

**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**

1 ROB BONTA  
Attorney General of California  
2 MATTHEW M. DAVIS  
Supervising Deputy Attorney General  
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8 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:

14 **ANDRES BETTS, M.D.**  
15 **32812 Gelder Circle**  
**Menifee, CA 92584-2902**

16 **Physician's and Surgeon's Certificate**  
17 **No. G 55823,**

18 Respondent.

Case No. 800-2022-091886

OAH No. 2025040136

**STIPULATED SURRENDER OF  
LICENSE AND DISCIPLINARY ORDER**

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

22 **PARTIES**

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

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

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

5                                   **JURISDICTION**

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

12                               **ADVISEMENT AND WAIVERS**

13          5.     Respondent has carefully read, fully discussed with counsel, and fully understands the  
14    charges and allegations in Accusation No. 800-2022-091886. Respondent also has carefully read,  
15    fully discussed with counsel, and fully understands the effects of this Stipulated Surrender of  
16    License and Order.

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

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

25                               **CULPABILITY**

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

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

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

7 10. Respondent understands that by signing this stipulation he enables the Board to issue  
8 an order accepting the surrender of his Physician's and Surgeon's Certificate No. G 55823  
9 without further notice to, or opportunity to be heard by, Respondent.

### 10 CONTINGENCY

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

14 12. Respondent understands that, by signing this stipulation, he enables the Executive  
15 Director of the Board to issue an order, on behalf of the Board, accepting the surrender of his  
16 Physician's and Surgeon's Certificate No. G 55823 without further notice to, or opportunity to be  
17 heard by, Respondent.

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

26 14. The parties agree that this Stipulated Surrender of License and Disciplinary Order  
27 shall be null and void and not binding upon the parties unless approved and adopted by the  
28 Executive Director on behalf of the Board, except for this paragraph, which shall remain in full

1 force and effect. Respondent fully understands and agrees that in deciding whether or not to  
2 approve and adopt this Stipulated Surrender of License and Disciplinary Order, the Executive  
3 Director and/or the Board may receive oral and written communications from its staff and/or the  
4 Attorney General's Office. Communications pursuant to this paragraph shall not disqualify the  
5 Executive Director, the Board, any member thereof, and/or any other person from future  
6 participation in this or any other matter affecting or involving respondent. In the event that the  
7 Executive Director on behalf of the Board does not, in his discretion, approve and adopt this  
8 Stipulated Surrender of License and Disciplinary Order, with the exception of this paragraph, it  
9 shall not become effective, shall be of no evidentiary value whatsoever, and shall not be relied  
10 upon or introduced in any disciplinary action by either party hereto. Respondent further agrees  
11 that should this Stipulated Surrender of License and Disciplinary Order be rejected for any reason  
12 by the Executive Director on behalf of the Board, Respondent will assert no claim that the  
13 Executive Director, the Board, or any member thereof, was prejudiced by its/his/her review,  
14 discussion and/or consideration of this Stipulated Surrender of License and Disciplinary Order or  
15 of any matter or matters related hereto.

16 **ADDITIONAL PROVISIONS**

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

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

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

26 ///

27 ///

28 ///

1 **DISCIPLINARY ORDER**

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

4 1. The surrender of Respondent's Physician's and Surgeon's Certificate No. G 55823  
5 and the acceptance of the surrendered license by the Board shall constitute the imposition of  
6 discipline against Respondent. This stipulation constitutes a record of the discipline and shall  
7 become a part of Respondent's license history with the Board.

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

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

12 4. If Respondent ever files an application for licensure or a petition for reinstatement in  
13 the State of California, the Board shall treat it as a petition for reinstatement. Respondent must  
14 comply with all the laws, regulations and procedures for reinstatement of a revoked or  
15 surrendered license in effect at the time the petition is filed, and all of the charges and allegations  
16 contained in Accusation No. 800-2022-091886 shall be deemed to be true, correct and fully  
17 admitted by Respondent when the Board determines whether to grant or deny the petition.

18 5. Respondent shall pay the agency its costs of investigation and enforcement in the  
19 amount of \$64,591.25 prior to issuance of a new or reinstated license.

20 6. If Respondent should ever apply or reapply for a new license or certification, or  
21 petition for reinstatement of a license, by any other health care licensing agency in the State of  
22 California, all of the charges and allegations contained in Accusation No. 800-2022-091886 shall  
23 be deemed to be true, correct, and fully admitted by Respondent for the purpose of any Statement  
24 of Issues or any other proceeding seeking to deny or restrict licensure.

25 **ACCEPTANCE**

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


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

4  
5 DATED: 4-29-25

  
6 ANDRES BETTS, M.D.  
Respondent

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

10  
11 DATED: April 29, 2025

  
12 RAYMOND J. MCMAHON, ESQ.  
Attorney for Respondent

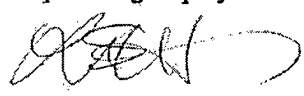
13  
14 **ENDORSEMENT**

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

18 DATED: April 29, 2025

Respectfully submitted,

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

  
21  
22 LEANNA E. SHIELDS  
23 Deputy Attorney General  
24 Attorneys for Complainant

25  
26 SD2024804026  
27 85083053  
28

**Exhibit A**

**Accusation No. 800-2022-091886**



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2 MATTHEW M. DAVIS  
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10 **BEFORE THE**  
11 **MEDICAL BOARD OF CALIFORNIA**  
12 **DEPARTMENT OF CONSUMER AFFAIRS**  
**STATE OF CALIFORNIA**

13 In the Matter of the Accusation Against:

Case No. 800-2022-091886

14 **ANDRES BETTS, M.D.**  
15 **32812 Gelder Circle**  
**Menifee, CA 92584-2902**

**A C C U S A T I O N**

16 **Physician's and Surgeon's Certificate**  
17 **No. G 55823,**

18 **Respondent.**

19  
20 **PARTIES**

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

24 2. On or about August 26, 1985, the Medical Board issued Physician's and Surgeon's  
25 Certificate No. G 55823 to Andres Betts, M.D. (Respondent). The Physician's and Surgeon's  
26 Certificate was in full force and effect at all times relevant to the charges brought herein and will  
27 expire on September 30, 2026, unless renewed.

28 ///

1 JURISDICTION

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

5 4. Section 2227 of the Code states:

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

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

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

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

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

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

21 (b) Any matter heard pursuant to subdivision (a), except for warning letters,  
22 medical review or advisory conferences, professional competency examinations,  
23 continuing education activities, and cost reimbursement associated therewith that are  
24 agreed to with the board and successfully completed by the licensee, or other matters  
25 made confidential or privileged by existing law, is deemed public, and shall be made  
26 available to the public by the board pursuant to Section 803.1.

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

28 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:

...

(b) Gross negligence.

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

///

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

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

9 ...

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

### 13 COST RECOVERY

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

### 20 DEFINITIONS

21 8. The Controlled Substance Utilization Review and Evaluation System (CURES) is a  
22 program operated by the California Department of Justice (DOJ) to assist health care practitioners  
23 in their efforts to ensure appropriate prescribing of controlled substances, and law enforcement  
24 and regulatory agencies in their efforts to control diversion and abuse of controlled substances.  
25 (Health & Saf. Code, § 11165.) California law requires dispensing pharmacies to report to the  
26 DOJ the dispensing of Schedule II, III, IV, and V controlled substances as soon as reasonably  
27 possible after the prescriptions are filled. (Health & Saf. Code, § 11165, subd. (d).) It is  
28 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).)

///

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

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

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

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

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

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

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

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

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

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

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

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

6 19. Soma, a brand name for carisoprodol, is a Schedule IV controlled substance pursuant  
7 to 21 C.F.R. § 1308.14, and a dangerous drug pursuant to Business and Professions Code section  
8 4022. When properly prescribed and indicated, it is commonly used as a muscle relaxant.  
9 According to the DEA, Office of Diversion Control, published comment on carisoprodol, dated  
10 March 2014, "[c]arisoprodol abuse has escalated in the last decade in the United  
11 States...According to Diversion Drug Trends, published by the Drug Enforcement Administration  
12 on the trends in diversion of controlled and non-controlled pharmaceuticals, carisoprodol  
13 continues to be one of the most commonly diverted drugs."

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

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

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

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

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

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

23       ///

24       ///

25       ///

26       ///

27       ///

28       ///

1 FACTUAL ALLEGATIONS<sup>1</sup>

2 Patient A<sup>2</sup>

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

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

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

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

21 30. In 2019, Patient A presented for several visits with Respondent including, but not  
22 limited to, in or around February, May, July, September and November. Respondent's  
23 handwritten records for these visits are often illegible, document little to no physical examination  
24

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25 <sup>1</sup> Conduct occurring more than seven (7) years from the filing date of this Accusation is  
26 for informational purposes only and is not alleged as a basis for disciplinary action.

27 <sup>2</sup> Patients' true names are not used in the instant Accusation to maintain patient  
28 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.



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

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

19 32. In 2021, Patient A presented for several visits with Respondent including, but not  
20 limited to, in or around January, April, May and November. Respondent's handwritten records  
21 for these visits are often illegible, document little to no physical examination by Respondent, and  
22 provide minimal details regarding Patient A's pain levels or response to pain medications.  
23 Respondent's records for these visits also fail to document a complete list of medications  
24 prescribed to Patient A or any discussion with Patient A regarding the risks and benefits of taking  
25 the controlled substances prescribed by Respondent to Patient A. On or about November 18,  
26 2021, Respondent noted Patient A now presented with complaints of back pain with no further  
27 details or physical examination. According to records and CURES, Respondent continued to  
28 issue regular prescriptions to Patient A for Norco and methadone.

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

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

14        **Patient B**

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

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

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

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

18 **Patient C**

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

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

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

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

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

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

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

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

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

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

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

26 **Patient D**

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

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

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

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

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

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

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

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

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

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

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

6 **Patient E**

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

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

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

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

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



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

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

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

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

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

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

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

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

20 **Patient F**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

14 **Patient G**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

6 **FIRST CAUSE FOR DISCIPLINE**

7 **(Gross Negligence)**

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

12 **Patient A**

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

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

19 **Patient B**

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

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

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1 **Patient C**

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

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

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

14 **Patient D**

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

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

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

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1 **Patient E**

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

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

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

14 **Patient F**

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

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

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

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1 **Patient G**

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

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

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

14 **SECOND CAUSE FOR DISCIPLINE**

15 **(Repeated Negligent Acts)**

16 120. Respondent has further subjected his Physician's and Surgeon's Certificate No. G  
17 55823 to disciplinary action under sections 2227 and 2234, as defined by section 2234,  
18 subdivision (c), of the Code, in that Respondent committed repeated negligent acts in his care and  
19 treatment of Patients A, B, C, D, E, F and G, as more particularly alleged hereinafter.

20 **Patient A**

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

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

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

3 **Patient B**

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

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

13 **Patient C**

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

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

23 **Patient D**

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

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

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

5 **Patient E**

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

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

15 **Patient F**

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

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

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1 **Patient G**

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

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

11 **THIRD CAUSE FOR DISCIPLINE**

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

13 135. Respondent has further subjected his Physician's and Surgeon's Certificate No. G  
14 55823 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the  
15 Code, in that Respondent failed to maintain adequate and/or accurate records regarding his care  
16 and treatment of Patients A, B, C, D, E, F and G, as more particularly alleged in paragraphs 26  
17 through 134, above, which are hereby incorporated by reference and realleged as if fully set forth  
18 herein.

19 **PRAYER**

20 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,  
21 and that following the hearing, the Medical Board of California issue a decision:

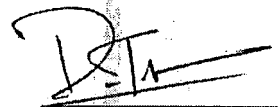
- 22 1. Revoking or suspending Physician's and Surgeon's Certificate No. G 55823, issued  
23 to Respondent Andres Betts, M.D.;
- 24 2. Revoking, suspending or denying approval of Respondent Andres Betts, M.D.'s  
25 authority to supervise physician assistants and advanced practice nurses;
- 26 3. Ordering Respondent Andres Betts, M.D., to pay the Board the costs of the  
27 investigation and enforcement of this case, and if placed on probation, the costs of  
28 probation monitoring; and



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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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