

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.

Case No. 800-2022-088652

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

Respondent.

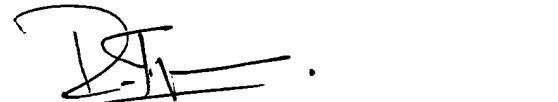
DECISION

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  
2 Attorney General of California  
3 MATTHEW M. DAVIS  
4 Supervising Deputy Attorney General  
5 JASON J. AHN  
6 Deputy Attorney General  
7 State Bar No. 253172  
8 600 West Broadway, Suite 1800  
9 San Diego, CA 92101  
10 P.O. Box 85266  
11 San Diego, CA 92186-5266  
12 Telephone: (619) 738-9433  
13 Facsimile: (916) 732-7920  
14 E-mail: Jason.Ahn@doj.ca.gov  
15 *Attorneys for Complainant*

16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

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.  
7404 E Saddlehill Trail  
Orange, CA 92869-2310  
Physician's and Surgeon's  
Certificate No. A 24010

Case No. 800-2022-088652

OAH No. 2025020373

STIPULATED SURRENDER OF  
LICENSE AND DISCIPLINARY ORDER

Respondent.

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

PARTIES

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

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

///

1       3. On or about September 29, 1970, the Board issued Physician's and Surgeon's  
2       Certificate No. A 24010 to Respondent. That license was in full force and effect at all times  
3       relevant to the charges brought in Accusation No. 800-2022-088652 and will expire on July 31,  
4       2025, unless renewed.

## **JURISDICTION**

6       4. On December 26, 2024, Accusation No. 800-2022-088652 was filed before the Board  
7 and is currently pending against Respondent. The Accusation and all other statutorily required  
8 documents were properly served on Respondent on or about December 26, 2024. Respondent  
9 timely filed his Notice of Defense contesting the Accusation. A copy of Accusation No. 800-  
10 2022-088652 is attached as Exhibit A and incorporated by reference.

## **ADVISEMENT AND WAIVERS**

12       5. Respondent has carefully read, fully discussed with counsel, and fully understands the  
13 charges and allegations in Accusation No. 800-2022-088652. Respondent also has carefully read,  
14 fully discussed with counsel, and fully understands the effects of this Stipulated Surrender of  
15 License and Disciplinary Order.

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

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

24 || //

25 | //

26 | 111

27 //

28 //

## **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.

## **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.

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

## ADDITIONAL PROVISIONS

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

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

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

## ORDER

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

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

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

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

4. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation No. 800-2022-088652 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

5. Respondent shall pay the agency its costs of investigation and enforcement in the amount of \$33,532.75 prior to issuance of a new or reinstated license.

6. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2022-088652 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

111

111

111

111

## ACCEPTANCE

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

DATED:

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:

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*

SD2024803407  
Stipulated Surrender of License and Order - MBC.docx

**Exhibit A**

**Accusation No. 800-2022-088652**

1 ROB BONTA  
2 Attorney General of California  
3 MATTHEW M. DAVIS  
4 Supervising Deputy Attorney General  
5 JASON J. AHN  
6 Deputy Attorney General  
7 State Bar No. 253172  
8 600 West Broadway, Suite 1800  
9 San Diego, CA 92101  
10 P.O. Box 85266  
11 San Diego, CA 92186-5266  
12 Telephone: (619) 738-9433  
13 Facsimile: (619) 645-2061  
14 E-mail: Jason.Ahn@doj.ca.gov  
15 *Attorneys for Complainant*

12 || In the Matter of the Accusation Against: Case No. 800-2022-088652

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

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

**Respondent.**

## ACCUSATION

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.

27 | //

28 | 111

## **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

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

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

8 (d) Incompetence.

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

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

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

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

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

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

26 7. Unprofessional conduct under Business and Professions Code section 2234 is conduct  
27 which breaches the rules or ethical code of the medical profession, or conduct which is  
28 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.)

29 ///

30 ///

31 ///

32 ///

33 ///

## 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

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

3 **FIRST CAUSE FOR DISCIPLINE**

4 **(Gross Negligence)**

5 9. Respondent has subjected his Physician's and Surgeon's Certificate No. A 24010 to  
6 disciplinary action under sections 2227 and 2234, subdivision (b), of the Code, in that Respondent  
7 committed gross negligence in his care and treatment of Patient A<sup>1</sup>, Patient B, Patient C, and  
8 Patient D, as more particularly alleged hereinafter:

9 **Patient A**

10 10. On or about November 2, 2017, Patient A first presented to Respondent. At that time,  
11 Patient A was a forty-two (42) year-old female who requested medication to decrease her desire  
12 for alcohol. At that time, Patient A was taking Seroquel<sup>2</sup> XR 300 mg and Lexapro<sup>3</sup> 20 mg daily,  
13 as well as Ambien<sup>4</sup> 10 mg and stimulants.

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

| Date     | Medication                             | Quantity | Day |
|----------|----------------------------------------|----------|-----|
| 1/7/2019 | Amphetamine Salt Er <sup>5</sup> 20 mg | 90       | 30  |

16 17 <sup>1</sup> References to Patient A, Patient B, Patient C, and Patient D are made in order to  
18 maintain patient confidentiality.

19 19 <sup>2</sup> Quetiapine (brand name Seroquel) is a medication, which can be used to treat  
20 schizophrenia, bipolar disorder, and depression.

21 20 <sup>3</sup> Escitalopram (Lexapro) is a medication, which can be used to treat depression and  
22 generalized anxiety disorder.

23 22 <sup>4</sup> Zolpidem Tartrate (Ambien®), a centrally acting hypnotic-sedative, is a Schedule IV  
24 controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a  
25 dangerous drug pursuant to Business and Professions Code section 4022. When properly  
26 prescribed and indicated, it is used for the short-term treatment of insomnia characterized by  
27 difficulties with sleep initiation.

28 28 <sup>5</sup> Amphetamine Salt Combo ER (generic Adderall XR) is amphetamine sulfate, mixed  
29 amphetamine salts, dextroamphetamine and lisdexamfetamine. These are prescription  
30 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  
31 central nervous system stimulant of the amphetamine class, and is a Schedule II controlled  
(continued...)

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

9  
10 substance pursuant to Health and Safety Code section 11055, subdivision (d), and a dangerous  
11 drug pursuant to Business and Professions Code section 4022. When properly prescribed and  
12 indicated, it is used for attention-deficit hyperactivity disorder and narcolepsy. According to the  
13 DEA, amphetamines, such as Adderall®, are considered a drug of abuse. “The effects of  
14 amphetamines and methamphetamine are similar to cocaine, but their onset is slower and their  
15 duration is longer.” (Drugs of Abuse – A DEA Resource Guide (2011), at p. 44.) Adderall and  
16 other stimulants are contraindicated for patients with a history of drug abuse.

17       <sup>6</sup> Zolpidem Tartrate (Ambien®), a centrally acting hypnotic-sedative, is a Schedule IV  
18 controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a  
19 dangerous drug pursuant to Business and Professions Code section 4022. When properly  
20 prescribed and indicated, it is used for the short-term treatment of insomnia characterized by  
21 difficulties with sleep initiation.

22       <sup>7</sup> Xanax® (alprazolam), a benzodiazepine, is a centrally acting hypnotic-sedative that is a  
23 Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision  
24 (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When  
25 properly prescribed and indicated, it is used for the management of anxiety disorders.  
26 Concomitant use of Xanax® with opioids “may result in profound sedation, respiratory  
27 depression, coma, and death.” The Drug Enforcement Administration (DEA) has identified  
28 benzodiazepines, such as Xanax®, as a drug of abuse. (Drugs of Abuse, DEA Resource Guide  
29 (2011 Edition), at p. 53.)

30       <sup>8</sup> Dexedrine® (dextroamphetamine sulfate) is a central nervous system stimulant of the  
31 amphetamine class. Dexedrine® is a Schedule II controlled substance pursuant to Health and  
32 Safety Code section 11055, subdivision (d), and a dangerous drug pursuant to Business and  
33 Professions Code section 4022. When properly prescribed and indicated, it is used for the  
34 treatment of attention-deficit hyperactivity disorder and narcolepsy. The DEA has identified  
35 amphetamines, such as Dexedrine®, as drugs of abuse. (Drugs of Abuse, A DEA Resource  
36 Guide (2011 Edition), at pp. 42-44.) The Food and Drug Administration has issued a black box  
37 warning for amphetamines which provides that “Amphetamines have a high potential for abuse.  
38 Administration of amphetamines for prolonged periods of time may lead to drug dependence and  
39 must be avoided. Particular attention should be paid to the possibility of subjects obtaining  
40 amphetamines for non-therapeutic use or distribution to others, and the drugs should be  
41 prescribed or dispensed sparingly. [¶] Misuse of amphetamines may cause sudden death and  
42 serious cardiovascular adverse events.” Dexedrine® and other stimulants are contraindicated for  
43 patients with a history of drug abuse.

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

16

17 Documentation

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

20

21 <sup>9</sup> Vyvanse® (lisdexamfetamine dimesylate), a central nervous system stimulant, is a  
22 Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision  
23 (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly  
24 prescribed and indicated, it is used to treat Attention Deficit Hyperactivity Disorder (ADHD) or  
25 moderate to severe binge eating disorder (BED) in adults. According to the DEA, stimulants,  
26 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."

27

28 <sup>10</sup> 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).

23 / / /

24 / / /

25 / / /

26 / / /

27 / / /

28 / / /

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

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

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

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

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

## Patient B

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

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

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

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

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

<sup>12</sup> Klonopin® (clonazepam), 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 to treat seizure disorders and panic disorders. 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 |

18  
19        Documentation

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

28        / / /

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).

24                  ///

25                  ///

26                  ///

27                  ///

28                  ///

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).

21                   ///

22                   ///

23                   ///

24                   ///

25                   ///

26                   ///

27                   ///

28                   ///

## 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 <sup>13</sup> 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      |

<sup>13</sup> 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).<sup>14</sup> 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.

25      ///

26                   

---

27       <sup>14</sup> 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.

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

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

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

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

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

10       **Patient D**

11       30. Patient D, a sixty-four (64) year-old female, first presented to Respondent in the  
12 1990s and was diagnosed with bipolar disorder.<sup>15</sup> According to the medical records dated June  
13 10, 2019, Patient D was diagnosed with major depressive disorder,<sup>16</sup> panic disorder,<sup>17</sup> and  
14 attention deficit disorder.<sup>18</sup>

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

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

21  
22  
23       <sup>15</sup> Bipolar disorder is a disorder associated with episodes of mood swings ranging from  
24 depressive lows to manic highs.

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

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

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

|    |            |                                    |    |
|----|------------|------------------------------------|----|
| 1  | 12/29/2021 | Diazepam <sup>19</sup> 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 Amphetamine 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 Amphetamine 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 |

16

17 Documentation

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

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

26

---

27 <sup>19</sup> Diazepam is a medication, which can be used to treat anxiety, alcohol withdrawal, and  
 28 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 episodes<sup>20</sup> 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.

24       ///

25       ///

26       ///

27                   

---

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

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

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

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

12                  (a) Respondent failed to maintain adequate and/or accurate records regarding his  
13                  treatment of Patient D from on or about July 8, 2021 through December 31, 2021;  
14                  (b) Respondent failed to maintain adequate and/or accurate records regarding his  
15                  treatment of Patient C from on or about January 1, 2022 through December 31, 2023;  
16                  (c) Respondent improperly prescribed controlled substances to Patient D;  
17                  (d) Respondent failed to appropriately treat Patient D's bipolar disorder; and  
18                  (e) Respondent failed to adequately assess and/or supervise Patient D's  
19                  condition(s).

20                  ///

21                  ///

22                  ///

23                  ///

24                  ///

25                  ///

26                  ///

27                  ///

28                  ///

## **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);

(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;

### **THIRD CAUSE FOR DISCIPLINE**

### **(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.

## **FOURTH CAUSE FOR DISCIPLINE**

### **(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.

26 | //

27 | //

28 | //

## **FIFTH CAUSE FOR DISCIPLINE**

### **(General Unprofessional Conduct)**

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

## PRAYER

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

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

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

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

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

DATED: DEC 26 2024

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

SD2024803407  
Accusation - Medical Board.docx