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

In the Matter of the Accusation Against: Warren Alan Scott, M.D. Physician's and Surgeon's Certificate No. G 52014 Respondent.	Case No. 800-2019-063174

DECISION

The attached Stipulated Surrender of License and 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 24, 2025.

IT IS SO ORDERED April 17, 2025.

MEDICAL BOARD OF CALIFORNIA

Reji Varghese
Executive Director

ROB BONTA
Attorney General of California
GREG W. CHAMBERS
Supervising Deputy Attorney General
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Attorneys for Complainant

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

In the Matter of the Accusation Against: **WARREN ALAN SCOTT, M.D.** **5161 Soquel Drive, Suite B** **Soquel, CA 95073** **Physician's and Surgeon's Certificate No. G 52014** Respondent.	Case No. 800-2019-063174 **STIPULATED SURRENDER OF LICENSE AND ORDER**

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

PARTIES

1. William Prasifka, the former Executive Director of the Medical Board of California (Board), brought this action solely in his official capacity. Reji Varghese, the current Executive Director of the Board, is now the Complainant and is represented in this matter by Rob Bonta, Attorney General of the State of California, by D. Mark Jackson, Deputy Attorney General.

2. WARREN ALAN SCOTT, M.D. (Respondent) is represented in this proceeding by attorney Raymond J. McMahon, Esq., whose address is: 5440 Trabuco Road, Irvine, CA 92620.

3. On or about March 5, 1984, the Board issued Physician's and Surgeon's Certificate No. G 52014 to Respondent. That license expired on December 31, 2019, and has not been renewed.

JURISDICTION

4. Accusation No. 800-2019-063174 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 December 8, 2022. Respondent timely filed his Notice of Defense contesting the Accusation. A copy of Accusation No. 800-2019-063174 is attached as Exhibit A and incorporated by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2019-063174. Respondent also has carefully read, fully discussed with counsel, and understands the effects of this Stipulated Surrender of License and Order.

6. 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.

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

CULPABILITY

8. Respondent admits the truth of each and every charge and allegation in Accusation No. 800-2019-063174, agrees that cause exists for discipline and hereby surrenders his Physician's and Surgeon's Certificate No. G 52014 for the Board's formal acceptance.

9. Respondent understands that by signing this stipulation he enables the Board to issue an order accepting the surrender of his Physician's and Surgeon's Certificate without further process.

CONTINGENCY

10. Business and Professions Code section 2224, subdivision (b), provides, in pertinent part, that the Medical Board "shall delegate to its executive director the authority to adopt a ... stipulation for surrender of a license."

11. Respondent understands that, by signing this stipulation, he enables the Executive Director of the Board to issue an order, on behalf of the Board, accepting the surrender of his Physician's and Surgeon's Certificate No. G 52014 without further notice to, or opportunity to be heard by, Respondent.

12. This Stipulated Surrender of License and Disciplinary Order shall be subject to the approval of the Executive Director on behalf of the Board. The parties agree that this Stipulated Surrender of License and Disciplinary Order shall be submitted to the Executive Director for his consideration in the above-entitled matter and, further, that the Executive Director shall have a reasonable period of time in which to consider and act on this Stipulated Surrender of License and Disciplinary Order after receiving it. By signing this stipulation, Respondent fully understands and agrees that he may not withdraw his agreement or seek to rescind this stipulation prior to the time the Executive Director, on behalf of the Medical Board, considers and acts upon it.

13. The parties agree that this Stipulated Surrender of License and Disciplinary Order shall be null and void and not binding upon the parties unless approved and adopted by the Executive Director on behalf of the Board, except for this paragraph, which shall remain in full force and effect. Respondent fully understands and agrees that in deciding whether or not to approve and adopt this Stipulated Surrender of License and Disciplinary Order, the Executive Director and/or the Board may receive oral and written communications from its staff and/or the Attorney General's Office. Communications pursuant to this paragraph shall not disqualify the Executive Director, the Board, any member thereof, and/or any other person from future participation in this or any other matter affecting or involving respondent. In the event that the

Executive Director on behalf of the Board does not, in his discretion, approve and adopt this Stipulated Surrender of License and Disciplinary Order, with the exception of this paragraph, it shall not become effective, shall be of no evidentiary value whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party hereto. Respondent further agrees that should this Stipulated Surrender of License and Disciplinary Order be rejected for any reason by the Executive Director on behalf of the Board, Respondent will assert no claim that the Executive Director, the Board, or any member thereof, was prejudiced by its/his/her review, discussion and/or consideration of this Stipulated Surrender of License and Disciplinary Order or of any matter or matters related hereto.

14. This Stipulated Surrender of License and Disciplinary Order is intended by the parties herein to be an integrated writing representing the complete, final and exclusive embodiment of the agreements of the parties in the above-entitled matter.

15. The parties agree that copies of this Stipulated Surrender of License and Disciplinary Order, including copies of the signatures of the parties, may be used in lieu of original documents and signatures and, further, that such copies shall have the same force and effect as originals.

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

ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 52014, issued to Respondent WARREN ALAN SCOTT, M.D., is surrendered and accepted by the Board.

1. The surrender of Respondent's Physician's and Surgeon's Certificate and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Board.

2. Respondent shall lose all rights and privileges as a physician in California as of the effective date of the Board's Decision and Order.

3. Respondent shall cause to be delivered to the Board his pocket license and, if one was issued, his wall certificate on or before the effective date of the Decision and Order.

4. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation No. 800-2019-063174 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

5. Respondent shall pay the agency its costs of investigation and enforcement in the amount of $47,806.75 prior to issuance of a new or reinstated license.

6. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2019-063174 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

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ACCEPTANCE

I have carefully read the above Stipulated Surrender of License and Order and have fully discussed it with my attorney Raymond J. McMahon, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: Dec 27, 2024

WARREN ALAN SCOTT, M.D.
Respondent

I have read and fully discussed with Respondent WARREN ALAN SCOTT, M.D. the terms and conditions and other matters contained in this Stipulated Surrender of License and Order. I approve its form and content.

DATED: January 2, 2025

RAYMOND J. MCMAHON, ESQ.
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

DATED: 2/19/25

Respectfully submitted,

ROB BONTA
Attorney General of California
GREG W. CHAMBERS
Supervising Deputy Attorney General

D. MARK JACKSON
Deputy Attorney General
Attorneys for Complainant

Exhibit A

Accusation No. 800-2019-063174

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Attorneys for Complainant

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

In the Matter of the Accusation Against: **WARREN ALAN SCOTT, M.D.** **5161 Soquel Drive, Suite B** **Soquel, CA 95073** **Physician's and Surgeon's Certificate No. G 52014,** Respondent.	Case No. 800-2019-063174 **A C C U S A T I O N**

PARTIES

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

2. On or about March 5, 1984, the Medical Board issued Physician's and Surgeon's Certificate No. G 52014 to Warren Alan Scott, M.D. (Respondent). The Physician's and Surgeon's Certificate expired on December 31, 2019, and has not been renewed.

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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, in pertinent part:

> Except as otherwise provided by law, the board may take action against all persons guilty of violating this chapter. The board shall enforce and administer this article as to physician and surgeon certificate holders, including those who hold certificates that do not permit them to practice medicine, such as, but not limited to, retired, inactive, or disabled status certificate holders, and the board shall have all the powers granted in this chapter for these purposes including, but not limited to:
>
> (a) Investigating complaints from the public, from other licensees, from health care facilities, or from the board that a physician and surgeon may be guilty of unprofessional conduct...

5. 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.
>
> ...

6. 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:
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> ...

(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.

(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.

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COST RECOVERY

7. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to 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, with failure of the licensee to comply subjecting the license to not being renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be included in a stipulated settlement.

FIRST CAUSE FOR DISCIPLINE
(Repeated Negligent Acts)

8. Respondent has subjected his Physician's and Surgeon's Certificate No. G 52014 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in his treatment and care of Patients A, B, C, and D,[1] as more particularly alleged hereafter:

Patient A

9. Respondent treated Patient A from approximately January 3, 2017 to February 7, 2019. On January 3, 2017[2], Patient A, then a fifty-two-year-old obese male, presented to

[1] Names of the patients have been omitted to protect their privacy.
[2] All dates recounted in this Accusation are based on the evidence and should be considered approximate.

Respondent for chronic spine pain. Patient A stated that he was currently taking 120 mg of oxycodone[3] per day and that he wanted to eventually wean off his pain medications. Respondent performed a physical examination and while he documented that he advised Patient A of his treatment options, Respondent failed to document any specifics. He gave Patient A prescriptions for oxycodone to maintain a 120 mg daily dose.

10. On or about January 12, 2017, Patient A returned to Respondent's office for a follow-up visit. Patient A's reported medications included, but were not limited to, oxycodone, tizanidine,[4] lorazepam,[5] and zaleplon.[6] Respondent diagnosed Patient A with cervical degenerative disc disease. He documented that he had a long discussion with Patient A regarding his medications, but failed to document any specifics.

11. At a follow-up visit on or about January 31, 2017, Patient A signed a consent form for chronic opioid therapy and an agreement for long-term controlled substance therapy for chronic pain. On that consent form, Patient A agreed to disclose his complete personal and family drug history to Respondent. On the agreement for long-term controlled substance therapy, Patient A's daily medications of 80 mg of Oxycontin, 90 mg of oxycodone, and tizanidine were noted.

12. From on or about January 31, 2017 to November 9, 2018, Respondent continued to see Patient A on a monthly or bi-monthly basis. He continued to prescribe enough oxycodone to Patient A to take between 170 to 200 mg of oxycodone per day. During his interview with Board investigators, Respondent explained that he gave Patient A prescriptions for short- and long-acting opioids with the understanding that Patient A would only take one type of medication at a time.

13. On or about February 1, 2019, Patient A, his mother, and his brother went to Respondent's office for a follow-up visit. Patient A told Respondent that he had intentionally

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[3] Oxycodone, brand name Oxycontin, is an opioid and a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b).

[4] Tizanidine, brand name Zanaflex, is a muscle relaxant.

[5] Lorazepam, brand name Ativan, is a benzodiazepine and a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d).

[6] Zaleplon, brand name Sonata, is a sedative hypnotic and a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d).

overdosed on his oxycodone and had been hospitalized. Patient A reported that he was no longer taking his pain medications and that he was currently taking three psychotropic medications: lamotrigine,[7] sertraline,[8] and quetiapine.[9] Respondent's differential diagnosis for Patient A was to rule out narcotic use, abuse, overdose, or too-rapid drug tapering, and psychiatric problems involving bipolar disorder, depression, and a suicide attempt.

14. According to hospital records, Patient A was hospitalized from on or about December 1, 2018 to December 21, 2018, after reporting that he had taken approximately 100 OxyContin tablets. Patient A admitted to hospital treatment providers that he had alcohol use disorder and that he had recently relapsed.

15. On or about February 7, 2019, Patient A and his family members returned to Respondent's office for a follow-up visit. For the first time, Patient A disclosed to Respondent that he had a history of alcohol abuse.

16. Respondent committed repeated negligent acts in his treatment and care of Patient A which includes, but is not limited to, the following: Respondent failed to properly work up Patient A's medical issues by documenting any requests for prior medical records or other corroborating documents; Respondent failed to document the use of tracking instruments for safety and outcomes; Respondent failed to document the use of urine drug screening; and Respondent failed to document whether he offered Patient A a Naloxone[10] prescription.

Patient B

17. Respondent began treating Patient B in approximately 2011.[11] At that time, Patient B was being treated by a pain management specialist for a cervical fusion that had re-herniated post-

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[7] Lamotrigine, brand name Lamictal, is an anticonvulsant used to treat seizures and bipolar disorder.

[8] Sertraline, brand name Zoloft, is a selective serotonin reuptake inhibitor commonly used to treat depression.

[9] Quetiapine, brand name Seroquel, is an antipsychotic used to treat bipolar disorder and depression.

[10] Naloxone, brand name Narcan, blocks opioid receptors in the nervous system and can reverse the effects of opioid overdose.

[11] Conduct occurring more than seven (7) years from the filing date of this Accusation or more than three (3) years from notification to the Board is for informational purposes only and is not alleged as a basis for disciplinary action.

operatively. Patient B also had thoracic degenerative disc disease, lumbar degenerative disc disease, and right knee osteoarthritis.

18. On or about December 8, 2015, Patient B returned to Respondent's office for a follow-up visit. Patient B, then a fifty-four-year-old woman, reported pain in her neck, shoulder, rotator cuff, fingers, back, and knees. Respondent's diagnoses for Patient B included lumbar degenerative disc disease and chronic pain. He noted that Patient B was stable on her medication regimen.

19. Pharmacy records from January 2016 indicated that Respondent gave the following monthly prescriptions to Patient B: 60 tablets of 30 mg morphine sulfate,[12] 60 tablets of 15 mg morphine sulfate, 90 tablets of 10 mg diazepam,[13] and 30 tablets of 10 mg zolpidem tartrate.[14]

20. From on or about January 4, 2016 to December 16, 2016, Respondent gave Patient B prescriptions to take up to 90 mg morphine sulfate, 30 mg of diazepam, and 10 mg of zolpidem tartrate per day. From on or about February 15, 2016 to December 16, 2016, Respondent also gave Patient B prescriptions for 10-325 mg hydrocodone acetaminophen,[15] up to four tablets a day. During this year, Respondent saw Patient B on a monthly basis and treated her with corticosteroid, anesthetic, or viscosupplementation[16] injections to treat her chronic pain.

21. On or about December 16, 2016, Respondent increased Patient B's morphine sulfate use from 90 mg to 105 mg per day.

22. From on or about January 13, 2017 to December 19, 2017, Respondent continued to give Patient B prescriptions to take up to 105 mg of morphine sulfate, 30 mg of diazepam, two tablets of 10-325 mg hydrocodone acetaminophen, and 10 mg of zolpidem tartrate per day. During this year, Respondent continued treating Patient B with corticosteroid, anesthetic or

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[12] Morphine, brand name MS Contin, is an opioid and a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b).

[13] Diazepam, brand name Valium, is a benzodiazepine and a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d).

[14] Zolpidem tartrate, brand name Ambien, is a sedative hypnotic and a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d).

[15] Hydrocodone acetaminophen's brand name is Norco. Hydrocodone is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b).

[16] Viscosupplementation injections consisting of hyaluronic acid may help reduce pain and swelling in an arthritic joint.

viscosupplementation injections and referred her to neurological and orthopedic specialists. In or around May 2017, Patient B underwent surgery on her right knee with an orthopedist. During Patient B's post-operative recovery, on August 17, 2017, Respondent suspected that Patient B had Reflex Sympathetic Dystrophy (RSD) Syndrome, which was continuing to cause chronic pain.

23. From January 11, 2018 to December 12, 2018, Respondent continued to give Patient B prescriptions to take up to 120 mg of morphine sulfate, four tablets of 10-325 mg hydrocodone acetaminophen, 30 mg of diazepam, and 10 mg of zolpidem tartrate. During this year, Respondent gave Patient B referrals for an anesthesiologist and orthopedist.

24. From January 8, 2019 to April 22, 2019, Respondent continued to give Patient B prescriptions to take up to 60 mg morphine sulfate, four tablets of 10-325 mg hydrocodone acetaminophen, and 20 mg of diazepam. Patient B discontinued taking zolpidem tartrate in or around January 2019.

25. Respondent committed repeated negligent acts in his care and treatment of Patient B which includes, but is not limited to, the following: Respondent prescribed Patient B high dose opioids in combination with diazepam and zolpidem tartrate without clear documentation of indications for each and without documentation showing failed conservative care; Respondent did not initially defer in prescribing a combination of high dose opioids with a benzodiazepine and zolpidem tartrate even though he was self-admittedly not a specialist; Respondent failed to document a clear discussion with Patient B of specific outcomes and expectations; Respondent failed to document the use of standardized tracking instruments for functions, goals, and safety; Respondent failed to document the use of urine drug screening; and Respondent failed to document whether he offered Patient B a Naloxone prescription.

Patient C

26. Respondent began treating Patient C in or around July 2005. On November 20, 2015, Patient C, then a sixty-six-year-old man, saw Respondent in a follow-up visit for bilateral knee pain. At that time, Patient C was still recovering from a total knee replacement on his left knee. Respondent noted that Patient C had right knee osteoarthritis and needed a joint replacement.

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He refilled Patient C's medications which included approximately 160 mg of oxycodone and 10 mg of zolpidem tartrate per day.

27. From November 2015 to December 20, 2018, Respondent continued to see Patient C on a monthly or bi-monthly basis and maintained Patient C on 160 mg of oxycodone and 10 mg zolpidem tartrate per day. Respondent also provided sporadic corticosteroid and/or anesthetic injections for Patient C's right knee and right shoulder.

28. On August 25, 2016, Patient C signed a consent form for chronic opioid therapy and a long-term agreement for controlled substance therapy. On the consent form, Patient C's knee and shoulder arthritis were identified as the justification for chronic opioid therapy. On the long-term agreement for controlled substance therapy, Respondent noted that Patient C was to receive two-month supplies of 160 tablets of 30 mg oxycodone.

29. During the course of his treatment for Patient C, Respondent noted that Patient C needed shoulder surgery and that Patient C's shoulder pain made his insomnia worse. In or around May 2018, Patient C expressed reluctance to undergo further surgeries due to experiencing atrial fibrillation during his prior knee surgeries.

30. On December 4, 2018, Respondent noted that Patient C's shoulder surgery was pending, and that his treatment plan was to wean Patient C off of opioids, have Patient C undergo the surgery, then prescribe opioids post-operatively. At the same visit, Respondent drafted a tapering schedule for Patient C to gradually reduce his oxycodone use. Despite drafting a tapering schedule, however, Respondent gave Patient C a prescription to maintain his use of 160 mg of oxycodone per day, which Patient C filled on December 7, 2018. Respondent continue to prescribe zolpidem tartrate to Patient C through in or around May 2019.

31. Respondent committed repeated negligent acts in his care and treatment of Patient C which includes, but is not limited to, the following: Respondent prescribed Patient C high dose opioids in combination with zolpidem tartrate without clear documentation of indications and without documentation showing failed conservative care; Respondent prescribed Patient C high dose opioids for approximately 10 years without documentation of repeat exploration of non-opioid therapies; Respondent did not initially defer in prescribing a combination of high dose

opioids with zolpidem tartrate even though he was self-admittedly not a specialist; Respondent failed to document a clear discussion of specific outcomes and expectations with Patient C; Respondent failed to document the use of standardized tracking instruments for function, goals, and safety; Respondent failed to document the use of CURES;[17] Respondent failed to document the use of urine drug screening; and Respondent failed to document whether he offered Patient C a Naloxone prescription.

Patient D

32. Respondent began treating Patient D in or around 2014. Patient D, then a sixty-two-year old former law enforcement officer, had an extensive medical and surgical history, including a bout with cancer in 2004, a motorcycle accident in 2004, and numerous surgeries on his knee, shoulder, and back. Patient D complained primarily of chronic pain in his neck, back, and right knee.

33. From in or around November 2014 through December 2017, Respondent saw Patient D approximately once a month and prescribed him enough pain medication to take between six to nine tablets of 10-325 mg oxycodone acetaminophen,[18] 20 mg of diazepam, and between 600 mg to 1,500 mg of gabapentin[19] per day. From in or around November 2014 through May 2019, Respondent sporadically administered corticosteroid, anesthetic, or viscosupplementation injections to Patient D's neck and knee for pain relief.

34. On September 30, 2016, Patient D signed a consent forms for chronic opioid therapy and long-term controlled substance therapy for chronic pain. On the long-term controlled substance therapy for chronic pain form, Patient D's current medications included oxycodone acetaminophen and gabapentin.

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[17] The Controlled Substance Utilization Review and Evaluation System (CURES) is a database of Schedule II, III, and IV controlled substance prescriptions dispensed in California serving the public health, regulatory oversight agencies, and law enforcement. Since October 2, 2018, a physician and surgeon has been required to consult CURES prior to prescribing Schedule II-IV medications to a patient for the first time and at least once every six months thereafter if those controlled substance medications are part of the patient's treatment plan. *See* Health & Saf. Code, § 11165.4.

[18] Oxycodone acetaminophen's brand name is Percocet.

[19] Gabapentin, brand name Neurontin, is an anti-convulsive and nerve pain medication.

35. In or around January and February 2016, Respondent added between 90 mg to 120 mg of oxycodone per day to Patient D's medication regimen.

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36. From January 2018 to December 2018, Respondent continued to see Patient D approximately once a month and prescribe him enough pain medication to take approximately nine tablets of 10-325 mg oxycodone acetaminophen and 20 mg of diazepam. From December 28, 2017 through August 30, 2019 Respondent added 10 mg of zolpidem tartrate to Patient D's aforementioned daily medication regimen.

37. Throughout his treatment of Patient D, Respondent gave Patient D referrals for neurologists and orthopedists to treat his medical issues including Parkinson's disease and hardware problems from prior surgeries.

38. On January 3, 2019, Respondent noted that Patient D was weaning down his narcotic use. From January 17, 2019 to April 20, 2019, Respondent decreased Patient D's daily 10-325 mg oxycodone acetaminophen dose from six to three tablets and maintained Patient D's diazepam prescriptions. In or around March 2019, Respondent referred Patient D to a pain management specialist.

39. Respondent committed repeated negligent acts which includes, but is not limited to, the following: Respondent prescribed Patient D high dose opioids in combination with diazepam and zolpidem tartrate without clear documentation of the indications for each and without documentation showing failed conservative care; Respondent did not initially defer on prescribing a combination of high dose opioids and a benzodiazepine and zolpidem tartrate even though he was self-admittedly not a specialist; Respondent failed to document a clear discussion with Patient D of specific outcomes and expectations; Respondent failed to document the use of standardized tracking instruments for function, goals, and safety; Respondent failed to document the use of urine drug screening; and Respondent failed to document whether he offered Patient D a Naloxone prescription.

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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. G 52014, issued to Respondent Warren Alan Scott, M.D.;

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

3. Ordering Respondent Warren Alan Scott, 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

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

DATED: DEC 08 2022

WILLIAM PRASIFKA
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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