

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

**In the Matter of the Accusation
Against:**

Irving Lee Gislason, M.D.

**Physician's and Surgeon's
Certificate No. A 24010**

Respondent.

Case No. 800-2022-088652

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 June 18, 2025.

IT IS SO ORDERED June 11, 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*

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

12 In the Matter of the Accusation Against:

Case No. 800-2022-088652

13 **IRVING LEE GISLASON, M.D.**
14 7404 E Saddlehill Trail
Orange, CA 92869-2310

OAH No. 2025020373

15 **Physician's and Surgeon's**
16 **Certificate No. A 24010**

STIPULATED SURRENDER OF
LICENSE AND DISCIPLINARY ORDER

17 Respondent.

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

21 **PARTIES**

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

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

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3. On or about September 29, 1970, the Board issued Physician's and Surgeon's Certificate No. A 24010 to Respondent. That license was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2022-088652 and will expire on July 31, 2025, unless renewed.

JURISDICTION

4. On December 26, 2024, Accusation No. 800-2022-088652 was filed before the Board and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on or about December 26, 2024. Respondent timely filed his Notice of Defense contesting the Accusation. A copy of Accusation No. 800-2022-088652 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. 800-2022-088652. Respondent also has carefully read, fully discussed with counsel, and fully understands the effects of this Stipulated Surrender of License and Disciplinary Order.

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

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

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1 CULPABILITY

2 8. Respondent does not contest that, at an administrative hearing, Complainant could
3 establish a *prima facie* case with respect to the charges and allegations contained in Accusation
4 No. 800-2022-088652, a copy of which is attached hereto as Exhibit A, and that he has thereby
5 subjected his Physician's and Surgeon's Certificate No. A 24010 to disciplinary action.

6 9. Respondent agrees that if an accusation is ever filed against him before the Medical
7 Board of California, all of the charges and allegations contained in Accusation No. 800-2022-
8 088652 shall be deemed true, correct, and fully admitted by Respondent for purposes of that
9 proceeding or any other licensing proceeding involving Respondent in the State of California.

10 10. Respondent agrees that his Physician's and Surgeon's Certificate No. A 24010 is
11 subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth
12 in the Disciplinary Order below.

13 CONTINGENCY

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

17 10. Respondent understands that, by signing this stipulation, he enables the Executive
18 Director of the Board to issue an order, on behalf of the Board, accepting the surrender of his
19 Physician's and Surgeon's Certificate No. A 24010 without further notice to, or opportunity to be
20 heard by, Respondent.

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

12. 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

13. 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.

14. 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.

15. 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:

1 ORDER

2 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 24010, issued
3 to Respondent Irving Lee Gislason, M.D., is surrendered and accepted by the Board.

4 1. The surrender of Respondent's Physician's and Surgeon's Certificate and the
5 acceptance of the surrendered license by the Board shall constitute the imposition of discipline
6 against Respondent. This stipulation constitutes a record of the discipline and shall become a part
7 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. 800-2022-088652 shall be deemed to be true, correct and admitted
17 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 \$33,532.75 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. 800-2022-088652 shall
23 be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of
24 Issues or any other proceeding seeking to deny or restrict licensure.

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ACCEPTANCE

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


DATED:

May 21, 2025 
IRVING LEE GISLASON, M.D.
Respondent

I have read and fully discussed with Respondent Irving Lee Gislason, 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:

May 21, 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: May 23, 2025

Respectfully submitted,

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



JASON J. AHN
Deputy Attorney General
Attorneys for Complainant

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Stipulated Surrender of License and Order - MBC.docx

Exhibit A

Accusation No. 800-2022-088652

1 ROB BONTA
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9 **BEFORE THE**
10 **MEDICAL BOARD OF CALIFORNIA**
11 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

12 In the Matter of the Accusation Against:

Case No. 800-2022-088652

13 **Irving Lee Gislason, M.D.**
14 **7404 E Saddlehill Trail**
Orange, CA 92869-2310

A C C U S A T I O N

15 **Physician's and Surgeon's**
16 **Certificate No. A 24010,**

Respondent.

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19 **PARTIES**

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

23 2. On or about September 29, 1970, the Medical Board issued Physician's and
24 Surgeon's Certificate No. A 24010 to Irving Lee Gislason, M.D. (Respondent). The Physician's
25 and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
26 herein and will expire on July 31, 2025, 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:

(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:

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

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

(b) Gross negligence.

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

(1) An initial negligent diagnosis followed by an act or omission medically

appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

(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.

(d) Incompetence.

(e) The commission of any act involving dishonesty or corruption that is substantially related to the qualifications, functions, or duties of a physician and surgeon.

(f) Any action or conduct that would have warranted the denial of a certificate.

(g) The failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board no later than 30 calendar days after being notified by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board.

(h) Any action of the licensee, or another person acting on behalf of the licensee, intended to cause their patient or their patient's authorized representative to rescind consent to release the patient's medical records to the board or the Department of Consumer Affairs, Health Quality Investigation Unit.

(i) Dissuading, intimidating, or tampering with a patient, witness, or any person in an attempt to prevent them from reporting or testifying about a licensee.

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.

7. Unprofessional conduct under Business and Professions Code section 2234 is conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.)

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COST RECOVERY

8. Business and Professions Code section 125.3 states that:

(a) Except as otherwise provided by law, in any order issued in resolution of a disciplinary proceeding before any board within the department or before the Osteopathic Medical Board upon request of the entity bringing the proceeding, the administrative law judge may 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.

(b) In the case of a disciplined licentiate that is a corporation or a partnership, the order may be made against the licensed corporate entity or licensed partnership.

(c) A certified copy of the actual costs, or a good faith estimate of costs where actual costs are not available, signed by the entity bringing the proceeding or its designated representative shall be prima facie evidence of reasonable costs of investigation and prosecution of the case. The costs shall include the amount of investigative and enforcement costs up to the date of the hearing, including, but not limited to, charges imposed by the Attorney General.

(d) The administrative law judge shall make a proposed finding of the amount of reasonable costs of investigation and prosecution of the case when requested pursuant to subdivision (a). The finding of the administrative law judge with regard to costs shall not be reviewable by the board to increase the cost award. The board may reduce or eliminate the cost award, or remand to the administrative law judge if the proposed decision fails to make a finding on costs requested pursuant to subdivision (a).

(e) If an order for recovery of costs is made and timely payment is not made as directed in the board's decision, the board may enforce the order for repayment in any appropriate court. This right of enforcement shall be in addition to any other rights the board may have as to any licensee to pay costs.

(f) In any action for recovery of costs, proof of the board's decision shall be conclusive proof of the validity of the order of payment and the terms for payment.

(g)(1) Except as provided in paragraph (2), the board shall not renew or reinstate the license of any licensee who has failed to pay all of the costs ordered under this section.

(2) Notwithstanding paragraph (1), the board may, in its discretion, conditionally renew or reinstate for a maximum of one year the license of any licensee who demonstrates financial hardship and who enters into a formal agreement with the board to reimburse the board within that one-year period for the unpaid costs.

(h) All costs recovered under this section shall be considered a reimbursement for costs incurred and shall be deposited in the fund of the board recovering the costs to be available upon appropriation by the Legislature.

(i) Nothing in this section shall preclude a board from including the recovery of the costs of investigation and enforcement of a case in any stipulated settlement.

(j) This section does not apply to any board if a specific statutory provision in

that board's licensing act provides for recovery of costs in an administrative disciplinary proceeding.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

9. Respondent has subjected his Physician's and Surgeon's Certificate No. A 24010 to disciplinary action under sections 2227 and 2234, subdivision (b), of the Code, in that Respondent committed gross negligence in his care and treatment of Patient A¹, Patient B, Patient C, and Patient D, as more particularly alleged hereinafter:

Patient A

10. On or about November 2, 2017, Patient A first presented to Respondent. At that time, Patient A was a forty-two (42) year-old female who requested medication to decrease her desire for alcohol. At that time, Patient A was taking Seroquel² XR 300 mg and Lexapro³ 20 mg daily, as well as Ambien⁴ 10 mg and stimulants.

11. From on or about January 7, 2019 through June 30, 2023, Respondent prescribed various medications to Patient A, including, but not limited to, the following:

Date	Medication	Quantity	Day
1/7/2019	Amphetamine Salt Er ⁵ 20 mg	90	30

¹ References to Patient A, Patient B, Patient C, and Patient D are made in order to maintain patient confidentiality.

² Quetiapine (brand name Seroquel) is a medication, which can be used to treat schizophrenia, bipolar disorder, and depression.

³ Escitalopram (Lexapro) is a medication, which can be used to treat depression and generalized anxiety disorder.

⁴ Zolpidem Tartrate (Ambien®), a centrally acting hypnotic-sedative, 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 used for the short-term treatment of insomnia characterized by difficulties with sleep initiation.

⁵ Amphetamine Salt Combo ER (generic Adderall XR) is amphetamine sulfate, mixed amphetamine salts, dextroamphetamine and lisdexamfetamine. These are prescription medications that are used to treat individuals with attention-deficit hyperactivity disorder (ADHD). Adderall®, a mixture of d-amphetamine and l-amphetamine salts in a ratio of 3:1, is a central nervous system stimulant of the amphetamine class, and is a Schedule II controlled (continued...)

1	1/24/2019	Zolpidem ⁶ (TORR) 10 mg tablet	30	30
2	1/25/2019	Alprazolam ⁷ 0.5 mg tablet	60	30
3	2/5/2019	Dextro / Amphetamine ⁸ 20 mg	90	30
4		tablet		
5	12/16/2019	Zolpidem 10 mg tablet	90	30
6	1/17/2020	Dextro / Amphetamine 20 mg	90	30
7		tablet		
8	4/17/2020	Zolpidem 10 mg tablet	15	30

substance pursuant to Health and Safety Code section 11055, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for attention-deficit hyperactivity disorder and narcolepsy. According to the DEA, amphetamines, such as Adderall®, are considered a drug of abuse. "The effects of amphetamines and methamphetamine are similar to cocaine, but their onset is slower and their duration is longer." (Drugs of Abuse – A DEA Resource Guide (2011); at p. 44.) Adderall and other stimulants are contraindicated for patients with a history of drug abuse.

⁶ Zolpidem Tartrate (Ambien®), a centrally acting hypnotic-sedative, 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 used for the short-term treatment of insomnia characterized by difficulties with sleep initiation.

⁷ Xanax® (alprazolam), a benzodiazepine, is a centrally acting hypnotic-sedative that 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 used for the management of anxiety disorders. Concomitant use of Xanax® with opioids "may result in profound sedation, respiratory depression, coma, and death." The Drug Enforcement Administration (DEA) has identified benzodiazepines, such as Xanax®, as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2011 Edition), at p. 53.)

⁸ Dexedrine® (dextroamphetamine sulfate) is a central nervous system stimulant of the amphetamine class. Dexedrine® 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. When properly prescribed and indicated, it is used for the treatment of attention-deficit hyperactivity disorder and narcolepsy. The DEA has identified amphetamines, such as Dexedrine®, as drugs of abuse. (Drugs of Abuse, A DEA Resource Guide (2011 Edition), at pp. 42-44.) The Food and Drug Administration has issued a black box warning for amphetamines which provides that "Amphetamines have a high potential for abuse. Administration of amphetamines for prolonged periods of time may lead to drug dependence and must be avoided. Particular attention should be paid to the possibility of subjects obtaining amphetamines for non-therapeutic use or distribution to others, and the drugs should be prescribed or dispensed sparingly. [¶] Misuse of amphetamines may cause sudden death and serious cardiovascular adverse events." Dexedrine® and other stimulants are contraindicated for patients with a history of drug abuse.

1	6/15/2020	Vyvanse ⁹ 60 mg CAP	30	30
2	8/21/2020	Venlafaxine HCL ER 37.5 mg	60	30
3		CAP		
4	12/21/2020	Bupropion ¹⁰ HCL XL 150 mg	30	30
5	1/20/2021	Alprazolam 0.5 mg tablet	60	30
6	4/19/2021	Dextro/Amphetamine 30 mg tablet	30	30
7	8/10/2021	Alprazolam 0.5 mg tablet	60	30
8	12/1/20201	Zolpidem (TORR) 10 mg tablet	15	30
9	2/28/2022	Alprazolam 0.5 mg tablet	60	30
10	6/23/2022	Bupropion HCL SR 150 mg	60	30
11	9/22/2022	Zolpidem Tar 10 mg tablet	30	30
12	12/28/2022	Alprazolam 0.5 mg tablet	60	30
13	1/25/2023	Zolpidem Tar 10 mg tablet	30	30
14	5/1/2023	Alprazolam 0.5 mg tablet	60	30
15	6/23/2023	Dextro/Amphetamine 30 mg tablet	175	88

Documentation

12. Respondent failed to maintain adequate and/or accurate records of the care and treatment he provided to Patient A from 2017 through 2021, in that Respondent did not maintain

⁹ Vyvanse® (lisdexamfetamine dimesylate), a central nervous system stimulant, 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. When properly prescribed and indicated, it is used to treat Attention Deficit Hyperactivity Disorder (ADHD) or moderate to severe binge eating disorder (BED) in adults. According to the DEA, stimulants, such as Vyvanse®, are considered a drug of abuse. "The effects of amphetamines and methamphetamine are similar to cocaine, but their onset is slower and their duration is longer." (Drugs of Abuse – A DEA Resource Guide (2011), at p. 44.) Stimulants are contraindicated for patients with a history of drug abuse. The FDA has issued the following box warning, "Warning Abuse and Dependence [-] CNS stimulants (amphetamines and methylphenidate containing products), including Vyvanse®, have a high potential for abuse and dependence. Assess the risk of abuse prior to prescribing and monitor for signs of abuse and dependence while on therapy."

¹⁰ Bupropion (Wellbutrin XL) is a medication which can be used to treat depression and help people quit smoking.

1 any records for this time period. Respondent's medical records related to his care and treatment
2 of Patient A in 2022 were incomplete and/or inaccurate, and the deficiencies included, but were
3 not limited to, lacking adequate information about Patient A's condition(s) and treatment
4 progress.

5 Controlled Substances Prescribing

6 13. During 2022, Respondent prescribed to Patient A, among other medications, Adderall
7 and Ambien, without adequate documentation of a diagnosis of attention-deficit hyperactivity
8 disorder or of a clinically cogent rationale for the use of stimulant medication or any notation in
9 the chart about a complaint or diagnosis of insomnia.

10 Incomplete Assessment / Inadequate Clinical Supervision of Patient's Condition(s)

11 14. Respondent failed to adequately assess and/or failed to document having adequately
12 assessed Patient A's complaint(s). Respondent failed to identify and/or failed to document
13 having identified a reasonable diagnostic formulation on which to base a treatment plan.
14 Respondent failed to assess and/or failed to document having assessed Patient A's response(s) to
15 the treatment Respondent was providing. Respondent failed to obtain and/or assess, and/or failed
16 to document having obtained and/or assessed Patient A's presenting symptoms and/or objective
17 observations of Patient A. Respondent failed to develop and/or failed to document having
18 developed a sufficient impression about Patient A's condition as to guide treatment. Respondent
19 failed to obtain and/or failed to document having obtained, sufficient clinical information as to
20 make reasonable medical opinions about the progress of Respondent's treatment of Patient A, and
21 on which to base opinions about changes to the treatment plan. Respondent failed to adequately
22 supervise and/or failed to document adequate supervision of Patient A's condition(s).

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1 15. Respondent committed gross negligence in his care and treatment of Patient A,
2 including, but not limited to:

3 (a) Respondent failed to maintain adequate and/or accurate records regarding his
4 treatment of Patient A from 2017 through 2021;

5 (b) Respondent failed to maintain adequate and/or accurate records regarding his
6 treatment of Patient A in 2022;

7 (c) Respondent improperly prescribed controlled substances to Patient A; and

8 (d) Respondent failed to adequately assess and/or supervise Patient A's
9 condition(s).

10 **Patient B**

11 16. In or around 1992,¹¹ Patient B first presented to Respondent for depression. At that
12 time, Patient B was fourteen (14) years old. An undated intake evaluation form, filled out by
13 hand, is included within the medical records.

14 17. Starting on February 25, 2022, there are progress notes documenting Respondent's
15 care and/or treatment of Patient B.

16 18. Respondent prescribed controlled substances to Patient B, including, but not limited:

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Date	Medication	Quantity
1/4/2019	Zolpidem Tartrate 10 mg tablet	30
4/17/2019	Alprazolam 2 mg tablet	30
6/10/2019	Clonazepam ¹² 1 mg tablet	120

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22 ¹¹ Conduct occurring more than seven (7) years from the filing date of this Accusation is
23 for informational purposes only and is not alleged as a basis for disciplinary action.

24 ¹² Klonopin® (clonazepam), a benzodiazepine, is a centrally acting hypnotic-sedative that
25 is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057,
26 subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.
27 When properly prescribed and indicated, it is used to treat seizure disorders and panic disorders.
28 Concomitant use of Klonopin® with opioids "may result in profound sedation, respiratory
depression, coma, and death." The Drug Enforcement Administration (DEA) has identified
benzodiazepines, such as Klonopin®, as drugs of abuse. (Drugs of Abuse, DEA Resource Guide
(2011 Edition), at p. 53.)

1	10/22/2019	Zolpidem Tartrate 10 mg tablet	30
2	11/19/2019	Alprazolam 2 mg tablet	30
3	2/8/2020	Clonazepam 1 mg tablet	120
4	6/22/2020	Zolpidem Tartrate 10 mg tablet	30
5	9/12/2020	Clonazepam 1 mg tablet	120
6	12/1/2020	Zolpidem Tartrate 10 mg tablet	30
7	1/17/2021	Alprazolam 2 mg tablet	60
8	4/8/2021	Alprazolam 2 mg tablet	60
9	8/8/2021	Zolpidem Tartrate 10 mg tablet	30
10	12/13/2021	Alprazolam 2 mg tablet	60
11	3/20/2022	Clonazepam 1 mg tablet	120
12	7/18/2022	Alprazolam 2 mg tablet	60
13	9/30/2022	Clonazepam 1 mg tablet	120
14	11/25/2022	Clonazepam 1 mg tablet	120
15	1/20/2023	Clonazepam 1 mg tablet	120
16	4/10/2023	Zolpidem Tartrate 10 mg tablet	30
17	6/7/2023	Clonazepam 1 mg tablet	120

Documentation

19. Respondent failed to maintain adequate and accurate records related to the care and/or treatment Respondent provided to Patient B from 2019 through on or about February 25, 2022, in that there are no medical records, other than an illegible, handwritten, undated intake evaluation form. Respondent failed to maintain adequate and accurate records regarding care and/or treatment Respondent provided to Patient B from on or about February 25, 2022 through 2023, with deficiencies including, but not limited to, having insufficient information regarding Patient B's presentation during Patient B's visits to Respondent, medical opinion(s) formed by Respondent, if any, and change(s) in the plan of care, if any.

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1 Controlled Substances Prescribing

2 20. Between 2019 through 2023, Respondent prescribed multiple benzodiazepines to
3 Patient B. Respondent failed to identify and/or failed to document having identified,
4 indication(s), if any, for treating Patient B with benzodiazepine(s). Respondent failed to identify
5 and/or failed to document having identified, indication(s) or medical justification(s) supporting
6 the use of multiple benzodiazepines. Respondent failed to articulate and/or failed to document
7 having articulated cogent rationale for a treatment plan involving controlled substances.
8 Respondent failed to consider and/or implement change(s) to the treatment plan, even though
9 Patient B continued to report debilitating anxiety, i.e., there was no improvement despite Patient
10 B's use of controlled substances.

11 Incomplete Assessment / Inadequate Clinical Supervision of Patient's Condition(s)

12 21. Respondent failed to adequately assess and/or failed to document having adequately
13 assessed Patient B's complaint(s). Respondent failed to identify and/or failed to document having
14 identified a reasonable diagnostic formulation on which to base a treatment plan. Respondent
15 failed to assess and/or failed to document having assessed Patient B's response(s) to the treatment
16 Respondent was providing. Respondent failed to obtain and/or assess, and/or failed to document
17 having obtained and/or assessed Patient B's presenting symptoms and/or objective observations
18 of Patient B. Respondent failed to develop and/or failed to document having developed a
19 sufficient impression about Patient B's condition as to guide treatment. Respondent failed to
20 obtain and/or failed to document having obtained, sufficient clinical information as to make
21 reasonable medical opinions about the progress of Respondent's treatment of Patient B, and on
22 which to base opinions about changes to the treatment plan. Respondent failed to adequately
23 supervise and/or failed to document adequate supervision of Patient B's condition(s).

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1 Incomplete Assessment / Inadequate Clinical Supervision of Patient's Condition(s)

2 22. Respondent failed to identify and/or failed to document having identified a reasonable
3 diagnostic formulation on which to base a treatment plan. Respondent failed to form and/or
4 failed to document having formed reasonable medical opinion(s) about the progress of Patient B's
5 condition(s). Respondent failed to make and/or failed to document having made treatment
6 decision(s) based on adequate information about Patient B. According to the medical records,
7 Patient B complained of chronic anxiety despite Respondent's benzodiazepine treatment, but
8 Respondent failed to diagnose and/or failed to document having diagnosed the cause of the
9 chronic anxiety and/or failed to formulate and/or failed to document having formulated an
10 adequate treatment plan. Respondent failed to provide adequate clinical supervision of Patient
11 B's care.

12 23. Respondent committed gross negligence in his care and treatment of Patient B,
13 including, but not limited to:

14 (a) Respondent failed to maintain adequate and/or accurate records regarding his
15 treatment of Patient B from 2019 to on or about February 25, 2022;

16 (b) Respondent failed to maintain adequate and/or accurate records regarding his
17 treatment of Patient B from on or about February 25, 2022 through 2023;

18 (c) Respondent improperly prescribed controlled substances to Patient B; and

19 (d) Respondent failed to adequately assess and/or supervise Patient B's
20 condition(s).

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Patient C

24. On or about October 12, 2017, Patient C first presented to Respondent for anxiety and depression, with a history of lumbar surgery. At that time, Patient C was a sixty-three (63) year-old female. Patient C was noted to be taking clonazepam and alprazolam at that time and reported continued anxiety. The initial evaluation report failed to indicate a treatment plan.

25. Respondent prescribed controlled substances, including, but not limited to:

Date	Medication	Quantity
10/27/2021	Clonazepam 1 mg tablet	30
11/26/2021	Alprazolam 1 mg tablet	60
1/19/2022	Zolpidem ER 12.5 mg tablet	30
3/28/2022	Tradazone 50 mg tablet	120
4/28/2022	Duloxetine ¹³ DR 60 mg capsules	30
5/16/2022	Alprazolam 2 mg tablet	60
6/15/2022	Zolpidem ER 12.5 mg tablet	30
7/12/2022	Zolpidem ER 12.5 mg tablet	30
9/28/2022	Duloxetine DR 60 mg capsules	30
11/5/2022	Zolpidem ER 12.5 mg tablet	30
12/3/2022	Zolpidem ER 12.5 mg tablet	30
1/5/2023	Alprazolam 2 mg tablet	60
3/3/2023	Alprazolam 2 mg tablet	60
4/28/2023	Zolpidem ER 12.5 mg tablet	30
6/24/2023	Trazadone 50 mg tablet	120

¹³ Duloxetine is a medication which can be used to treat depression, anxiety, diabetic peripheral neuropathy, fibromyalgia, and chronic muscle or bone pain.

1 Documentation

2 26. Respondent failed to maintain adequate and accurate records regarding the care and
3 or treatment Respondent provided to Patient C from 2017 through June 2021, in that there are no
4 medical records covering this time period. The medical records related to the care and treatment
5 Respondent provided to Patient C from in or around June 2021 through 2023 do not contain
6 adequate information about Patient C's progress, Respondent's medical opinions and
7 impressions, and the treatment plan(s), if any.

8 Controlled Substances Prescribing

9 27. Respondent failed to identify and/or failed to document having identified medical
10 indication for Patient C's use of controlled substances. Respondent failed to conduct adequate
11 assessment and/or failed to document having conducted adequate assessment of whether or not
12 controlled substances Respondent prescribed to Patient C were safe and effective. Respondent
13 failed to conduct adequate assessments and/or failed to document having conducted adequate
14 assessments of signs of abuse, misuse, or diversion of controlled substances by Patient C.
15 Respondent failed to adequately review CURES report(s).¹⁴ Respondent failed to adequately
16 supervise Patient C's use of controlled substances Respondent prescribed to Patient C.

17 Incomplete Assessment / Inadequate Clinical Supervision of Patient's Condition(s)

18 28. Respondent failed to adequately obtain and/or failed to document having adequately
19 obtained clinically relevant information about Patient C's psychiatric and medical condition(s).
20 Respondent failed to adequately use and/or failed to document having adequately used relevant
21 clinical information to determine the status of Patient C' psychiatric and medical condition(s).
22 Respondent failed to identify active diagnostic formulation and/or target symptoms for
23 medication treatment. Respondent failed to conduct and/or failed to document having conducted
24 adequate assessment of Patient C's progress relative to the treatment plan, if any.

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27 ¹⁴ CURES is the Controlled Substances Utilization Review and Evaluation System
28 (CURES), a database of schedule II, III, IV, and V controlled substance prescriptions dispensed
in California, serving the public health, regulatory oversight agencies, and law enforcement.

29. Respondent committed gross negligence in his care and treatment of Patient C, including, but not limited to:

(a) Respondent failed to maintain adequate and/or accurate records regarding his treatment of Patient C from 2017 to in or around June 2021;

(b) Respondent failed to maintain adequate and/or accurate records regarding his treatment of Patient C from in or around June 2021 through December 2021;

(c) Respondent improperly prescribed controlled substances to Patient C; and

(d) Respondent failed to adequately assess and/or supervise Patient C's condition(s).

Patient D

30. Patient D, a sixty-four (64) year-old female, first presented to Respondent in the 1990s and was diagnosed with bipolar disorder.¹⁵ According to the medical records dated June 10, 2019, Patient D was diagnosed with major depressive disorder,¹⁶ panic disorder,¹⁷ and attention deficit disorder.¹⁸

31. Respondent prescribed controlled substances to Patient D, including, but not limited to:

Date	Medication	Quantity
12/17/2021	Bupropion HCL XL 150 mg tablet	30
	Alprazolam 0.25 mg tablet	120

¹⁵ Bipolar disorder is a disorder associated with episodes of mood swings ranging from depressive lows to manic highs.

¹⁶ Major depressive disorder, also known as clinical depression, or major depression, is a mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life.

¹⁷ A panic disorder is a type of anxiety disorder. It causes repeated panic attacks, which are sudden periods of intense fear, discomfort, or a sense of losing control.

¹⁸ Attention deficit / hyperactivity disorder (ADHD) is a chronic condition including attention difficulty, hyperactivity, and impulsiveness.

1	12/29/2021	Diazepam ¹⁹ 2 mg tablet	15
2	1/17/2022	Alprazolam 0.5 mg tablet	90
3	2/21/2022	Bupropion HCL X 150 mg	30
4	3/22/2022	Alprazolam 0.5 mg tablet	90
5		Methylpendiate 20 mg tablet	60
6	4/22/2022	Alprazolam 0.5 mg tablet	90
7	7/1/2022	Dextro Amphetmaine 30 mg tablet	60
8	7/30/2022	Dextro Amphetamine 30 mg tablet	60
9	9/14/2022	Alprazolam 0.5 mg tablet	90
10	11/15/2022	Dextro Amphetmaine 30 mg tablet	60
11		Alprazolam 0.5 mg tablet	60
12	12/14/2022	Bupropion HCL XL 150 mg tablet	30
13	1/14/2023	Alprazolam 0.5 mg tablet	90
14	3/15/2023	Alprazolam 0.5 mg tablet	90
15	5/23/2023	Alprazolam 0.5 mg tablet	90

Documentation

32. Respondent's medical records related to Respondent's care and/or treatment provided to Patient D from on or about July 8, 2021 through December 31, 2021 were inadequate, with deficiencies including, but not limited to, lacking sufficient information about Patient D's complaints, Respondent's observations, and Respondent's medical decision-making process.

33. Respondent's medical records related to Respondent's care and/or treatment provided to Patient D from 2022 through 2023 were inadequate, with deficiencies including, but not limited to, lacking sufficient information regarding Patient D's history of symptom(s), objective observations of Patient D, updated medication list(s), and a summary of Respondent's medical

¹⁹ Diazepam is a medication, which can be used to treat anxiety, alcohol withdrawal, and seizures.

1 opinions about Patient D and updates, if any, to the treatment plan.

2 Controlled Substances Prescribing

3 34. Respondent failed to identify and/or failed to document having identified medical
4 indication and/or clinical rationale for Patient D's use of controlled substances prescribed by
5 Respondent. Respondent failed to adequately utilize and/or failed to document having adequately
6 utilized CURES reports to determine whether Patient D was receiving controlled substances from
7 providers other than Respondent, even though Respondent knew that Patient D had a history of
8 using "street drugs." Respondent failed to adequately assess and/or failed to document having
9 adequately assessed whether controlled substances Respondent prescribed to Patient D were
10 effective for treatment of any condition(s) or whether there were any signs of abuse, misuse, or
11 diversion of the controlled substances by Patient D.

12 Management of Bipolar Disorder

13 35. Between 2019 through 2023, Respondent failed to make adequate use of mood
14 stabilizing medications in order to prevent and treat manic episodes²⁰ or depressive episodes
15 experienced by Patient D. Respondent failed to adequately justify why Respondent did not use
16 mood stabilizers between 2019 through 2023 for Patient D, who had a diagnosis of bipolar
17 disorder. Respondent used stimulant medications such as Adderall and Vyvanse on Patient D,
18 without a clear rationale and/or without having documented a clear rationale. Respondent used
19 antidepressant medications without an appropriate rationale and/or without having documented an
20 appropriate rationale. Respondent failed to adequately and appropriately monitor and/or failed to
21 document having adequately and appropriately monitored Patient D's mood for episodes of major
22 depression, hypomania, or mania, which is necessary in the management of patients with bipolar
23 disorder.

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28 ²⁰ Manic episode is a period of at least a week when someone experiences a significant
change in behavior that affects their ability to function.

Incomplete Assessment / Inadequate Clinical Supervision of Patient's Condition(s)

36. Respondent considered various diagnoses, including, but not limited to, major depressive disorder, panic disorder, and attention deficit hyperactivity disorder, without a consideration of and/or failing to document a consideration of Patient D's symptoms, Respondent's observations of Patient D, or medical assessment process that led to those diagnoses or changes, if any, in those diagnoses. Respondent failed to conduct adequate mental status examination(s), which should have included adequate assessment of Patient D, psychiatric symptoms and sufficient clinically relevant information on which to base a treatment plan or changes to a treatment plan.

37. Respondent committed gross negligence in his care and treatment of Patient D, which included, but was not limited to, the following:

(a) Respondent failed to maintain adequate and/or accurate records regarding his treatment of Patient D from on or about July 8, 2021 through December 31, 2021;

(b) Respondent failed to maintain adequate and/or accurate records regarding his treatment of Patient C from on or about January 1, 2022 through December 31, 2023;

(c) Respondent improperly prescribed controlled substances to Patient D;

(d) Respondent failed to appropriately treat Patient D's bipolar disorder; and

(e) Respondent failed to adequately assess and/or supervise Patient D's condition(s).

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SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

38. Respondent has subjected his Physician's and Surgeon's Certificate No. A 24010 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 Patient A, Patient B, Patient C, and Patient D, as more particularly alleged herein.

39. Respondent committed repeated negligent acts in his care and treatment of Patient A, Patient B, Patient C, and Patient D, which included, but was not limited to, the following:

(a) Paragraphs 9 through 37, above, are hereby incorporated by reference and realleged as if fully set forth herein;

(b) Respondent failed to maintain adequate and/or accurate records regarding his treatment of Patient A from 2017 through 2021;

(c) Respondent failed to maintain adequate and/or accurate records regarding his treatment of Patient A in 2022;

(d) Respondent improperly prescribed controlled substances to Patient A;

(e) Respondent failed to adequately assess and/or supervise Patient A's condition(s);

(f) Respondent failed to maintain adequate and/or accurate records regarding his treatment of Patient B from 2019 to on or about February 25, 2022;

(g) Respondent failed to maintain adequate and/or accurate records regarding his treatment of Patient B from on or about February 25, 2022 through 2023;

(h) Respondent improperly prescribed controlled substances to Patient B;

(i) Respondent failed to adequately assess and/or supervise Patient B's condition(s);

(j) Respondent failed to maintain adequate and/or accurate records regarding his treatment of Patient C from 2017 to in or around June 2021;

(k) Respondent failed to maintain adequate and/or accurate records regarding his treatment of Patient C from in or around June 2021 through December 2021;

- 1 (l) Respondent improperly prescribed controlled substances to Patient C;
2 (m) Respondent failed to adequately assess and/or supervise Patient C's
3 condition(s);
4 (n) Respondent failed to maintain adequate and/or accurate records regarding his
5 treatment of Patient D from on or about July 8, 2021 through December 31, 2021;
6 (o) Respondent failed to maintain adequate and/or accurate records regarding his
7 treatment of Patient C from on or about January 1, 2022 through December 31, 2023;
8 (p) Respondent improperly prescribed controlled substances to Patient D;
9 (q) Respondent failed to appropriately treat Patient D's bipolar disorder; and
10 (r) Respondent failed to adequately assess and/or supervise Patient D's
11 condition(s).

12 **THIRD CAUSE FOR DISCIPLINE**

13 **(Incompetence)**

14 40. Respondent has subjected his Physician's and Surgeon's Certificate No. A 24010 to
15 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (d), of
16 the Code, in that Respondent was incompetent in his care and treatment of Patient D's bipolar
17 disorder, as more particularly alleged in paragraphs 30 through 37, above, which are hereby
18 incorporated by reference and realleged as if fully set forth herein.

19 **FOURTH CAUSE FOR DISCIPLINE**

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

21 41. Respondent has subjected his Physician's and Surgeon's Certificate No. A 24010 to
22 disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that
23 Respondent failed to maintain adequate and accurate records in his care and treatment of Patient
24 A, Patient B, Patient C and Patient D, as more particularly alleged in paragraphs 9 through 37,
25 above, which are hereby incorporated by reference and realleged as if fully set forth herein.

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1 FIFTH CAUSE FOR DISCIPLINE

2 (General Unprofessional Conduct)

3 42. Respondent has further subjected his Physician's and Surgeon's Certificate No.
4 A 24010 to disciplinary action under sections 2227 and 2234 of the Code, in that Respondent has
5 engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct
6 which is unbecoming of a member in good standing of the medical profession, and which
7 demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 9
8 through 41, above, which are hereby incorporated by reference as if fully set forth herein.

9 PRAYER

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

12 1. Revoking or suspending Physician's and Surgeon's Certificate No. A 24010, issued
13 to Respondent Irving Lee Gislason, M.D.;

14 2. Revoking, suspending or denying approval of Respondent Irving Lee Gislason,
15 M.D.'s authority to supervise physician assistants and advanced practice nurses;

16 3. Ordering Respondent Irving Lee Gislason, M.D., to pay the Board the costs of the
17 investigation and enforcement of this case, and if placed on probation, the costs of probation
18 monitoring; and

19 4. Taking such other and further action as deemed necessary and proper.
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21 DATED: DEC 26 2024

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

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23 Accusation - Medical Board.docx
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