

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

In the Matter of the Accusation
Against:

Joseph J. Walters, M.D.

Physician's and Surgeon's
Certificate No. G 84144

Case No.: 800-2022-091441

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 May 9, 2025.

IT IS SO ORDERED: April 11, 2025.

MEDICAL BOARD OF CALIFORNIA



Richard E. Thorp, Chair
Panel B

1 ROB BONTA
2 Attorney General of California
3 MATTHEW M. DAVIS
4 Supervising Deputy Attorney General
5 LEANNA E. SHIELDS
6 Deputy Attorney General
7 State Bar No. 239872
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Attorneys for Complainant

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

12 || In the Matter of the Accusation Against:

Case No. 800-2022-091441

13 JOSEPH J. WALTERS, M.D.
12961 Village Drive, Suite A
14 Saratoga, CA 95070-4158

OAH No. 2024100223

15 Physician's and Surgeon's Certificate No. G
84144,

STIPULATED SETTLEMENT AND DISCIPLINARY ORDER

Respondent.

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

PARTIES

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

26 2. Respondent Joseph J. Walters, M.D. (Respondent) is represented in this proceeding
27 by attorney Thomas E. Still, Esq., whose address is: 12901 Saratoga Avenue, Saratoga, CA
28 95070-4110.

1 3. On or about September 12, 1997, the Board issued Physician's and Surgeon's
2 Certificate No. G 84144 to Respondent. The Physician's and Surgeon's Certificate was in full
3 force and effect at all times relevant to the charges brought in Accusation No. 800-2022-091441,
4 and will expire on July 31, 2025, unless renewed.

JURISDICTION

6 4. On or about September 12, 2024, Accusation No. 800-2022-091441 was filed before
7 the Board and is currently pending against Respondent. On or about September 12, 2024, a true
8 and correct copy of the Accusation and all other statutorily required documents were properly
9 served on Respondent. Respondent timely filed his Notice of Defense contesting the Accusation.
10 A true and correct copy of Accusation No. 800-2022-091441 is attached as Exhibit A and
11 incorporated herein by reference.

ADVISEMENT AND WAIVERS

13 5. Respondent has carefully read, fully discussed with counsel, and fully understands the
14 charges and allegations in Accusation No. 800-2022-091441. Respondent has also carefully read,
15 fully discussed with his counsel, and fully understands the effects of this Stipulated Settlement
16 and Disciplinary Order.

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

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

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CULPABILITY

2 8. Respondent does not contest that, at an administrative hearing, Complainant could
3 establish a *prima facie* case with respect to the charges and allegations in Accusation No. 800-
4 2022-091441, a true and correct copy of which is attached hereto as Exhibit A, and that he has
5 thereby subjected his Physician's and Surgeon's Certificate No. G 84144 to disciplinary action.

6 9. Respondent further agrees that if he ever petitions for early termination or
7 modification of probation, or if an accusation and/or petition to revoke probation is filed against
8 him before the Board, all of the charges and allegations contained in Accusation No. 800-2022-
9 091441 shall be deemed true, correct, and fully admitted by Respondent for purposes of any such
10 proceeding or any other licensing proceeding involving Respondent in the State of California.

11 10. Respondent agrees that his Physician's and Surgeon's Certificate No. G 84144 is
12 subject to discipline and agrees to be bound by the Board's probationary terms as set forth in the
13 Disciplinary Order below.

CONTINGENCY

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

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

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13. 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.

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 84144 issued to Respondent JOSEPH J. WALTERS, M.D., is hereby revoked. However, the revocation is stayed, and Respondent is placed on probation for four (4) years on the following terms and conditions:

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

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

1 practices course shall be at Respondent's expense and shall be in addition to the Continuing
2 Medical Education (CME) requirements for renewal of licensure.

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

8 Respondent shall submit a certification of successful completion to the Board or its
9 designee not later than 15 calendar days after successfully completing the course, or not later than
10 15 calendar days after the effective date of the Decision, whichever is later.

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

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

25 Respondent shall submit a certification of successful completion to the Board or its
26 designee not later than 15 calendar days after successfully completing the course, or not later than
27 15 calendar days after the effective date of the Decision, whichever is later.

28 ///

1 4. CONTROLLED SUBSTANCES - PARTIAL RESTRICTION. Respondent shall not
2 prescribe any controlled substances as defined by the California Uniform Controlled Substances
3 Act for chronic pain management and shall not prescribe opioids or opiates to any patient for
4 more than a total consecutive five (5) day period per patient during his probationary period.

5 5. CONTROLLED SUBSTANCES - MAINTAIN RECORDS AND ACCESS TO
6 RECORDS AND INVENTORIES. Respondent shall maintain a record of all controlled
7 substances ordered, prescribed, dispensed, administered, or possessed by Respondent, showing all
8 of the following: 1) the name and address of the patient; 2) the date; 3) the character and quantity
9 of controlled substances involved; and 4) the indications and diagnosis for which the controlled
10 substances were furnished.

11 Respondent shall keep these records in a separate file or ledger, in chronological order. All
12 records and any inventories of controlled substances shall be available for immediate inspection
13 and copying on the premises by the Board or its designee at all times during business hours and
14 shall be retained for the entire term of probation.

15 6. PROHIBITED PRACTICE. During probation, Respondent is prohibited from
16 treating patients for chronic pain management. After the effective date of this Decision, all
17 patients being treated by the Respondent shall be notified that the Respondent is prohibited from
18 treating patients for chronic pain management. Any new patients must be provided this
19 notification at the time of their initial appointment.

20 Respondent shall maintain a log of all patients to whom the required oral notification was
21 made. The log shall contain the: 1) patient's name, address and phone number; 2) patient's
22 medical record number, if available; 3) the full name of the person making the notification; 4) the
23 date the notification was made; and 5) a description of the notification given. Respondent shall
24 keep this log in a separate file or ledger, in chronological order, shall make the log available for
25 immediate inspection and copying on the premises at all times during business hours by the Board
26 or its designee, and shall retain the log for the entire term of probation.

27 7. PRACTICE MONITORING. Within 30 calendar days of the effective date of this
28 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice

1 monitor, the name and qualifications of one or more licensed physicians and surgeons whose
2 licenses are valid and in good standing, and who are preferably American Board of Medical
3 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal
4 relationship with Respondent, or other relationship that could reasonably be expected to
5 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
6 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
7 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

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

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

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

25 The monitor shall submit a quarterly written report to the Board or its designee which
26 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
27 are within the standards of practice of medicine, and whether Respondent is practicing medicine
28 safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the

1 quarterly written reports to the Board or its designee within 10 calendar days after the end of the
2 preceding quarter.

3 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
4 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
5 name and qualifications of a replacement monitor who will be assuming that responsibility within
6 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
7 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
8 notification from the Board or its designee to cease the practice of medicine within three (3)
9 calendar days after being so notified. Respondent shall cease the practice of medicine until a
10 replacement monitor is approved and assumes monitoring responsibility.

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

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

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

25 9. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
26 NURSES. During probation, Respondent is prohibited from supervising physician assistants and
27 advanced practice nurses.

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

4 11. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
5 ordered to reimburse the Board its costs of investigation and enforcement, including, but not
6 limited to, expert review, legal reviews, and investigation, as applicable, in the amount of
7 \$36,217.00 (thirty-six thousand two hundred and seventeen dollars). Costs shall be payable to the
8 Medical Board of California. Failure to pay such costs shall be considered a violation of
9 probation.

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

14 The filing of bankruptcy by respondent shall not relieve Respondent of the responsibility to
15 repay investigation and enforcement costs, including expert review costs.

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

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

21 13. GENERAL PROBATION REQUIREMENTS.

22 Compliance with Probation Unit

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

24 Address Changes

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

3 Place of Practice

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

7 License Renewal

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

10 Travel or Residence Outside California

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

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

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

20 15. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
21 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
22 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
23 defined as any period of time Respondent is not practicing medicine as defined in Business and
24 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
25 patient care, clinical activity or teaching, or other activity as approved by the Board. If
26 Respondent resides in California and is considered to be in non-practice, Respondent shall
27 comply with all terms and conditions of probation. All time spent in an intensive training
28 program which has been approved by the Board or its designee shall not be considered non-

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

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

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

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

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

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

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

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

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

18 20. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
19 a new license or certification, or petition for reinstatement of a license, by any other health care
20 licensing action agency in the State of California, all of the charges and allegations contained in
21 Accusation No. 800-2022-091441 shall be deemed to be true, correct, and fully admitted by
22 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
23 restrict license.

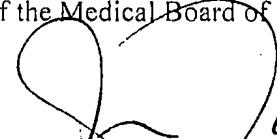
ACCEPTANCE

25 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
26 discussed it with my attorney, Thomas E. Still, Esq. I fully understand the stipulation and the
27 effect it will have on my Physician's and Surgeon's Certificate No. G 84144. I enter into this
28 ///

1 Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree
2 to be bound by the Decision and Order of the Medical Board of California.

3

4 DATED: 3/3/25


JOSEPH J. WALTERS, M.D.
Respondent

5
6
7 I have read and fully discussed with Respondent Joseph J. Walters, M.D., the terms and
8 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
9 I approve its form and content.

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DATED: 3/3/25


THOMAS E. STILL, ESQ.
Attorney for Respondent

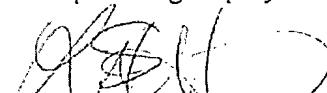
ENDORSEMENT

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

DATED: 3/3/2025

Respectfully submitted,

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



LEANNA E. SHIELDS
Deputy Attorney General
Attorneys for Complainant

SF2024300981
84969043

Exhibit A

Accusation No. 800-2022-091441

1 ROB BONTA
2 Attorney General of California
2 MATTHEW M. DAVIS
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3 LEANNA E. SHIELDS
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8 *Attorneys for Complainant*

9

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

13 In the Matter of the Accusation Against: Case No. 800-2022-091441
14 JOSEPH J. WALTERS, M.D. ACCUSATION
15 12961 Village Drive, Suite A
15 Saratoga, CA 95070-4158
16 Physician's and Surgeon's Certificate
16 No. G 84144,
17 Respondent.

19
20 Complainant alleges:

21 PARTIES

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

25 2. On or about September 12, 1997, the Medical Board issued Physician's and
26 Surgeon's Certificate No. G 84144 to Joseph J. Walters, M.D. (Respondent). The Physician's
27 and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
28 herein and will expire on July 31, 2025, 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 indicated.

5 4. 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.

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

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

15 (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.

20 5. Section 2234 of the Code states, in pertinent part:

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

23

24 (c) Repeated negligent acts. To be repeated, there must be two or more
25 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.

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

COST RECOVERY

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

DEFINITIONS

17 8. Buprenorphine, brand name Suboxone, is a Schedule III controlled substance
18 pursuant to Health and Safety Code section 11056, subdivision (d), and a dangerous drug
19 pursuant to Business and Professions Code section 4022. Suboxone is a long-acting opioid pain
20 medication. When properly prescribed and indicated, it is used in the treatment of opioid
21 dependence and moderate to severe pain.

22 9. Carisoprodol, brand name Soma, is a Schedule IV controlled substance pursuant to 21
23 C.F.R. § 1308.14, and a dangerous drug pursuant to Business and Professions Code section 4022.
24 When properly prescribed and indicated, it is used as a muscle relaxant. According to the Drug
25 Enforcement Administration (DEA), Office of Diversion Control, published comment on
26 carisoprodol, dated March 2014, “[c]arisoprodol abuse has escalated in the last decade in the
27 United States. According to Diversion Drug Trends, published by the Drug Enforcement

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1 Administration on the trends in diversion of controlled and non-controlled pharmaceuticals,
2 carisoprodol continues to be one of the most commonly diverted drugs.”

3 10. CURES, the Controlled Substance Utilization Review and Evaluation System
4 (CURES), is a program operated by the California Department of Justice (DOJ) to assist health
5 care practitioners in their efforts to ensure appropriate prescribing of controlled substances, and
6 law enforcement and regulatory agencies in their efforts to control diversion and abuse of
7 controlled substances. (Health & Saf. Code, § 11165.) California law requires dispensing
8 pharmacies to report to the DOJ the dispensing of Schedule II, III, IV or V controlled substances
9 as soon as reasonably possible after the prescriptions are filled. (Health & Saf. Code, § 11165,
10 subd. (d).) The history of controlled substances dispensed to a specific patient based on the data
11 contained in CURES is available to a health care practitioner who is treating that patient. (Health
12 & Saf. Code, § 11165.1, subd. (a).)

13 11. Diazepam, brand name Valium, is a Schedule IV controlled substance pursuant to
14 Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to
15 Business and Professions Code section 4022. When properly prescribed and indicated, it is used
16 for the management of anxiety disorders or for the short-term relief of anxiety. Concomitant use
17 of Valium with opioids “may result in profound sedation, respiratory depression, coma, and
18 death.” The DEA has identified benzodiazepines, such as Valium, as a drug of abuse. (Drugs of
19 Abuse, A DEA Resource Guide (2017 Edition), at p. 59.)

20 12. Hydromorphone, brand name Dilaudid, is a Schedule II controlled substance pursuant
21 to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to
22 Business and Professions Code section 4022. When properly prescribed and indicated, it is used
23 for the treatment of moderate to moderately severe pain. The DEA has identified opioids, such
24 as hydromorphone, as a drug of abuse. (Drugs of Abuse, A DEA Resource Guide (2017 Edition),
25 at p. 43.)

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1 13. Morphine is a Schedule 11 controlled substance pursuant to Health and Safety Code
2 section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code
3 section 4022. The DEA has identified opioids, such as morphine, as a drug of abuse. (Drugs of
4 Abuse, A DEA Resource Guide (2017 Edition), at p. 45.)

5 14. Norco is a brand name for the combination drug containing hydrocodone and
6 acetaminophen. Hydrocodone is a Schedule II controlled substance pursuant to Health and Safety
7 Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions
8 Code section 4022. When properly prescribed and indicated, it is used for the treatment of
9 moderate to moderately severe pain. The DEA has identified opioids, such as hydrocodone, as a
10 drug of abuse. (Drugs of Abuse, A DEA Resource Guide (2017 Edition), at p. 47.)

11 15. Prednisone is a strong anti-inflammatory steroid and a dangerous drug pursuant to
12 Business and Professions Code section 4022.

13 16. Percocet is a brand name for the combination drug containing oxycodone and
14 acetaminophen. Oxycodone is a Schedule II controlled substance pursuant to Health and Safety
15 Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions
16 Code section 4022. When properly prescribed and indicated, it is used for the treatment of
17 moderate to moderately severe pain. The DEA has identified opioids, such as oxycodone, as a
18 drug of abuse. (Drugs of Abuse, A DEA Resource Guide (2017 Edition), at p. 47.)

19 17. Oxycontin is a brand name for oxycodone, a Schedule II controlled substance
20 pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug
21 pursuant to Business and Professions Code section 4022. When properly prescribed and
22 indicated, it is used for the treatment of moderate to moderately severe pain. The DEA has
23 identified opioids, such as oxycodone, as a drug of abuse. (Drugs of Abuse, A DEA Resource
24 Guide (2017 Edition), at p. 47.)

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FACTUAL ALLEGATIONS¹

Patient A²

18. In or around April 2008, Patient A, a then 18-year-old male, presented for treatment with Respondent. According to records, Patient A suffered from several medical conditions including, but not limited to, hypertensive cardiovascular disease, hypothyroidism, obesity, and sleep apnea.

19. From in or around 2008, through in or around 2019, according to records, Respondent provided care and treatment to Patient A for a variety of medical conditions including, but not limited to, low back pain.

20. On or about November 5, 2018, Patient A presented with complaints of lower back pain. According to records, Respondent issued prescriptions to Patient A for ninety (90) tablets of Norco (10-325 mg) and thirty (30) tablets of Soma (350 mg).

21. On or about November 13, 2018, Patient A again presented with complaints of lower back pain. According to records, Respondent again issued prescriptions for ninety (90) tablets of Norco (10-325 mg) and thirty (30) tablets of Soma (350 mg). According to records, Respondent also ordered physical therapy and an MRI. However, according to records, the MRI was not performed until on or about February 26, 2019.

22. From on or about November 2018, through on or about March 2019, Respondent continued to issue regular monthly prescriptions to Patient A for thirty (30) tablets of Soma (350 mg) and ninety (90) tablets of Norco (10-325 mg).

23. On or about March 26, 2019, Patient A presented for a medication refill. According to records, Respondent refilled Patient A's medications and issued prescriptions for Norco (10-

¹ Any medical care or treatment rendered by Respondent more than seven (7) years prior to the filing of the instant Accusation is described for informational purposes only and not pleaded as a basis for disciplinary action.

² For patient privacy purposes, the patients' true names are not used in this instant Accusation to maintain patient confidentiality. The patient identities are known to Respondent or will be disclosed to Respondent upon receipt of a duly issued request for discovery in accordance with Government Code section 11507.6.

1 325 mg) and Soma (350 mg). According to CURES, Patient A's prescription for Norco was
2 doubled in quantity, from ninety (90) tablets per month to 180 tablets per month, however,
3 Respondent's records for this visit do not document this increase or the reason for the increase in
4 Norco.

5 24. On or about April 15, 2019, Patient A presented with complaints of swelling in the
6 right knee and calf. However, according to records, Respondent issued a prescription for Norco
7 for Patient A's back pain. According to CURES, on or about April 15, 2019, Patient A filled a
8 prescription issued by Respondent for 120 tablets of Percocet (10-325 mg), then on or about April
9 23, 2019, Patient A also filled a prescription issued by Respondent for 180 tablets of Norco (10-
10 325 mg).

11 25. On or about May 14, 2019, Patient A presented for follow up about his leg.
12 According to records, Patient A was unable to ambulate. According to records, Respondent
13 issued a prescription to Patient A for sixty (60) tablets of Percocet (10-325 mg).

14 26. On or about May 31, 2019, according to records, Respondent issued a prescription to
15 Patient A for ninety (90) tablets of Soma (350 mg), however, Respondent's records do not
16 document the reason for this increase in Soma from thirty (30) tablets per month to ninety (90)
17 tablets per month. Additionally, Respondent's records do not document any evaluation,
18 assessment or examination of Patient A by Respondent.

19 27. On or about June 18, 2019, according to records, Respondent issued a prescription to
20 Patient A for ninety (90) tablets of Norco (10-325 mg), however, Respondent's records do not
21 document any evaluation, assessment or examination of Patient A by Respondent.

22 28. On or about July 12, 2019, according to records, Respondent issued prescriptions to
23 Patient A for ninety (90) tablets of Norco (10-325 mg) and ninety (90) tablets of Soma (350 mg),
24 however, Respondent's records do not document any evaluation, assessment or examination of
25 Patient A by Respondent.

26 29. According to CURES, from in or around 2016, through in or around 2019, Patient A
27 was regularly receiving and filling prescriptions for Suboxone issued by other providers.

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1 30. Throughout the course of Respondent's care and treatment of Patient A, Respondent's
2 records for Patient A do not document any discussion between Respondent and Patient A
3 regarding the risks and benefits of taking Soma, Norco or Percocet.

4 31. Throughout the course of Respondent's care and treatment of Patient A, Respondent's
5 records for Patient A document minimal, if any, evaluation, assessment or physical examination
6 by Respondent of Patient A prior to refilling Patient A's prescriptions for controlled substances.

7 32. Throughout the course of Respondent's care and treatment of Patient A, Respondent's
8 records for Patient A document minimal, if any, mental health discussion between Respondent
9 and Patient A prior to refilling Patient A's prescriptions for controlled substances.

10 33. Throughout the course of Respondent's care and treatment of Patient A, Respondent's
11 records for Patient A do not document any efforts by Respondent to monitor Patient A while
12 Respondent regularly issued prescriptions to Patient A for controlled substances. Particularly,
13 there is no documentation to indicate Respondent requested Patient A to provide a urine sample
14 for drug screens, that Respondent reviewed Patient A's CURES activity, that Respondent
15 assessed Patient A's levels of functionality, pain, or adverse side effects.

16 34. On or about October 24, 2023, during an interview with Board investigators,
17 Respondent admitted he did not require urine drug screens of Patient A and did not recall
18 reviewing Patient A's CURES activity to monitor for other prescribers of controlled substances
19 and/or potential diversion.

20 **Patient B**

21 35. In or around October 2008, Patient B, a then 42-year-old male, presented for
22 treatment with Respondent. According to records, Patient B suffered from several medical
23 conditions including, but not limited to, herniated disc, bulging disc, and severe back pain.

24 36. From in or around 2008, through in or around 2019, according to records, Respondent
25 provided care and treatment to Patient B for a variety of medical conditions including, but not
26 limited to, low back pain.

27 37. Throughout 2017, according to records, Respondent regularly issued monthly
28 prescriptions to Patient B for morphine sulfate (30 mg, two to three per day), hydromorphone (4

1 mg, two per day) and Norco (10-325 mg, six per day). Respondent's records for these visits with
2 Patient B provide little detail other than noting the purpose of the visit for medication refill and
3 the medications prescribed.

4 38. Throughout 2017, according to records, Respondent also issued prescriptions to
5 Patient B for diazepam (10 mg, two per day) on approximately three occasions, including, but not
6 limited to, January 7, 2017, February 7, 2017, and May 5, 2017. Respondent's records for these
7 visits with Patient B provide no detail regarding this added prescription for diazepam or any
8 discussion regarding the risks of combining benzodiazepines with opioids.

9 39. From in or around January 2018, through in or around April 2018, Respondent
10 continued to regularly issue monthly prescriptions to Patient B for morphine sulfate (30 mg, two
11 per day), hydromorphone (4 mg, two per day) and Norco (10-325 mg, six per day).

12 40. On or about January 2, 2018, Respondent also issued a prescription to Patient B for
13 diazepam (10 mg, two per day). Respondent's records for this visit merely note the added
14 prescription for diazepam but provide no further detail regarding the reason for this prescription
15 or any discussion regarding the risks of combining benzodiazepines with opioids.

16 41. From in or around April 2018, through in or around July 2019, Patient B received
17 prescriptions from another physician for morphine sulfate (30 mg), hydromorphone (2 mg) and
18 Norco (10-325 mg) in tapering doses.

19 42. On or about March 13, 2019, Patient B received one final prescription for
20 hydromorphone (2 mg, one per day) by this other physician.

21 43. From in or around July 2019, through in or around August 2020, Patient B continued
22 to receive tapering doses from this other physician for morphine sulfate (30 mg) and hydrocodone
23 (10-325 mg). By August 2020, Patient B had been tapered down to morphine (30 mg, two per
24 day) and Norco (10-325 mg, four per day).

25 44. From on or about September 4, 2020, through on or about January 2022, Respondent
26 resumed issuing monthly prescriptions to Patient B for morphine sulfate (30 mg, two per day) and
27 Norco (10-325 mg, five per day). Respondent's records for these visits with Patient B provide
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1 little detail other than noting the purpose of the visit for medication refill and the medications
2 prescribed.

3 45. On or about January 12, 2022, Respondent issued a prescription to Patient B for
4 hydromorphone (4 mg, three per day).

5 46. Throughout the course of Respondent's care and treatment of Patient B, Respondent's
6 records for Patient B do not document any discussion between Respondent and Patient B
7 regarding the risks and benefits of taking Norco, hydromorphone, diazepam or morphine.

8 47. Throughout the course of Respondent's care and treatment of Patient B, Respondent's
9 records for Patient B document minimal, if any, evaluation, assessment or physical examination
10 by Respondent of Patient B prior to refilling Patient B's prescriptions for controlled substances.

11 48. Throughout the course of Respondent's care and treatment of Patient B, Respondent's
12 records for Patient B document minimal, if any, mental health discussion between Respondent
13 and Patient B prior to refilling Patient B's prescriptions for controlled substances.

14 49. Throughout the course of Respondent's care and treatment of Patient B, Respondent's
15 records for Patient B do not document any efforts by Respondent to monitor Patient B while
16 Respondent regularly issued prescriptions to Patient B for controlled substances. Particularly,
17 there is no documentation to indicate Respondent requested Patient B to provide a urine sample
18 for drug screens, that Respondent reviewed Patient B's CURES activity, or that Respondent
19 assessed Patient B's levels of functionality, pain, or adverse side effects.

20 50. On or about October 24, 2023, during an interview with Board investigators,
21 Respondent admitted he did not request urine drug screens from Patient B and did not recall
22 reviewing Patient B's CURES activity to monitor for other prescribers of controlled substances
23 and/or potential diversion.

24 **Patient C**

25 51. In or around November 2006, Patient C, a then 53-year-old male, presented for
26 treatment with Respondent. According to records, Patient C suffered from several medical
27 conditions including, but not limited to, back pain, sciatica, and depression.

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1 52. From in or around 2006, through in or around 2022, according to records, Respondent
2 provided care and treatment to Patient C for a variety of medical conditions including, but not
3 limited to, chronic back pain.

4 53. From in or around July 2018, through in or around June 2019, according to records,
5 Respondent regularly issued monthly prescriptions to Patient C for thirty (30) tablets of
6 carisoprodol (350 mg) and ninety (90) tablets of Norco (10-325 mg). Respondent's records for
7 these visits with Patient C provide little detail other than noting the purpose of the visit for
8 medication refill and the medications prescribed.

9 54. From in or around November 2019, through in or around February 2022, according to
10 records, Respondent regularly issued monthly prescriptions to Patient C for thirty (30) tablets of
11 carisoprodol (350 mg) and ninety (90) tablets of Norco (10-325 mg). Respondent's records for
12 these visits with Patient C provide little detail other than noting the purpose of the visit for
13 medication refill and the medications prescribed.

14 55. Throughout the course of Respondent's care and treatment of Patient C, Respondent's
15 records for Patient C do not document any discussion between Respondent and Patient C
16 regarding the risks and benefits of taking carisoprodol and Norco.

17 56. Throughout the course of Respondent's care and treatment of Patient C, Respondent's
18 records for Patient C document minimal, if any, evaluation, assessment or physical examination
19 by Respondent of Patient C prior to refilling Patient C's prescriptions for controlled substances.

20 57. Throughout the course of Respondent's care and treatment of Patient C, Respondent's
21 records for Patient C document minimal, if any, mental health discussion between Respondent
22 and Patient C prior to refilling Patient C's prescriptions for controlled substances.

23 58. Throughout the course of Respondent's care and treatment of Patient C, Respondent's
24 records for Patient C do not document any efforts by Respondent to monitor Patient C while
25 Respondent regularly issued prescriptions to Patient C for controlled substances. Particularly,
26 there is no documentation to indicate Respondent requested Patient C to provide a urine sample
27 for drug screens, that Respondent reviewed Patient C's CURES activity, or that Respondent
28 assessed Patient C's levels of functionality, pain, or adverse side effects.

1 59. On or about October 24, 2023, during an interview with Board investigators,
2 Respondent admitted he did not request urine drug screens from Patient C and did not recall
3 reviewing Patient C's CURES activity to monitor for other prescribers of controlled substances
4 and/or potential diversion.

FIRST CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

7 60. Respondent has subjected his Physician's and Surgeon's Certificate No. G 84144 to
8 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of
9 the Code, in that Respondent committed repeated negligent acts in his care and treatment of
10 Patients A, B, and C, as more particularly alleged hereinafter.

11 61. Paragraphs 18 through 59, above, are hereby incorporated by reference and realleged
12 as if fully set forth herein.

13 | Patient A

14 62. Respondent failed to perform the appropriate and necessary monitoring of Patient A
15 while prescribing controlled substances and/or dangerous drugs to Patient A, including, but not
16 limited to, failing to perform regular physical exams of the area of pain to evaluate pain severity
17 and functional levels, failing to conduct periodic review of CURES, failing to require urine drug
18 screens, failing to evaluate Patient A for adverse side effects, and failing to update Patient A's
19 history of present illness.

20 63. Respondent failed to adequately and/or accurately document his care and treatment of
21 Patient A, including, but not limited to, failing to document an adequate and appropriate history
22 and physical of Patient A prior to prescribing and/or refilling controlled substances, and failing to
23 document a discussion of the risks and benefits of taking controlled substances to document
24 proper informed consent from Patient A.

25 | **Patient B**

64. Respondent failed to perform the appropriate and necessary monitoring of Patient B
while prescribing controlled substances and/or dangerous drugs to Patient B, including, but not
limited to, failing to perform regular physical exams of the area of pain to evaluate pain severity

1 and functional levels, failing to conduct periodic review of CURES, failing to require urine drug
2 screens, failing to evaluate Patient B for adverse side effects, and failing to update Patient B's
3 history of present illness.

4 65. Respondent failed to adequately and/or accurately document his care and treatment of
5 Patient B, including, but not limited to, failing to document an adequate and appropriate history
6 and physical of Patient B prior to prescribing and/or refilling controlled substances, and failing to
7 document a discussion of the risks and benefits of taking controlled substances to document
8 proper informed consent from Patient B.

9 **Patient C**

10 66. Respondent failed to perform the appropriate and necessary monitoring of Patient C
11 while prescribing controlled substances and/or dangerous drugs to Patient C, including, but not
12 limited to, failing to perform regular physical exams of the area of pain to evaluate pain severity
13 and functional levels, failing to conduct periodic review of CURES, failing to require urine drug
14 screens, failing to evaluate Patient C for adverse side effects, and failing to update Patient C's
15 history of present illness.

16 67. Respondent failed to adequately and/or accurately document his care and treatment of
17 Patient C, including, but not limited to, failing to document an adequate and appropriate history
18 and physical of Patient C prior to prescribing and/or refilling controlled substances, and failing to
19 document a discussion of the risks and benefits of taking controlled substances to document
20 proper informed consent from Patient C.

21 **SECOND CAUSE FOR DISCIPLINE**

22 **(Failure to Maintain Adequate and/or Accurate Records)**

23 68. Respondent has further subjected his Physician's and Surgeon's Certificate No.
24 G 84144 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the
25 Code, in that Respondent failed to keep adequate and/or accurate records regarding his care and
26 treatment of Patients A, B, and C, as more particularly alleged in paragraphs 18 through 67,
27 above, which are hereby incorporated by reference and realleged as if fully set forth herein.

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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:

13 | DATED: SEP 12 2024

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

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