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

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

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

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

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

FIRST CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

13 9. Respondent has subjected his Physician's and Surgeon's Certificate No. G 74558 to
14 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of
15 the Code, in that he committed repeated negligent acts in his care and treatment of Patient A, as
16 more particularly alleged hereinafter:¹

17 10. At all times relevant to the allegations herein, Respondent was a primary care
18 physician providing care and treatment to homebound patients as part of his mobile practice.

19 11. On or about June 25, 2016, Patient A's care was transferred to Respondent from
20 another mobile practice.² Patient A's medical history included primary progressive multiple
21 sclerosis diagnosed at age 31, generalized pain, chronic muscle spasms, placement of a
22 suprapubic catheter in situ, and chronic urinary tract infections. Patient A also had a history of
23 recurrent kidney stones, labile hypertension with intermittent high and low systemic blood
24 pressures, depression with prior suicidal thoughts, bilateral femoral neck fractures, and chronic
25 pain syndrome. Patient A was paralyzed from the waist down, bedbound, and living with his

26 ¹ References to "Patient A" herein are used to protect patient privacy.

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

1 parents. At the time, Patient A was 5'11" and weighed 102 pounds. Respondent reviewed the
2 medical chart that was transferred to him, completed an intake and physical examination of
3 Patient A, and discussed Patient A's case with his parents.

4 12. According to the prior progress notes from between in or about February 2016, and
5 April 2016, Patient A's pains were localized to the quadriceps and groins, mostly involving the
6 bilateral legs, and he had diffuse muscle atrophy resulting from his bedbound status with stage IV
7 skin pressure ulcers. During a visit that took place on or about April 21, 2016, Patient A was
8 described as appearing inebriated.

9 13. As of on or about June 25, 2016, Patient A's medications included, *inter alia*,
10 diazepam,³ methadone,⁴ MS Contin,⁵ baclofen,⁶ gabapentin,⁷ and tizanidine.⁸ The dosage for
11 methadone was 2.5 mg once a day, and the dosage for MS Contin was 30 mg two to three times a
12 day. Respondent noted that Patient A's pain was mitigated to "4/5 out of 10" on methadone. In
13 addition, Respondent noted that although Patient A experienced depression, he refused anti-
14 depressant medication. Respondent refilled Patient A's methadone at this visit.

15 14. In or about July 2016, Respondent ordered x-rays for Patient A. The results
16 confirmed bilateral femoral neck fractures due to severe osteoporosis.

17 / / /

18 / / /

19 / / /

20 ³ Diazepam (Valium) is a Schedule IV controlled substance pursuant to Health and Safety
21 Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions
Code section 4022.

22 ⁴ Methadone is a Schedule II controlled substance pursuant to Health and Safety Code
23 section 11055, subdivision (c), and a dangerous drug pursuant to Business and Professions Code
section 4022.

24 ⁵ MS Contin (morphine sulfate) is a Schedule II controlled substance pursuant to Health
and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and
Professions Code section 4022.

25 ⁶ Baclofen is a muscle relaxer used to treat muscle symptoms caused by multiple sclerosis,
including spasm, pain, and stiffness.

26 ⁷ Gabapentin is an anticonvulsant and nerve pain medication.

27 ⁸ Tizanidine is used to treat muscle spasms caused by multiple sclerosis and other
conditions.

1 15. Respondent regularly saw Patient A between on or about November 23, 2016, and
2 May 27, 2021. The visits in 2016 and 2017 took place on or about November 23, 2016, March
3 25, 2017, May 25, 2017, July 26, 2017, August 23, 2017, November 25, 2017, and December 19,
4 2017.

5 16. The visits in 2018 and 2019 took place on or about January 15, 2018, April 3, 2018,
6 June 1, 2018, June 28, 2018, July 30, 2018, August 28, 2018, September 29, 2018, October 29,
7 2018, November 28, 2018, December 29, 2018, January 28, 2019, February 20, 2019, March 21,
8 2019, April 21, 2019, May 26, 2019, June 2, 2019, June 18, 2019, July 13, 2019, August 21,
9 2019, September 20, 2019, October 18, 2019, November 18, 2019, and December 17, 2019.

10 17. The visits in 2020 and 2021 took place on or about January 18, 2020, February 16,
11 2020, March 19, 2020, April 17, 2020, September 12, 2020, November 13, 2020, December 10,
12 2020, December 14, 2020, December 18, 2020, February 14, 2021, March 25, 2021, April 26,
13 2021, and May 27, 2021.

14 18. During the March 25, 2017, visit, Respondent saw Patient A to refill his pain
15 medications. He noted that Patient A's pain was generalized and not adequately controlled.
16 Respondent assessed that Patient A's chronic pain was related to his multiple sclerosis, and he
17 noted that Patient A and his family desired an increase in his morphine dosage. Respondent
18 refilled Patient A's MS Contin and methadone medications. The methadone dosage continued to
19 be 2.5 mg once per day, and the MS Contin dosage was increased to 45 mg three times a day.

20 19. At the next visit, which took place on or about May 25, 2017, visit, Respondent
21 refilled Patient A's MS Contin medication, which had an increased dosage of 60 mg three times a
22 day. He also continued methadone 2.5 mg once per day. Respondent noted that Patient A's pain
23 was adequately controlled on this pain medication regimen. Respondent continued Patient A on
24 the same MS Contin and methadone regimen for the next 18 months until on or about January 18,
25 2019.

26 20. During the January 15, 2018, visit, Respondent noted that Patient A was experiencing
27 anxiety and depression, along with poor appetite resulting in significant weight loss. Respondent
28 noted that Patient A had lost 30 pounds in the past year and weighed 70 pounds. Respondent

1 prescribed Remeron, an anti-depressant, to Patient A in an effort to stimulate his appetite and aid
2 his depression.

3 21. According to the Controlled Substance Utilization Review and Evaluation System
4 (CURES) report for Patient A, between in or about July 2018, and January 2019, Patient A also
5 regularly filled prescriptions of diazepam 5 mg, which Respondent prescribed for muscle
6 relaxation and anxiety management. The diazepam prescriptions were in addition to the recurring
7 MS Contin and methadone prescriptions.

8 22. During this timeframe, between in or about July 2018, and January 2019, Respondent
9 also prescribed non-controlled medications to Patient A for pain and muscle relaxation, including
10 gabapentin, tizanidine, and baclofen. In or about April 2019, due to Patient A's continuing
11 weight loss, Respondent also prescribed dronabinol for appetite stimulation.

12 23. Beginning in or about July 2018, Respondent noted that Patient A's blood pressure
13 was elevated during the previous two visits. Respondent discussed adding a low dose anti-
14 hypertensive medication with Patient A and his father, and they agreed. Respondent prescribed
15 lisinopril 5 mg to Patient A.

16 24. During the September 29, 2018, visit, Respondent increased the dosage of lisinopril
17 to 10 mg.

18 25. At the next visit, which took place on or about October 29, 2018, Respondent noted
19 that in addition to lisinopril, Patient A was also taking metoprolol and that the combination of
20 both medications resulted in good control of Patient A's hypertension.

21 26. During the February 20, 2019, visit, Respondent also noted that Patient A's was
22 experiencing tachycardia without symptoms.

23 27. During the March 21, 2019, visit, Respondent refilled Patient A's methadone at an
24 increased dosage of 10 mg per day. Respondent had stopped MS Contin in or about January
25 2019. During this visit, Respondent noted that Patient A's blood pressure was "81/61."

26 28. During the April 21, 2019, visit, Respondent noted Patient A's low blood pressure
27 and tachycardia. He further noted that both conditions were well-maintained with medication.

28 ///

1 29. On or about June 2, 2019, Respondent added Percocet⁹ to Patient A's medication
2 regimen to address the onset of severe breakthrough pain of the lower back. The dosage for
3 Percocet was 5 mg one to two tablets every four to six hours per day.

4 30. At the next visit, which took place on or about June 18, 2019, Respondent noted that
5 Patient A was experiencing increased pain due to bladder and kidney stones. As a result,
6 Respondent increased Patient A's methadone to 10 mg twice per day. In addition, he prescribed
7 Percocet 5 mg one to two tablets every six hours. Respondent noted Patient A's low blood
8 pressure, which was well-maintained with medication. Respondent further noted that Patient A
9 was receiving palliative care at home.

10 31. As of on or about August 21, 2019, until on or about March 19, 2020, Patient A's
11 pain medication regimen included methadone 10 mg twice per day and Percocet 10 mg three
12 times per day.

13 32. During the October 18, 2019, visit, Respondent noted that Patient A had low blood
14 pressure without symptoms, which was well-maintained with medication. During this visit,
15 Respondent noted that Patient A's blood pressure was "89/61."

16 33. As of on or about April 17, 2020, Respondent decreased Patient A's methadone to 10
17 mg total per day and he continued Percocet 10 mg at three times per day. Respondent maintained
18 this pain medication regimen until on or about June 20, 2021. Respondent noted on multiple
19 occasions that "[t]here is no evidence of misuse as his parents provide the pain medication to the
20 patient as prescribed."

21 34. During the February 14, 2021, visit, Respondent again noted Patient A's history of
22 low blood pressure and tachycardia, both of which continued to be treated with medication.

23 35. According to the CURES report for Patient A, between in or about January 2019, and
24 June 2021, Respondent also continued to regularly prescribe diazepam 5 mg to Patient A,
25 alongside methadone and Percocet.

26 ///

27 28 ⁹ Percocet (oxycodone and acetaminophen) is a Schedule II controlled substance pursuant
 to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to
 Business and Professions Code section 4022.

1 36. Between in or about May 2017, and June 2021, Respondent did not prescribe and try
2 safer alternative pain medications in an effort to reduce Patient A's opiate dependency, including
3 topical therapies, NSAID medications, SSRI/SNRI medications, and other anticonvulsant
4 medications.

5 37. Between in or about May 2017, and June 2021, Respondent did not perform any
6 opiate risk assessment to determine Patient A's addiction and dependency risks.

7 38. Between in or about May 2017, and June 2021, Respondent did not perform regular
8 urine drug screening.

9 39. Between in or about May 2017, and June 2021, Respondent did not review the
10 CURES database.

11 40. Between in or about May 2017, and June 2021, Respondent did not properly monitor
12 cardiac side effects from the use of methadone, including through EKG monitoring.

13 41. Between in or about May 2017, and June 2021, Respondent did not reduce the dosage
14 of Patient A's opiate medications in an effort to minimize the risk of adverse cardiac side effects,
15 particularly in light of Patient A's recurrent hypotension episodes.

16 42. Between in or about May 2017, and June 2021, Respondent concurrently prescribed
17 benzodiazepine and opiate medications to Patient A on a prolonged basis without any informed
18 consent discussion and/or documentation thereof.

19 43. Between in or about May 2017, and June 2021, Respondent did not actively taper
20 Patient A off of benzodiazepine and/or opiate medications in an effort to reduce the risks of
21 accidental overdose and respiratory failure.

22 44. Respondent committed repeated negligent acts in his care and treatment of Patient A
23 between in or about May 2017, and June 2021, which included, but was not limited to, the
24 following:

25 A. Respondent failed to prescribe and try safer alternative pain medications
26 in an effort to reduce Patient A's opiate dependency, including topical therapies,
27 NSAID medications, SSRI/SNRI medications, and other anticonvulsant medications;

28 //

- 1 B. Respondent failed to perform any opiate risk assessment to determine
2 Patient A's addiction and dependency risks;
- 3 C. Respondent failed to perform regular urine drug screening;
- 4 D. Respondent failed to review the CURES database;
- 5 E. Respondent continued Patient A on two long-acting opiate medications,
6 methadone and MS Contin, which he prescribed concurrently until in or about
7 January 2019;
- 8 F. Respondent failed to properly monitor cardiac side effects from the use of
9 methadone, including through EKG monitoring;
- 10 G. Respondent failed to reduce the dosage of Patient A's opiate medications
11 in an effort to minimize the risk of adverse cardiac side effects, particularly in light of
12 Patient A's recurrent hypotension episodes;
- 13 H. Respondent concurrently prescribed benzodiazepine and opiate
14 medications to Patient A on a prolonged basis without any informed consent
15 discussion and/or documentation thereof; and
- 16 I. Respondent failed to actively taper Patient A off of benzodiazepine
17 and/or opiate medications in an effort to reduce the risks of accidental overdose and
18 respiratory failure.

19 **SECOND CAUSE FOR DISCIPLINE**

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

- 21 45. Respondent has subjected his Physician's and Surgeon's Certificate No. G 74558 to
22 disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that
23 he failed to maintain adequate and accurate records regarding his care and treatment of Patient A,
24 as more particularly alleged in paragraphs 9 through 44, above, which are hereby incorporated by
25 reference and re-alleged as if fully set forth herein.

26 ///

27 ///

28 ///

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:

- 4 1. Revoking or suspending Physician's and Surgeon's Certificate No. G 74558, issued
5 to Respondent Alan Michael Krystal, M.D.;

6 2. Revoking, suspending or denying approval of Respondent Alan Michael Krystal,
7 M.D.'s authority to supervise physician assistants and advanced practice nurses;

8 3. Ordering Respondent Alan Michael Krystal, M.D., to pay the Board the costs of the
9 investigation and enforcement of this case, and if placed on probation, the costs of probation
10 monitoring; and

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

13 DATED: MAY 10 2024

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

18 SD2024801306
84526558.docx