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

In the Matter of the Accusation Against: Andres Betts, M.D. Physician's and Surgeon's Certificate No. G 55823 Respondent.	Case No. 800-2022-091886

DECISION

The attached Stipulated Surrender of License 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 26 2025.

IT IS SO ORDERED MAY 19 2025.

MEDICAL BOARD OF CALIFORNIA

Reji Varghese
Executive Director

ROB BONTA
Attorney General of California
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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: **ANDRES BETTS, M.D.** **32812 Gelder Circle** **Menifee, CA 92584-2902** **Physician's and Surgeon's Certificate No. G 55823,** Respondent.	Case No. 800-2022-091886 OAH No. 2025040136 **STIPULATED SURRENDER OF LICENSE AND DISCIPLINARY 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. Reji Varghese (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, by LeAnna E. Shields, Deputy Attorney General.

2. Andres Betts, 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 August 26, 1985, the Board issued Physician's and Surgeon's Certificate No. G 55823 to Respondent. That license was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2022-091886 and will expire on September 30, 2026, unless renewed.

JURISDICTION

4. On or about March 14, 2025, Accusation No. 800-2022-091886 was filed before the Board and is currently pending against Respondent. On or about March 14, 2025, a true and correct copy of Accusation No. 800-2022-091886 and all other statutorily required documents were properly served on Respondent. Respondent timely filed his Notice of Defense contesting the Accusation. A true and correct copy of Accusation No. 800-2022-091886 is attached as Exhibit A and incorporated by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and fully understands the charges and allegations in Accusation No. 800-2022-091886. Respondent also has carefully read, fully discussed with counsel, and fully 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. Having the benefit of counsel, Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

8. Respondent agrees that, at an administrative hearing, Complainant could establish a *prima facie* case with respect to each and every charge and allegation contained in Accusation No. 800-2022-091886, agrees that he has thereby subjected his Physician's and Surgeon's

Certificate No. G 55823 to discipline, and agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

9. Respondent further agrees that if he ever petitions for reinstatement of his Physician's and Surgeon's Certificate No. G 55823, or if an accusation is filed against him before the Board, all of the charges and allegations contained in Accusation No. 800-2022-091886, shall be deemed true, correct, and fully admitted by Respondent for purposes of any such proceeding.

10. 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 No. G 55823 without further notice to, or opportunity to be heard by, Respondent.

CONTINGENCY

11. 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."

12. 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 55823 without further notice to, or opportunity to be heard by, Respondent.

13. 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.

14. 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.

ADDITIONAL PROVISIONS

15. 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.

16. 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.

17. 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:

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DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 55823, issued to Respondent Andres Betts, M.D., is hereby surrendered and accepted by the Board.

1. The surrender of Respondent's Physician's and Surgeon's Certificate No. G 55823 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 and surgeon 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. 800-2022-091886 shall be deemed to be true, correct and fully 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 $64,591.25 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. 800-2022-091886 shall be deemed to be true, correct, and fully admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

ACCEPTANCE

I have carefully read the above Stipulated Surrender of License and Disciplinary Order and have fully discussed it with my attorney Raymond J. McMahon, Esq. I fully understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate No. G 55823. I

enter into this Stipulated Surrender of License and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 4-29-25

ANDRES BETTS, M.D.
Respondent

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

DATED: April 29, 2025

RAYMOND J. MCMAHON, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: April 29, 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

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Exhibit A

Accusation No. 800-2022-091886

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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: **ANDRES BETTS, M.D.** **32812 Gelder Circle** **Menifee, CA 92584-2902** **Physician's and Surgeon's Certificate No. G 55823,** Respondent.	Case No. 800-2022-091886 **ACCUSATION**

PARTIES

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

2. On or about August 26, 1985, the Medical Board issued Physician's and Surgeon's Certificate No. G 55823 to Andres Betts, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on September 30, 2026, unless 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 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:
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> (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.
>
> (b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.

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:
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> ...
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> (b) Gross negligence.
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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.

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(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.

...

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

COST RECOVERY

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.

DEFINITIONS

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

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9. Dilaudid, a brand name for hydromorphone, is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022. Hydromorphone is an opioid analgesic. When properly prescribed and indicated, it is commonly used to treat moderate to severe pain. The Drug Enforcement Administration (DEA) has identified hydromorphone, such as Dilaudid, as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2017 Edition), at p. 43.) The Food and Drug Administration (FDA) has issued black box warnings for Dilaudid which warn about, among other things, addiction, abuse and misuse, and the possibility of life-threatening respiratory distress.

10. Gabapentin, brand name Neurontin, is an anti-epileptic drug commonly used to treat seizures and epilepsy. Gabapentin is also commonly used to treat nerve pain and fibromyalgia. It is classified as a dangerous drug pursuant to Business and Professions Code section 4022.

11. Ketamine is a Schedule III controlled substance pursuant to Health and Safety Code section 11056, subdivision (g), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is commonly used to treat moderate to severe pain. The DEA has identified ketamine as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2017 Edition), at p. 66.)

12. Losartan is a dangerous drug pursuant to Business and Professions Code section 4022 commonly used for the treatment of hypertension and nephropathy.

13. Methadone is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (c), and a dangerous drug pursuant to Business and Professions Code section 4022. Methadone is a synthetic opioid commonly used for the treatment of opioid dependence and moderate to severe pain. The DEA has identified methadone as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2017 Edition), at p. 44.) The FDA has issued black box warnings for methadone which warn about, among other things, addiction, abuse and misuse, and the possibility of life-threatening respiratory distress.

14. Norco is a brand name for the drug combination of hydrocodone (5 mg, 7.5 mg, or 10 mg) and acetaminophen (325 mg). Hydrocodone is a Schedule II controlled substance pursuant

to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is commonly used to treat moderate to moderately severe pain. The DEA has identified opioids, such as hydrocodone, as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2017 Edition), at p. 47.) The FDA has issued black box warnings for hydrocodone which warn about, among other things, addiction, abuse and misuse, and the possibility of life-threatening respiratory distress.

15. Oxycodone is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is commonly used to treat moderate to moderately severe pain. The DEA has identified opioids, such as oxycodone, as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2017 Edition), at p. 47.) The risk of respiratory depression and overdose is increased with the concomitant use of benzodiazepines or when prescribed to patients with pre-existing respiratory depression. The FDA has issued black box warnings for oxycodone which warn about, among other things, addiction, abuse and misuse, and the possibility of life-threatening respiratory distress.

16. OxyContin, a brand name for the extended-release version of oxycodone, is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is commonly used to treat moderate to moderately severe pain. The DEA has identified opioids, such as oxycodone, as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2017 Edition), at p. 47.)

17. Percocet is a brand name for the drug combination of oxycodone (5 mg, 7.5 mg, or 10 mg) and acetaminophen (325 mg). Oxycodone is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is commonly used to treat moderate to moderately severe pain. The DEA has identified oxycodone as a drug of abuse. (Drugs of Abuse, A DEA Resource Guide (2017 Edition), at p. 47.) The FDA

has issued a black box warning for Percocet which warns about, among other things, addiction, abuse and misuse, and the possibility of life-threatening respiratory distress.

18. Robaxin is a brand name for methocarbamol, a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is commonly used as a muscle relaxant.

19. Soma, a brand name for carisoprodol, is a Schedule IV controlled substance pursuant to 21 C.F.R. § 1308.14, and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is commonly used as a muscle relaxant. According to the DEA, Office of Diversion Control, published comment on carisoprodol, dated March 2014, "[c]arisoprodol abuse has escalated in the last decade in the United States...According to Diversion Drug Trends, published by the Drug Enforcement Administration on the trends in diversion of controlled and non-controlled pharmaceuticals, carisoprodol continues to be one of the most commonly diverted drugs."

20. Tramadol is a Schedule IV controlled substance pursuant to 21 C.F.R. § 1308.14, and a dangerous drug pursuant to Business and Professions Code section 4022. It is an opioid pain medication. When properly prescribed and indicated, it is commonly used to treat moderate to severe pain. The FDA has issued a black box warning for tramadol which warns about, among other things, addiction, abuse and misuse, and the possibility of life-threatening respiratory distress.

21. Valium, a brand name for diazepam, is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is commonly used to treat anxiety disorders or for the short-term relief of anxiety. Concomitant use of Valium with opioids "may result in profound sedation, respiratory depression, coma, and death." The DEA has identified benzodiazepines, such as Valium, as a drug of abuse. (Drugs of Abuse, A DEA Resource Guide (2017 Edition), at p. 59.) The FDA has issued a black box warning for Valium which warns about, among other things, addiction, abuse and misuse, and the possibility of life-threatening respiratory distress when combined with opioids.

22. Vyvanse, a brand name for lisdexamfetamine, is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. Vyvanse is a CNS stimulant commonly used to treat attention deficit hyperactivity disorder. The FDA has issued a black box warning for Vyvanse which warns about, among other things, addiction, abuse and misuse.

23. Wellbutrin, a brand name for bupropion, is a dangerous drug pursuant to Business and Professions Code section 4022. Bupropion is an antidepressant commonly used to treat depression or seasonal affective disorder. The FDA has issued a black box warning for bupropion which warns about, among other things, suicidality.

24. Xanax, a brand name for alprazolam, is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. Alprazolam is a short-acting benzodiazepine. When properly prescribed and indicated, it is commonly used to relieve anxiety. Concomitant use of Xanax with opioids "may result in profound sedation, respiratory depression, coma, and death." The DEA has identified benzodiazepines, such as Xanax, as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2017 Edition), at p. 59.) The FDA has issued a black box warning for Xanax which warns about, among other things, addiction, abuse and misuse, and the possibility of life-threatening respiratory distress when combined with opioids.

25. Zoloft, a brand name for sertraline, is a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is commonly used to treat major depressive disorder, panic disorder, and post-traumatic stress disorder. The FDA has issued a black box warning for Zoloft which warns about, among other things, suicidality.

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FACTUAL ALLEGATIONS[1]

Patient A[2]

26. On or about June 1, 2006, Patient A, a then 39-year-old male, presented for an initial consultation with Respondent for pain management after suffering extensive soft tissue damage to his right lower extremity as a result of a dune buggy accident in or around October 2005.

27. From on or about 2006 through on or about 2022, Respondent provided care and treatment to Patient A for, among other things, chronic pain.

28. From on or about 2006 through on or about 2022, according to records and CURES, Respondent regularly issued prescriptions to Patient A for various medications and controlled substances, including, but not limited to, Norco, Oxycodone, methadone, gabapentin and bupropion.

29. In 2018, Patient A presented for several visits with Respondent including, but not limited to, in or around January, February, May, August and November. Respondent's handwritten records for these visits are often illegible, document little to no physical examination by Respondent, and provide minimal details regarding Patient A's pain levels or response to pain medications. Respondent's records for these visits also fail to document a complete list of medications prescribed to Patient A or any discussion with Patient A regarding the risks and benefits of taking the controlled substances prescribed by Respondent to Patient A. According to records and CURES, Respondent continued to issue regular prescriptions to Patient A for Norco, methadone and gabapentin.

30. In 2019, Patient A presented for several visits with Respondent including, but not limited to, in or around February, May, July, September and November. Respondent's handwritten records for these visits are often illegible, document little to no physical examination

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

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

by Respondent, and provide minimal details regarding Patient A's pain levels or response to pain medications. Respondent's records for these visits also fail to document a complete list of medications prescribed to Patient A or any discussion with Patient A regarding the risks and benefits of taking the controlled substances prescribed by Respondent to Patient A. On or about September 10, 2019, Respondent also documented Wellbutrin as one of Patient A's medications with no further details. According to records and CURES, Respondent continued to issue regular prescriptions to Patient A for Norco, methadone and gabapentin.

31. In 2020, Patient A presented for several visits with Respondent including, but not limited to, in or around January, April, June, August and October. Respondent's handwritten records for these visits are often illegible, document little to no physical examination by Respondent, and provide minimal details regarding Patient A's pain levels or response to pain medications. Respondent's records for these visits also fail to document a complete list of medications prescribed to Patient A or any discussion with Patient A regarding the risks and benefits of taking the controlled substances prescribed by Respondent to Patient A. On or about June 24, 2020, Respondent again documented Wellbutrin as one of Patient A's medications with no further details. On or about October 8, 2020, Respondent noted Patient A requested more methadone. According to records and CURES, Respondent tripled Patient A's prescription for methadone going forward and continued to issue regular prescriptions to Patient A for Norco.

32. In 2021, Patient A presented for several visits with Respondent including, but not limited to, in or around January, April, May and November. Respondent's handwritten records for these visits are often illegible, document little to no physical examination by Respondent, and provide minimal details regarding Patient A's pain levels or response to pain medications. Respondent's records for these visits also fail to document a complete list of medications prescribed to Patient A or any discussion with Patient A regarding the risks and benefits of taking the controlled substances prescribed by Respondent to Patient A. On or about November 18, 2021, Respondent noted Patient A now presented with complaints of back pain with no further details or physical examination. According to records and CURES, Respondent continued to issue regular prescriptions to Patient A for Norco and methadone.

33. In 2022, Patient A presented for several visits with Respondent including, but not limited to, in or around January, March, June, August and October. Respondent's handwritten records for these visits are often illegible, document little to no physical examination by Respondent, and provide minimal details regarding Patient A's pain levels or response to pain medications. Respondent's records for these visits also fail to document a complete list of medications prescribed to Patient A or any discussion with Patient A regarding the risks and benefits of taking the controlled substances prescribed by Respondent to Patient A. On or about January 18, 2022, Respondent noted a prescription to Patient A for gabapentin with no further details. According to records and CURES, Respondent continued to issue regular prescriptions to Patient A for Norco and methadone.

34. At no time throughout Respondent's care and treatment of Patient A did Respondent order an EKG to obtain a baseline and/or to monitor for possible negative cardiac side effects of methadone.

Patient B

35. On or about March 19, 2019, Patient B, a then 49-year-old female, presented for an initial consultation with Respondent for pain management of her chronic low back pain. Respondent's notes for this visit indicate Patient B had a previous radiofrequency ablation procedure which provided pain relief. Respondent's notes also indicate Patient B was regularly receiving prescriptions for Percocet and Xanax from her previous providers.

36. On or about May 8, 2019, Patient B presented for a follow-up visit with Respondent. Respondent's handwritten records for this visit are at times illegible but indicate Patient B was taking up to eight (8) Percocet per day and exhibited slurred speech. Respondent's records for this visit document little to no physical examination by Respondent, and provide minimal details regarding Patient B's pain level, noting only that she fell recently and has an increase in pain. According to records, Respondent continued Patient B's prescription for Percocet but failed to note Patient B's prescription for Xanax in his records. Respondent's records for this visit also fail to document any discussion with Patient B regarding the risks and benefits of taking the controlled substances prescribed by Respondent to Patient B.

37. On or about July 8, 2019, Patient B presented for a follow-up visit with Respondent. Respondent's handwritten records for this visit are at times illegible but indicate Patient B was using less Percocet. Respondent's records for this visit document little to no physical examination by Respondent and provide no details regarding Patient B's pain level. According to records, Respondent continued Patient B's prescription for Percocet but failed to note Patient B's prescription for Xanax in his records. Respondent's records for this visit also fail to document any discussion with Patient B regarding the risks and benefits of taking the controlled substances prescribed by Respondent to Patient B.

38. On or about August 19, 2019, Patient B presented for her final visit with Respondent. Respondent's handwritten records for this visit are at times illegible but indicate Patient B complained of lower abdominal pain. Respondent's records for this visit document little to no physical examination by Respondent and provide no details regarding Patient B's pain level. According to records, Respondent continued Patient B's prescription for Percocet but failed to note Patient B's prescription for Xanax in his records. Respondent's records for this visit also fail to document any discussion with Patient B regarding the risks and benefits of taking the controlled substances prescribed by Respondent to Patient B. Records for this visit note a plan to refer Patient B to another pain management physician with no further details.

Patient C

39. On or about February 21, 2018, Patient C, a then 35-year-old female, presented for an initial consultation with Respondent for pain management of her chronic low back pain and left leg pain. Respondent's notes for this visit indicate Patient C was regularly receiving prescriptions for Zoloft and tramadol.

40. From on or about 2018 through on or about 2023, Respondent provided care and treatment to Patient C for, among other things, chronic pain.

41. From on or about 2019 through on or about 2023, according to records and CURES, Respondent regularly issued prescriptions to Patient C for various medications and controlled substances, including, but not limited to, Percocet and methadone.

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42. On or about October 15, 2020, Respondent ordered a urine drug screen for Patient C. According to records, Patient C tested positive for tetrahydrocannabinol (THC), methadone and oxycodone. However, records do not document any discussion by Respondent with Patient C regarding the presence of THC in Patient C's lab results.

43. On or about August 3, 2021, Patient C presented for a follow-up visit with Respondent. Respondent's handwritten records for this visit are at times illegible but indicate Patient C had widespread pain with no further details regarding Patient C's pain levels or response to pain medications. Respondent's records for this visit document little to no physical examination by Respondent, noting only that Patient C was alert, oriented and had normal speech. Respondent's records for this visit also fail to document a complete list of medications prescribed to Patient C or any discussion with Patient C regarding the risks and benefits of taking the controlled substances prescribed by Respondent to Patient C.

44. On or about October 6, 2021, Patient C presented for a follow-up visit with Respondent. Respondent's handwritten records for this visit are at times illegible and provide minimal details regarding Patient C's pain levels or response to pain medications. Respondent's records for this visit document little to no physical examination by Respondent, noting only that Patient C was alert, oriented and had normal speech. Respondent's records for this visit also fail to document a complete list of medications prescribed to Patient C or any discussion with Patient C regarding the risks and benefits of taking the controlled substances prescribed by Respondent to Patient C. According to records, Patient C expressed a desire to try ketamine, and that Respondent issued a prescription to Patient C for ketamine nasal spray.

45. On or about December 13, 2021, Patient C presented for a follow-up visit with Respondent. Respondent's handwritten records for this visit are at times illegible and provide minimal details regarding Patient C's pain levels or response to pain medications. Respondent's records for this visit document little to no physical examination by Respondent, noting only that Patient C was alert, oriented and had normal speech. Respondent's records for this visit also fail to document a complete list of medications prescribed to Patient C or any discussion with Patient C regarding the risks and benefits of taking the controlled substances prescribed by Respondent to

Patient C. According to records, the ketamine was helpful for Patient C's depression and Patient C was using less Percocet.

46. In 2022, Patient C presented for several visits with Respondent including, but not limited to, in or around February, April, July, September and November. Respondent's handwritten records for these visits are often illegible, document little to no physical examination by Respondent, often noting only that Patient C was alert, oriented and had normal speech. Respondent's records for these visits provide minimal details regarding Patient C's pain levels or response to pain medications. Respondent's records for these visits also fail to document a complete list of medications prescribed to Patient C or any discussion with Patient C regarding the risks and benefits of taking the controlled substances prescribed by Respondent to Patient C. According to records and CURES, Respondent continued to issue regular prescriptions to Patient C for Percocet, methadone and ketamine.

47. In 2023, Patient C presented for several visits with Respondent including, but not limited to, in or around January, March and April. Respondent's handwritten records for these visits are often illegible, document little to no physical examination by Respondent, often noting only that Patient C was alert, oriented and had normal speech. Respondent's records for these visits provide minimal details regarding Patient C's pain levels or response to pain medications. Respondent's records for these visits also fail to document a complete list of medications prescribed to Patient C or any discussion with Patient C regarding the risks and benefits of taking the controlled substances prescribed by Respondent to Patient C. According to records and CURES, Respondent continued to issue regular prescriptions to Patient C for Percocet, methadone and ketamine.

48. At no time throughout Respondent's care and treatment of Patient C did Respondent order an EKG to obtain a baseline and/or to monitor for possible negative cardiac side effects of methadone.

Patient D

49. On or about April 16, 2014, Patient D, a then 50-year-old male, presented for an initial consultation with Respondent for pain management of his chronic back pain.

50. From on or about 2014 through on or about 2024, Respondent provided care and treatment to Patient D for, among other things, chronic back pain.

51. From on or about 2014 through on or about 2024, according to records and CURES, Respondent regularly issued prescriptions to Patient D for various medications and controlled substances, including, but not limited to, Percocet, oxycodone, methadone, and Valium.

52. From on or about 2020 through 2022, according to CURES, Patient D also received regular prescriptions from other providers for controlled substances, including, but not limited to, Soma and Norco.

53. In 2019, Patient D presented for several visits with Respondent including, but not limited to, in or around January, March, May, August and October. Respondent's handwritten records for these visits are often illegible, document little to no physical examination by Respondent, often noting only that Patient D was alert, oriented and had normal speech, and provide minimal details regarding Patient D's pain levels or response to pain medications. Respondent's records for these visits also fail to document a complete list of medications prescribed to Patient D or any discussion with Patient D regarding the risks and benefits of taking the controlled substances prescribed by Respondent to Patient D. According to records and CURES, Respondent continued to issue regular prescriptions to Patient D for Percocet and methadone.

54. In 2020, Patient D presented for several visits with Respondent including, but not limited to, in or around January, March, May, July, October and December. Respondent's handwritten records for these visits are often illegible, document little to no physical examination by Respondent, often noting only that Patient D was alert, oriented and had normal speech, and provide minimal details regarding Patient D's pain levels or response to pain medications. Respondent's records for these visits also fail to document a complete list of medications prescribed to Patient D or any discussion with Patient D regarding the risks and benefits of taking the controlled substances prescribed by Respondent to Patient D. According to records and CURES, Respondent continued to issue regular prescriptions to Patient D for Percocet, methadone and Valium.

55. In 2021, Patient D presented for several visits with Respondent including, but not limited to, in or around February, May, June, September and December. Respondent's handwritten records for these visits are often illegible, document little to no physical examination by Respondent, often noting only that Patient D was alert, oriented and had normal speech, and provide minimal details regarding Patient D's pain levels or response to pain medications. Respondent's records for these visits also fail to document a complete list of medications prescribed to Patient D or any discussion with Patient D regarding the risks and benefits of taking the controlled substances prescribed by Respondent to Patient D. According to records and CURES, Respondent continued to issue regular prescriptions to Patient D for Percocet, methadone and Valium.

56. In 2022, Patient D presented for several visits with Respondent including, but not limited to, in or around March, May, July, September and November. Respondent's handwritten records for these visits are often illegible, document little to no physical examination by Respondent, often noting only that Patient D was alert, oriented and had normal speech, and provide minimal details regarding Patient D's pain levels or response to pain medications. Respondent's records for these visits also fail to document a complete list of medications prescribed to Patient D or any discussion with Patient D regarding the risks and benefits of taking the controlled substances prescribed by Respondent to Patient D. According to records and CURES, Respondent continued to issue regular prescriptions to Patient D for Percocet, methadone and Valium.

57. In 2023, Patient D presented for several visits with Respondent including, but not limited to, in or around January, March and May. Respondent's handwritten records for these visits are often illegible, document little to no physical examination by Respondent, often noting only that Patient D was alert, oriented and had normal speech, and provide minimal details regarding Patient D's pain levels or response to pain medications. Respondent's records for these visits also fail to document a complete list of medications prescribed to Patient D or any discussion with Patient D regarding the risks and benefits of taking the controlled substances

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prescribed by Respondent to Patient D. According to records and CURES, Respondent continued to issue regular prescriptions to Patient D for Percocet, methadone and Valium.

58. At no time throughout Respondent's care and treatment of Patient D did Respondent order an EKG to obtain a baseline and/or to monitor for possible negative cardiac side effects of methadone.

Patient E

59. On or about August 24, 2015, Patient E, a then 58-year-old female, presented for an initial consultation with Respondent for pain management for severe low back pain after being involved in a motor vehicle accident in or around April 2015.

60. From on or about 2015 through on or about 2023, Respondent provided care and treatment to Patient E for, among other things, chronic pain.

61. From on or about 2015 through on or about 2017, according to records and CURES, Respondent regularly issued prescriptions to Patient E for various medications and controlled substances, including, but not limited to, Percocet, Soma and tramadol.

62. In 2018, Patient E presented for several visits with Respondent including, but not limited to, in or around February, May, July, August and October. Respondent's handwritten records for these visits are often illegible and document little to no physical examination by Respondent, often noting only that Patient E was alert, oriented and had normal speech. Respondent's records for these visits also fail to document a complete list of medications prescribed to Patient E or any discussion with Patient E regarding the risks and benefits of taking the controlled substances prescribed by Respondent to Patient E. According to records and CURES, Respondent continued to issue regular prescriptions to Patient E for Percocet, Soma and tramadol.

63. In 2019, Patient E presented for several visits with Respondent including, but not limited to, in or around January, March, June, August and October. Respondent's handwritten records for these visits are often illegible and document little to no physical examination by Respondent, often noting only that Patient E was alert, oriented and had normal speech. Respondent's records for these visits also fail to document a complete list of medications

prescribed to Patient E or any discussion with Patient E regarding the risks and benefits of taking the controlled substances prescribed by Respondent to Patient E. According to records and CURES, Respondent continued to issue regular prescriptions to Patient E for Percocet, Soma and tramadol.

64. In 2020, Patient E presented for several visits with Respondent including, but not limited to, in or around January, April, July and October. Respondent's handwritten records for these visits are often illegible and document little to no physical examination by Respondent, often noting only that Patient E was alert, oriented and had normal speech. Respondent's records for these visits also fail to document a complete list of medications prescribed to Patient E or any discussion with Patient E regarding the risks and benefits of taking the controlled substances prescribed by Respondent to Patient E. According to records and CURES, Respondent continued to issue regular prescriptions to Patient E for Percocet, Soma and tramadol.

65. In 2021, Patient E presented for several visits with Respondent including, but not limited to, in or around January, March, May, June, September and December. Respondent's handwritten records for these visits are often illegible and document little to no physical examination by Respondent, often noting only that Patient E was alert, oriented and had normal speech. Respondent's records for these visits also fail to document a complete list of medications prescribed to Patient E or any discussion with Patient E regarding the risks and benefits of taking the controlled substances prescribed by Respondent to Patient E. According to records and CURES, Respondent continued to issue regular prescriptions to Patient E for Percocet, Soma and tramadol.

66. In 2022, Patient E presented for several visits with Respondent including, but not limited to, in or around March, May, August and October. Respondent's handwritten records for these visits are often illegible and document little to no physical examination by Respondent, often noting only that Patient E was alert, oriented and had normal speech. Respondent's records for these visits also fail to document a complete list of medications prescribed to Patient E or any discussion with Patient E regarding the risks and benefits of taking the controlled substances

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prescribed by Respondent to Patient E. According to records and CURES, Respondent continued to issue regular prescriptions to Patient E for Percocet, Soma and tramadol.

67. On or about March 7, 2022, Patient E presented for a follow-up visit with Respondent. Respondent's records for this visit indicate they discussed trying methadone with no further details regarding any discussion with Patient E regarding the risks and benefits of taking methadone or any further physical examination beyond noting that Patient E was alert, oriented, and had normal speech. According to records and CURES, Respondent also began to issue regular prescriptions to Patient E for methadone from this visit going forward.

68. In 2023, Patient E presented for several visits with Respondent including, but not limited to, in or around January and April. Respondent's handwritten records for these visits are often illegible and document little to no physical examination by Respondent, often noting only that Patient E was alert, oriented and had normal speech. Respondent's records for these visits also fail to document a complete list of medications prescribed to Patient E or any discussion with Patient E regarding the risks and benefits of taking the controlled substances prescribed by Respondent to Patient E. According to records and CURES, Respondent continued to issue regular prescriptions to Patient E for Percocet, Soma, tramadol and methadone.

69. At no time throughout Respondent's care and treatment of Patient E did Respondent order an EKG to obtain a baseline and/or to monitor for possible negative cardiac side effects of methadone.

Patient F

70. On or about June 26, 2017, Patient F, a then 60-year-old male, presented for an initial consultation with Respondent for pain management of his shoulder and neck pain. Respondent's notes for this visit indicate Patient F was regularly receiving prescriptions for Percocet.

71. From on or about 2017 through on or about 2023, Respondent provided care and treatment to Patient F for, among other things, chronic pain.

72. From on or about 2017 through on or about 2023, according to records and CURES, Respondent regularly issued prescriptions to Patient F for various medications and controlled substances, including, but not limited, Percocet.

73. On or about October 24, 2017, Patient F presented for a visit with Respondent. According to Respondent's records for this visit, Respondent began regularly issuing prescriptions to Patient F for Soma without any documentation of a discussion with Patient F regarding the risks and benefits of taking the controlled substances prescribed by Respondent to Patient F, specifically, Percocet and Soma. According to records and CURES, from this visit forward, Respondent continued to issue regular prescriptions to Patient F for Percocet and Soma.

74. In 2018, Patient F presented for several visits with Respondent including, but not limited to, in or around February, April, May, August, October and December. Respondent's handwritten records for these visits are often illegible and document little to no physical examination by Respondent, often noting only that Patient F was alert, oriented and had normal speech. Respondent's records for these visits also fail to document a complete list of medications prescribed to Patient F or any discussion with Patient F regarding the risks and benefits of taking the controlled substances prescribed by Respondent to Patient F. According to records and CURES, Respondent continued to issue regular prescriptions to Patient F for Percocet and Soma.

75. In 2019, Patient F presented for several visits with Respondent including, but not limited to, in or around January, March, May, July, September and November. Respondent's handwritten records for these visits are often illegible and document little to no physical examination by Respondent, often noting only that Patient F was alert, oriented and had normal speech. Respondent's records for these visits also fail to document a complete list of medications prescribed to Patient F or any discussion with Patient F regarding the risks and benefits of taking the controlled substances prescribed by Respondent to Patient F. According to records and CURES, Respondent continued to issue regular prescriptions to Patient F for Percocet and Soma.

76. In 2020, Patient F presented for several visits with Respondent including, but not limited to, in or around January, February, April, June, August, October and December. Respondent's handwritten records for these visits are often illegible and document little to no physical examination by Respondent, often noting only that Patient F was alert, oriented and had normal speech. Respondent's records for these visits also fail to document a complete list of

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medications prescribed to Patient F or any discussion with Patient F regarding the risks and benefits of taking the controlled substances prescribed by Respondent to Patient F. According to records and CURES, Respondent continued to issue regular prescriptions to Patient F for Percocet and Soma.

77. On or about June 17, 2020, Patient F presented for a visit with Respondent. According to Respondent's records for this visit, Patient F informed Respondent that he wanted to "try methadone." According to Respondent's records for this visit, Respondent began regularly issuing prescriptions to Patient F for methadone, but the records do not document any rationale for initiating a prescription for methadone or any discussion with Patient F regarding the risks and benefits of taking the controlled substances prescribed by Respondent to Patient F, specifically, Percocet, Soma and methadone. According to records and CURES, from this visit forward, Respondent continued to issue regular prescriptions to Patient F for Percocet, Soma and methadone.

78. In 2021, Patient F presented for several visits with Respondent including, but not limited to, in or around March, May, July and November. Respondent's handwritten records for these visits are often illegible and document little to no physical examination by Respondent, often noting only that Patient F was alert, oriented and had normal speech. Respondent's records for these visits also fail to document a complete list of medications prescribed to Patient F or any discussion with Patient F regarding the risks and benefits of taking the controlled substances prescribed by Respondent to Patient F. According to records and CURES, Respondent continued to issue regular prescriptions to Patient F for Percocet, Soma and methadone.

79. In 2022, Patient F presented for several visits with Respondent including, but not limited to, in or around February, March, May, July, August and October. Respondent's handwritten records for these visits are often illegible and document little to no physical examination by Respondent, often noting only that Patient F was alert, oriented and had normal speech. Respondent's records for these visits also fail to document a complete list of medications prescribed to Patient F or any discussion with Patient F regarding the risks and benefits of taking the controlled substances prescribed by Respondent to Patient F. According to records and

CURES, Respondent continued to issue regular prescriptions to Patient F for Percocet, Soma and methadone.

80. In 2023, Patient F presented for several visits with Respondent including, but not limited to, in or around January, March and June. Respondent's handwritten records for these visits are often illegible and document little to no physical examination by Respondent, often noting only that Patient F was alert, oriented and had normal speech. Respondent's records for these visits also fail to document a complete list of medications prescribed to Patient F or any discussion with Patient F regarding the risks and benefits of taking the controlled substances prescribed by Respondent to Patient F. According to records and CURES, Respondent continued to issue regular prescriptions to Patient F for Percocet, Soma and methadone.

81. At no time throughout Respondent's care and treatment of Patient F did Respondent order an EKG to obtain a baseline and/or to monitor for possible negative cardiac side effects of methadone.

Patient G

82. On or about September 27, 2016, Patient G, a then 54-year-old female, presented for an initial consultation with Respondent for pain management of her lower back pain, degenerative disc disease and sciatica. Respondent's notes for this visit indicate Patient G was regularly receiving prescriptions for Norco and Valium.

83. From on or about 2016 through on or about 2023, Respondent provided care and treatment to Patient G for, among other things, chronic pain.

84. From on or about 2016 through on or about 2023, according to records and CURES, Respondent regularly issued prescriptions to Patient G for various medications and controlled substances, including, but not limited to, Percocet, Robaxin and Soma.

85. In 2018, Patient G presented for several visits with Respondent including, but not limited to, in or around February, May, July, August and November. Respondent's handwritten records for these visits are often illegible and document little to no physical examination by Respondent, often noting only that Patient G was alert, oriented and had normal speech.

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Respondent's records for these visits also fail to document a complete list of medications prescribed to Patient G or any discussion with Patient G regarding the risks and benefits of taking the controlled substances prescribed by Respondent to Patient G. According to records and CURES, Respondent continued to issue regular prescriptions to Patient G for Percocet and Soma.

86. On or about January 24, 2019, Patient G presented for a visit with Respondent. According to Respondent's records for this visit, which are largely illegible, a notation indicates the possibility of starting methadone but with no further documentation regarding his rationale for adding methadone to Patient G's pain management regimen. Records for this visit do not document any discussion with Patient G regarding the risks and benefits of taking the controlled substances prescribed by Respondent to Patient G, specifically, Percocet, Soma and methadone. Records for this visit also document little to no physical examination by Respondent, noting only that Patient G was alert, oriented, had normal speech, and ambulates well.

87. On or about March 19, 2019, Patient G presented for a visit with Respondent. According to Respondent's records for this visit, which are largely illegible, a notation indicates Respondent issued a prescription for methadone to Patient G but with no further documentation regarding his rationale for adding methadone to Patient G's pain management regimen. Records for this visit do not document any discussion with Patient G regarding the risks and benefits of taking the controlled substances prescribed by Respondent to Patient G, specifically, Percocet, Soma and methadone. Records for this visit also document little to no physical examination by Respondent, noting only that Patient G was alert, oriented, had normal speech, and ambulates well.

88. On or about May 9, 2019, Patient G presented for a visit with Respondent. According to Respondent's records for this visit, which are largely illegible, a notation indicates Respondent increased Patient G's prescription for Percocet but with no further documentation regarding his rationale for this change. Records for this visit also indicate Patient G had a family member with a history of drug dependence. Records for this visit do not document any discussion with Patient G regarding the risks and benefits of taking the controlled substances prescribed by Respondent to Patient G, specifically, Percocet, Soma and methadone. Records for this visit also document

little to no physical examination by Respondent, noting only that Patient G was alert, oriented, had normal speech, and ambulates well.

89. On or about October 17, 2019, Patient G presented for a visit with Respondent. According to Respondent's records for this visit, which are largely illegible, a notation indicates Respondent increased Patient G's prescription for Percocet but with no further documentation regarding his rationale for this change. Records for this visit do not document any discussion with Patient G regarding the risks and benefits of taking the controlled substances prescribed by Respondent to Patient G, specifically, Percocet and methadone. Records for this visit also document little to no physical examination by Respondent, noting only that Patient G was alert, oriented, and had normal speech.

90. In 2019, Patient G presented for additional visits with Respondent including, but not limited to, in or around July, August and December. Respondent's handwritten records for these visits are often illegible and document little to no physical examination by Respondent, often noting only that Patient G was alert, oriented and had normal speech. Respondent's records for these visits also fail to document a complete list of medications prescribed to Patient G or any discussion with Patient G regarding the risks and benefits of taking the controlled substances prescribed by Respondent to Patient G. According to records and CURES, Respondent continued to issue regular prescriptions to Patient G for Percocet, Robaxin and methadone, but do not document Respondent's rationale for no longer prescribing Soma to Patient G.

91. On or about February 11, 2020, Patient G presented for a visit with Respondent. According to Respondent's records for this visit, which are largely illegible, a notation indicates Respondent resumed Patient G's prescription for Soma but with no further documentation regarding his rationale for this change. Records for this visit do not document any discussion with Patient G regarding the risks and benefits of taking the controlled substances prescribed by Respondent to Patient G, specifically, Percocet, Soma and methadone, noting only that Patient G wanted to resume his prescription for Robaxin. Records for this visit also document little to no physical examination by Respondent, noting only that Patient G was alert, oriented, had normal speech, and ambulates well.

92. In 2020, Patient G presented for additional visits with Respondent including, but not limited to, in or around April, July, September and November. Respondent's handwritten records for these visits are often illegible and document little to no physical examination by Respondent, often noting only that Patient G was alert, oriented and had normal speech. Respondent's records for these visits also fail to document a complete list of medications prescribed to Patient G or any discussion with Patient G regarding the risks and benefits of taking the controlled substances prescribed by Respondent to Patient G. According to records and CURES, Respondent continued to issue regular prescriptions to Patient G for Percocet, Robaxin and methadone, but do not document Respondent's rationale for no longer prescribing Soma to Patient G.

93. On or about January 11, 2021, Patient G presented for a visit with Respondent. According to Respondent's records for this visit, which are largely illegible, Patient G continued to receive prescriptions from Respondent for Percocet, Robaxin and methadone and that Patient G's pain was controlled with medications. Records for this visit do not document any discussion with Patient G regarding the risks and benefits of taking the controlled substances prescribed by Respondent to Patient G, specifically, Percocet and methadone. Records for this visit also document little to no physical examination by Respondent, noting only that Patient G was alert, oriented, and had normal speech.

94. On or about March 3, 2021, Patient G presented for a visit with Respondent. According to Respondent's records for this visit, which are largely illegible, a notation indicates Patient G wanted to "try Soma" with no further documentation regarding Patient G's reason for this request to add Soma to Patient G's pain management regimen. Records for this visit do not document any discussion with Patient G regarding the risks and benefits of taking the controlled substances prescribed by Respondent to Patient G, specifically, Percocet, Soma and methadone. Records for this visit also document little to no physical examination by Respondent, noting only that Patient G was alert, oriented, had normal speech, and ambulates well.

95. On or about April 28, 2021, Patient G presented for a visit with Respondent. According to Respondent's records for this visit, which are largely illegible, a notation indicates Patient G wanted "Soma today" with no further documentation regarding Patient G's reason for

this request to add Soma to Patient G's pain management regimen. Records for this visit do not document any discussion with Patient G regarding the risks and benefits of taking the controlled substances prescribed by Respondent to Patient G, specifically, Percocet, Soma and methadone. Records for this visit also document little to no physical examination by Respondent, noting only that Patient G was alert, oriented, and had normal speech.

96. In 2021, Patient G presented for additional visits with Respondent including, but not limited to, in or around July, September and November. Respondent's handwritten records for these visits are often illegible and document little to no physical examination by Respondent, often noting only that Patient G was alert, oriented and had normal speech. Respondent's records for these visits also fail to document a complete list of medications prescribed to Patient G or any discussion with Patient G regarding the risks and benefits of taking the controlled substances prescribed by Respondent to Patient G. According to records and CURES, Respondent continued to issue regular prescriptions to Patient G for Percocet, Soma and methadone.

97. In 2022, Patient G presented for several visits with Respondent including, but not limited to, in or around January, March, May, August, September and November. Respondent's handwritten records for these visits are often illegible and document little to no physical examination by Respondent, often noting only that Patient G was alert, oriented and had normal speech. Respondent's records for these visits also fail to document a complete list of medications prescribed to Patient G or any discussion with Patient G regarding the risks and benefits of taking the controlled substances prescribed by Respondent to Patient G. According to records and CURES, Respondent continued to issue regular prescriptions to Patient G for Percocet, Soma and methadone.

98. In 2023, Patient G presented for several visits with Respondent including, but not limited to, in or around January and March. Respondent's handwritten records for these visits are often illegible and document little to no physical examination by Respondent, often noting only that Patient G was alert, oriented and had normal speech. Respondent's records for these visits also fail to document a complete list of medications prescribed to Patient G or any discussion with Patient G regarding the risks and benefits of taking the controlled substances prescribed by

Respondent to Patient G. According to records and CURES, Respondent continued to issue regular prescriptions to Patient G for Percocet, Soma and methadone.

99. At no time throughout Respondent's care and treatment of Patient G did Respondent order an EKG to obtain a baseline and/or to monitor for possible negative cardiac side effects of methadone.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

100. Respondent has subjected his Physician's and Surgeon's Certificate No. G 55823 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that Respondent committed gross negligence in his care and treatment of Patients A, B, C, D, E, F and G, as more particularly alleged hereinafter.

Patient A

101. Paragraphs 26 through 34, above, are hereby incorporated by reference and realleged as if fully set forth herein.

102. Respondent committed gross negligence in his care and treatment of Patient A in that he failed to order an EKG for Patient A before prescribing methadone to obtain a baseline and/or annually to monitor for potential negative side effects of methadone while regularly issuing prescriptions to Patient A for methadone.

Patient B

103. Paragraphs 35 through 38, above, are hereby incorporated by reference and realleged as if fully set forth herein.

104. Respondent committed gross negligence in his care and treatment of Patient B in that he failed to consider the potential drug-to-drug risks and/or interactions while prescribing various controlled substances to Patient B, including, but not limited to, Percocet and Xanax, and/or failed to discuss and/or document a discussion with Patient B regarding the potential drug-to-drug risks and/or interactions posed by the combination of these controlled substances prescribed to Patient B.

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Patient C

105. Paragraphs 39 through 48, above, are hereby incorporated by reference and realleged as if fully set forth herein.

106. Respondent committed gross negligence in his care and treatment of Patient C in that he failed to order an EKG for Patient C before prescribing methadone to obtain a baseline and/or annually to monitor for potential negative side effects of methadone while regularly issuing prescriptions to Patient C for methadone.

107. Respondent committed gross negligence in his care and treatment of Patient C in that he failed to consider the potential drug-to-drug risks and/or interactions while prescribing various controlled substances to Patient C, including, but not limited to, Percocet, methadone, and ketamine, and/or failed to discuss and/or document a discussion with Patient C regarding the potential drug-to-drug risks and/or interactions posed by the combination of these controlled substances prescribed to Patient C, noting only that Patient C wanted to "try ketamine."

Patient D

108. Paragraphs 49 through 58, above, are hereby incorporated by reference and realleged as if fully set forth herein.

109. Respondent committed gross negligence in his care and treatment of Patient D in that he failed to order an EKG for Patient D before prescribing methadone to obtain a baseline and/or annually to monitor for potential negative side effects of methadone while regularly issuing prescriptions to Patient D for methadone.

110. Respondent committed gross negligence in his care and treatment of Patient D in that he failed to consider the potential drug-to-drug risks and/or interactions while prescribing various controlled substances to Patient D, including, but not limited to, Percocet, methadone, and Valium, and/or failed to discuss and/or document a discussion with Patient D regarding the potential drug-to-drug risks and/or interactions posed by the combination of these controlled substances prescribed to Patient D.

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Patient E

111. Paragraphs 59 through 69, above, are hereby incorporated by reference and realleged as if fully set forth herein.

112. Respondent committed gross negligence in his care and treatment of Patient E in that he failed to order an EKG for Patient E before prescribing methadone to obtain a baseline and/or annually to monitor for potential negative side effects of methadone while regularly issuing prescriptions to Patient E for methadone.

113. Respondent committed gross negligence in his care and treatment of Patient E in that he failed to consider the potential drug-to-drug risks and/or interactions while prescribing various controlled substances to Patient E, including, but not limited to, Percocet, Soma, tramadol, methadone and losartan, and/or failed to discuss and/or document a discussion with Patient E regarding the potential drug-to-drug risks and/or interactions posed by the combination of these controlled substances prescribed to Patient E.

Patient F

114. Paragraphs 70 through 81, above, are hereby incorporated by reference and realleged as if fully set forth herein.

115. Respondent committed gross negligence in his care and treatment of Patient F in that he failed to order an EKG for Patient F before prescribing methadone to obtain a baseline and/or annually to monitor for potential negative side effects of methadone while regularly issuing prescriptions to Patient F for methadone.

116. Respondent committed gross negligence in his care and treatment of Patient F in that he failed to consider the potential drug-to-drug risks and/or interactions while prescribing various controlled substances to Patient F, including, but not limited to, Percocet, Soma and methadone, and/or failed to discuss and/or document a discussion with Patient F regarding the potential drug-to-drug risks and/or interactions posed by the combination of these controlled substances prescribed to Patient F.

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Patient G

117. Paragraphs 82 through 99, above, are hereby incorporated by reference and realleged as if fully set forth herein.

118. Respondent committed gross negligence in his care and treatment of Patient G in that he failed to order an EKG for Patient G before prescribing methadone to obtain a baseline and/or annually to monitor for potential negative side effects of methadone while regularly issuing prescriptions to Patient G for methadone.

119. Respondent committed gross negligence in his care and treatment of Patient G in that he failed to consider the potential drug-to-drug risks and/or interactions while prescribing various controlled substances to Patient G, including, but not limited to, Percocet, Soma and methadone, and/or failed to discuss and/or document a discussion with Patient G regarding the potential drug-to-drug risks and/or interactions posed by the combination of these controlled substances prescribed to Patient G and/or resuming Soma prescriptions without a documented reason.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

120. Respondent has further subjected his Physician's and Surgeon's Certificate No. G 55823 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that Respondent committed repeated negligent acts in his care and treatment of Patients A, B, C, D, E, F and G, as more particularly alleged hereinafter.

Patient A

121. Paragraphs 26 through 34, and 101 through 102, above, are hereby incorporated by reference and realleged as if fully set forth herein.

122. Respondent committed repeated negligent acts throughout his care and treatment of Patient A in that he failed to follow the standard of care for prescribing pain medications to Patient A, including, but not limited to, failing to perform an appropriate physical examination of Patient A, failing to determine and/or confirm all medications prescribed to Patient A to evaluate for potential drug-to-drug interactions, failing to evaluate Patient A's pain level and/or response

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to pain medications, and/or failing to maintain legible and/or adequate documentation of his medical rationale, before issuing Patient A's prescriptions for pain medications.

Patient B

123. Paragraphs 35 through 38, and 103 through 104, above, are hereby incorporated by reference and realleged as if fully set forth herein.

124. Respondent committed repeated negligent acts throughout his care and treatment of Patient B in that he failed to follow the standard of care for prescribing pain medications to Patient B, including, but not limited to, failing to perform an appropriate physical examination of Patient B, failing to determine and/or confirm all medications prescribed to Patient B to evaluate for potential drug-to-drug interactions, failing to evaluate Patient B's pain level and/or response to pain medications, and/or failing to maintain legible and/or adequate documentation of his medical rationale, before issuing Patient B's prescriptions for pain medications.

Patient C

125. Paragraphs 39 through 48, and 105 through 107, above, are hereby incorporated by reference and realleged as if fully set forth herein.

126. Respondent committed repeated negligent acts throughout his care and treatment of Patient C in that he failed to follow the standard of care for prescribing pain medications to Patient C, including, but not limited to, failing to perform an appropriate physical examination of Patient C, failing to determine and/or confirm all medications prescribed to Patient C to evaluate for potential drug-to-drug interactions, failing to evaluate Patient C's pain level and/or response to pain medications, and/or failing to maintain legible and/or adequate documentation of his medical rationale, before issuing Patient C's prescriptions for pain medications.

Patient D

127. Paragraphs 49 through 58, and 108 through 110, above, are hereby incorporated by reference and realleged as if fully set forth herein.

128. Respondent committed repeated negligent acts throughout his care and treatment of Patient D in that he failed to follow the standard of care for prescribing pain medications to Patient D, including, but not limited to, failing to perform an appropriate physical examination of

Patient D, failing to determine and/or confirm all medications prescribed to Patient D to evaluate for potential drug-to-drug interactions, failing to evaluate Patient D's pain level and/or response to pain medications, and/or failing to maintain legible and/or adequate documentation of his medical rationale, before issuing Patient D's prescriptions for pain medications.

Patient E

129. Paragraphs 59 through 69, and 111 through 113, above, are hereby incorporated by reference and realleged as if fully set forth herein.

130. Respondent committed repeated negligent acts throughout his care and treatment of Patient E in that he failed to follow the standard of care for prescribing pain medications to Patient E, including, but not limited to, failing to perform an appropriate physical examination of Patient E, failing to determine and/or confirm all medications prescribed to Patient E to evaluate for potential drug-to-drug interactions, failing to evaluate Patient E's pain level and/or response to pain medications, and/or failing to maintain legible and/or adequate documentation of his medical rationale, before issuing Patient E's prescriptions for pain medications.

Patient F

131. Paragraphs 70 through 81, and 114 through 116, above, are hereby incorporated by reference and realleged as if fully set forth herein.

132. Respondent committed repeated negligent acts throughout his care and treatment of Patient F in that he failed to follow the standard of care for prescribing pain medications to Patient F, including, but not limited to, failing to perform an appropriate physical examination of Patient F, failing to determine and/or confirm all medications prescribed to Patient F to evaluate for potential drug-to-drug interactions, failing to evaluate Patient F's pain level and/or response to pain medications, and/or failing to maintain legible and/or adequate documentation of his medical rationale, before issuing Patient F's prescriptions for pain medications.

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Patient G

133. Paragraphs 82 through 89, and 117 through 119, above, are hereby incorporated by reference and realleged as if fully set forth herein.

134. Respondent committed repeated negligent acts throughout his care and treatment of Patient G in that he failed to follow the standard of care for prescribing pain medications to Patient G, including, but not limited to, failing to perform an appropriate physical examination of Patient G, failing to determine and/or confirm all medications prescribed to Patient G to evaluate for potential drug-to-drug interactions, failing to evaluate Patient G's pain level and/or response to pain medications, and/or failing to maintain legible and/or adequate documentation of his medical rationale, before issuing Patient G's prescriptions for pain medications.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and/or Accurate Records)

135. Respondent has further subjected his Physician's and Surgeon's Certificate No. G 55823 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that Respondent failed to maintain adequate and/or accurate records regarding his care and treatment of Patients A, B, C, D, E, F and G, as more particularly alleged in paragraphs 26 through 134, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

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 55823, issued to Respondent Andres Betts, M.D.;
2. Revoking, suspending or denying approval of Respondent Andres Betts, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Respondent Andres Betts, 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: MAR 14 2025

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

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