

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

In the Matter of the Accusation
Against:

Michael Larry Cutler, M.D.

Physician's and Surgeon's
Certificate No. A 51232

Respondent.

Case No.: 800-2022-093398

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 21, 2025.

IT IS SO ORDERED: April 21, 2025.

MEDICAL BOARD OF CALIFORNIA

Michelle A. Bholat, MD

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

1 ROB BONTA
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8 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:
14 **MICHAEL LARRY CUTLER, M.D.**
15 **12285 Scripps Poway Pkwy, Suite 103**
Poway, CA 92064-6149
16 **Physician's and Surgeon's Certificate**
17 **No. A 51232,**

Case No. 800-2022-093398
OAH No. 2024100605

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

18 Respondent.

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

22 **PARTIES**

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

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1 **CULPABILITY**

2 9. Respondent admits that, at an administrative hearing, Complainant could establish a
3 *prima facie* case with respect to the charges and allegations contained in Accusation No. 800-
4 2022-093398, and agrees that he has thereby subjected his Physician's and Surgeon's Certificate
5 No. A 51232 to disciplinary action.

6 10. Respondent further agrees that if an accusation is filed against him in the future
7 before the Medical Board of California, all of the charges and allegations contained in Accusation
8 No. 800-2022-093398, shall be deemed true, correct, and fully admitted by Respondent for
9 purposes of any such proceeding or any other licensing proceeding involving Respondent in the
10 State of California or elsewhere.

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

14 **CONTINGENCY**

15 12. 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 13. 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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1 2. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective
2 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in
3 advance by the Board or its designee. Respondent shall provide the approved course provider
4 with any information and documents that the approved course provider may deem pertinent.
5 Respondent shall participate in and successfully complete the classroom component of the course
6 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
7 complete any other component of the course within one (1) year of enrollment. The medical
8 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing
9 Medical Education (CME) requirements for renewal of licensure.

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

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

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

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1 A professionalism program 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 program would have
4 been approved by the Board or its designee had the program 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 program or not later
8 than 15 calendar days after the effective date of the Decision, whichever is later.

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

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

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

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

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

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

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

25 5. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
26 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
27 Chief Executive Officer at every hospital where privileges or membership are extended to
28 Respondent, at any other facility where Respondent engages in the practice of medicine,

1 including all physician and locum tenens registries or other similar agencies, and to the Chief
2 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
3 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
4 calendar days.

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

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

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

12 8. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
13 ordered to reimburse the Board its costs of investigation and enforcement, in the amount of
14 \$23,298.20 (twenty-three thousand two hundred ninety-eight dollars and twenty cents). Costs
15 shall be payable to the Medical Board of California. Failure to pay such costs shall be considered
16 a violation of probation.

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

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

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

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

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1 10. GENERAL PROBATION REQUIREMENTS.

2 Compliance with Probation Unit

3 Respondent shall comply with the Board’s probation unit.

4 Address Changes

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

10 Place of Practice

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

14 License Renewal

15 Respondent shall maintain a current and renewed California physician’s and surgeon’s
16 license.

17 Travel or Residence Outside California

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

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

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

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1 12. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
2 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
3 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
4 defined as any period of time Respondent is not practicing medicine as defined in Business and
5 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
6 patient care, clinical activity or teaching, or other activity as approved by the Board. If
7 Respondent resides in California and is considered to be in non-practice, Respondent shall
8 comply with all terms and conditions of probation. All time spent in an intensive training
9 program which has been approved by the Board or its designee shall not be considered non-
10 practice and does not relieve Respondent from complying with all the terms and conditions of
11 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
12 on probation with the medical licensing authority of that state or jurisdiction shall not be
13 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
14 period of non-practice.

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

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

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

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

26 13. COMPLETION OF PROBATION. Respondent shall comply with all financial
27 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
28 completion of probation. This term does not include cost recovery, which is due within 30

1 calendar days of the effective date of the Order, or by a payment plan approved by the Medical
2 Board and timely satisfied. Upon successful completion of probation, Respondent's certificate
3 shall be fully restored.

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

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

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

26 17. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
27 a new license or certification, or petition for reinstatement of a license, by any other health care
28 licensing action agency in the State of California, all of the charges and allegations contained in

1 Accusation No. 800-2022-093398 shall be deemed to be true, correct, and admitted by
2 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
3 restrict license.

4 ACCEPTANCE

5 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
6 discussed it with my attorney, Adam B. Brown, Esq. I understand the stipulation and the effect it
7 will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and
8 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
9 Decision and Order of the Medical Board of California.

10
11 DATED: March 27, 2025

DocuSigned by:
Michael L. Cutler
MICHAEL LARRY CUTLER, M.D.
Respondent

13 I have read and fully discussed with Respondent Michael Larry Cutler, M.D., the terms and
14 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
15 I approve its form and content.

16
17 DATED: 3/27/25

AB
ADAM B. BROWN, ESQ.
Attorney for Respondent

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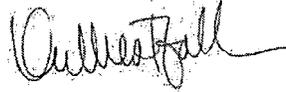
ENDORSEMENT

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

DATED: 3/28/25

Respectfully submitted,

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



KAROLYN M. WESTFALL
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2022-093398

1 ROB BONTA
Attorney General of California
2 ALEXANDRA M. ALVAREZ
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10 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
11 **DEPARTMENT OF CONSUMER AFFAIRS**
12 **STATE OF CALIFORNIA**

13 In the Matter of the Accusation Against:

Case No. 800-2022-093398

14 **MICHAEL LARRY CUTLER, M.D.**
12285 Scripps Poway Pkwy, Suite 103
15 Poway, CA 92064-6149

A C C U S A T I O N

16 **Physician's and Surgeon's Certificate**
No. A 51232,

17 Respondent.
18

19
20 **PARTIES**

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

24 2. On or about December 31, 2013, the Medical Board issued Physician's and Surgeon's
25 Certificate No. A 51232 to Michael Larry Cutler, M.D. (Respondent). The Physician's and
26 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
27 herein and will expire on June 30, 2025, unless renewed.

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JURISDICTION

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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 2227 of the Code states, in pertinent part:

(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.

...

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

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:

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

(b) Gross negligence.

(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.

(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.

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

6 ...

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

10 COST RECOVERY

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

17 FIRST CAUSE FOR DISCIPLINE

18 (Gross Negligence)

19 8. Respondent has subjected his Physician's and Surgeon's Certificate No. A 51232 to
20 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of
21 the Code, in that Respondent committed gross negligence in his care and treatment of Patient A,¹
22 as more particularly alleged hereinafter:

23 9. On or about August 18, 2021, Respondent began providing mobile medical care to
24 Patient A, a then sixty-two-year-old female who lived in an independent living group home.
25 Patient A had a medical history that included, among other things, bipolar disorder and
26 schizoaffective disorder. At this in-home visit, Respondent completed a physical examination
27 and prescribed medications.

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¹ To protect the privacy of the patient involved, the patient's name has not been included
in this pleading. Respondent is aware of the identity of the patient referred to herein.

1 10. Between on or about September 1, 2021, and on or about October 31, 2022,
2 Respondent saw Patient A for approximately 21 in-home visits and one telehealth visit.
3 Throughout that time, Respondent understood Patient A to be competent to make her own
4 medical decisions, and he prescribed Patient A various medications to treat her mental illness
5 diagnoses, including depakote² and haloperidol.³ Throughout that time, Patient A's medical chart
6 contains numerous unintelligible dictation errors, rarely contains vital signs, and contains the
7 exact same review of systems and physical examination for each visit, even when other parts of
8 the note directly contradict those findings.

9 11. On or about May 9, 2022, Patient A informed Respondent that she was receiving
10 treatment from a new psychiatrist. Respondent did not discuss Patient A's psychiatric symptoms
11 or treatment plan with Patient A's psychiatrist at that time, or any time thereafter.

12 12. On or about July 18, 2022, Respondent met with Patient A for an in-home visit. At
13 that time, Respondent noted Patient A was out of control emotionally, feeling anxious and
14 distraught, and even mentioned suicide. Respondent did not discuss and/or document a
15 discussion with Patient A regarding her suicidality at that visit or any visit thereafter. Patient A
16 indicated a willingness to take Risperdal,⁴ and Respondent recommended she take lorazepam⁵ for
17 a few days to calm her down. Patient A's chart does not indicate whether Respondent actually
18 prescribed either of those medications to Patient A on that date.

19 13. On or about August 1, 2022, Respondent met with Patient A for an in-home visit. At
20 that time, Patient A informed Respondent that she received both lorazepam and risperidone, but

21 _____
22 ² Depakote is an anticonvulsant medication used to treat bipolar disorder. It is a
23 dangerous drug pursuant to section 4022 of the Code.

24 ³ Haloperidol (brand name Haldol) is an antipsychotic medication used to treat
25 schizophrenia. It is a dangerous drug pursuant to section 4022 of the Code.

26 ⁴ Risperdal (brand name for risperidone) is an antipsychotic medication used to treat mood
27 disorders, such as schizophrenia and bipolar disorder. It is a dangerous drug pursuant to section
28 4022 of the Code.

⁵ Lorazepam (brand name Ativan) is a Schedule IV controlled substance pursuant to
Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to section
4022 of the Code. It is a benzodiazepine medication used to treat anxiety.

1 that she preferred to continue taking Haldol. Respondent recommended an Invega Sustenna⁶
2 injection, but Patient A informed Respondent she was unwilling to take that medication. At the
3 conclusion of the visit, Respondent recommended an increased dose of Haldol.

4 14. On or about October 3, 2022, Respondent met with Patient A for an in-home visit. At
5 that time, Patient A appeared manic and was talking incessantly. Respondent was unable to
6 determine what medication Patient A was actually taking. Respondent decided Patient A would
7 be best served with an injectable medication and planned to research which medication would
8 work best.

9 15. On or about October 10, 2022, Respondent met with Patient A for a telehealth visit.
10 Despite meeting with Patient A by phone only, Respondent documented a full physical
11 examination that did not actually occur on that date. During that telehealth visit, Patient A
12 reported a lack of sleep, and she appeared very manic and combative. In one portion of the note,
13 Respondent indicated that Patient A was requesting Invega, but Respondent recommended
14 Abilify.⁷ Patient A refused Abilify because it had caused her restless leg syndrome in the past. In
15 another portion of the note, Respondent determined that an injection would be best for Patient A
16 due to her lack of compliance with her medications, but that Patient A refused an Invega injection
17 because it had caused her restless leg syndrome in the past.

18 16. Sometime before October 31, 2022, Respondent determined Patient A needed to be
19 given an Invega Sustenna injection to control her psychosis, and he ordered it from the pharmacy.

20 17. On or about October 31, 2022, Respondent met with Patient A for an in-home visit.
21 At that time, Patient A appeared psychotic, out of control, and combative towards Respondent.
22 Respondent offered Patient A the Invega Sustenna injection he previously ordered, but she
23 refused. Respondent then elicited assistance from the homeowner of the independent living
24 group home to restrain Patient A. Respondent placed Patient A in a "half nelson," and with the

25 _____
26 ⁶ Invega Sustenna (brand name for paliperidone) is an antipsychotic medication used to
treat schizophrenia and schizoaffective disorder.

27 ⁷ Abilify (brand name for aripiprazole) is an antipsychotic medication used to treat mood
28 disorders, such as schizophrenia and bipolar disorder. It is a dangerous drug pursuant to section
4022 of the Code.

1 homeowner's help, pulled Patient A to the ground. Respondent asked the homeowner to pull
2 Patient A's pants down and Respondent then injected the medication into Patient A's right gluteal
3 muscle against her will. Respondent did not discuss and/or document a discussion with Patient A
4 regarding the risks and benefits of Invega Sustenna prior to the injection. At the conclusion of the
5 visit, Respondent documented a full physical examination of Patient A that did not actually occur
6 on that date.

7 18. Respondent did not contact and/or document any contact with Patient A at any time
8 after October 31, 2022.

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

- 11 A. Forcefully administering medication to Patient A against her will; and
- 12 B. Failing to maintain adequate and accurate medical records.

13 **SECOND CAUSE FOR DISCIPLINE**

14 **(Repeated Negligent Acts)**

15 20. Respondent has further subjected his Physician's and Surgeon's Certificate No.
16 A 51232 to disciplinary action under sections 2227 and 2234, as defined by section 2234,
17 subdivision (c), of the Code, in that Respondent committed repeated negligent acts in his care and
18 treatment of Patient A, as more particularly alleged in paragraphs 8 through 19, above, which are
19 hereby incorporated by reference and realleged as if fully set forth herein.

20 **THIRD CAUSE FOR DISCIPLINE**

21 **(Failure to Maintain Adequate and Accurate Records)**

22 21. Respondent has further subjected his Physician's and Surgeon's Certificate No.
23 A 51232 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the
24 Code, in that Respondent failed to maintain adequate and accurate records regarding his care and
25 treatment of Patient A, as more particularly alleged in paragraphs 8 through 19, above, which are
26 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:

1. Revoking or suspending Physician's and Surgeon's Certificate No. A 51232, issued to Respondent Michael Larry Cutler, M.D.;
2. Revoking, suspending or denying approval of Respondent Michael Larry Cutler, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Respondent Michael Larry Cutler, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and
4. Taking such other and further action as deemed necessary and proper.

DATED: SEP 16 2024

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

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