

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

In the Matter of the Accusation
Against:

Iwan Sugiharto Nyotowidjojo, M.D.

Physician's and Surgeon's
Certificate No. A 167115

Case No.: 800-2022-091750

Respondent.

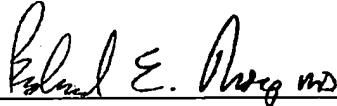
DECISION

The attached Stipulated Settlement 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 August 27, 2025.

IT IS SO ORDERED: July 28, 2025.

MEDICAL BOARD OF CALIFORNIA



Richard E. Thorp, M.D., Chair

Panel B

1 ROB BONTA
2 Attorney General of California
3 MATTHEW M. DAVIS
4 Supervising Deputy Attorney General
5 LEANNA E. SHIELDS
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14 *Attorneys for Complainant*

15 **BEFORE THE
16 MEDICAL BOARD OF CALIFORNIA
17 DEPARTMENT OF CONSUMER AFFAIRS
18 STATE OF CALIFORNIA**

19 In the Matter of the Accusation Against:

20 Case No. 800-2022-091750

21 **IWAN SUGIHARTO NYOTOWIDJOJO,
22 M.D.
23 13152 Newport Ave., Ste. B
24 Tustin, CA 92780-3470**

25 OAH No. 2025020087

26 **Physician's and Surgeon's Certificate
27 No. A 167115,**

28 **STIPULATED SETTLEMENT AND
29 DISCIPLINARY ORDER**

30 Respondent.

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

33 **PARTIES**

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

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1 2. Respondent Iwan Sugiharto Nyotowidjojo, M.D. (Respondent) is represented in this
2 proceeding by attorney Lindsay M. Johnson, Esq., whose address is: 4100 Newport Place Dr.,
3 Suite 670, Newport Beach, CA 92660.

4 3. On or about December 16, 2019, the Board issued Physician's and Surgeon's
5 Certificate No. A 167115 to Respondent. The Physician's and Surgeon's Certificate was in full
6 force and effect at all times relevant to the charges brought in Accusation No. 800-2022-091750,
7 and will expire on December 31, 2025, unless renewed.

8 4. On or about August 22, 2024, an Interim Order Imposing Restrictions was issued
9 pursuant to Government Code section 11529 which required Respondent to comply with certain
10 terms and conditions pending further order from the Board. The Interim Order Imposing License
11 Restrictions remains in full force and effect as of the effective date of this Stipulated Settlement
12 and Disciplinary Order.

JURISDICTION

14 5. On or about December 12, 2024, Accusation No. 800-2022-091750 was filed before
15 the Board and is currently pending against Respondent. On or about December 12, 2024, a true
16 and correct copy of Accusation No. 800-2022-091750 and all other statutorily required
17 documents were properly served on Respondent. Respondent timely filed his Notice of Defense
18 contesting the Accusation.

19 6. A true and correct copy of Accusation No. 800-2022-091750 is attached as Exhibit A
20 and incorporated herein by reference.

ADVISEMENT AND WAIVERS

22 7. Respondent has carefully read, fully discussed with counsel, and fully understands the
23 charges and allegations in Accusation No. 800-2022-091750. Respondent has also carefully read,
24 fully discussed with his counsel, and understands the effects of this Stipulated Settlement and
25 Disciplinary Order.

26 8. Respondent is fully aware of his legal rights in this matter, including the right to a
27 hearing on the charges and allegations in the Accusation; the right to confront and cross-examine
28 the witnesses against him; the right to present evidence and to testify on his own behalf; the right

1 to the issuance of subpoenas to compel the attendance of witnesses and the production of
2 documents; the right to reconsideration and court review of an adverse decision; and all other
3 rights accorded by the California Administrative Procedure Act and other applicable laws.

4 9. Having the benefit of counsel, Respondent voluntarily, knowingly, and intelligently
5 waives and gives up each and every right set forth above.

6 **CULPABILITY**

7 10. Respondent does not contest that, at an administrative hearing, Complainant could
8 establish a prima facie case with respect to each and every charge and allegation contained in
9 Accusation No. 800-2022-091750, and that he has thereby subjected his Physician's and
10 Surgeon's Certificate No. A 167115 to disciplinary action.

11 11. Respondent agrees that if he ever petitions for early termination or modification of
12 probation, or if an accusation and/or petition to revoke probation is filed against him before the
13 Board, all of the charges and allegations contained in Accusation No. 800-2022-091750 shall be
14 deemed true, correct and fully admitted by Respondent for purposes of any such proceeding or
15 any other licensing proceeding involving Respondent in the State of California.

16 12. Respondent agrees that his Physician's and Surgeon's Certificate No. A 167115 is
17 subject to discipline and agrees to be bound by the Board's probationary terms as set forth in the
18 Disciplinary Order below.

19 **CONTINGENCY**

20 13. This stipulation shall be subject to approval by the Medical Board of California.
21 Respondent understands and agrees that counsel for Complainant and the staff of the Medical
22 Board of California may communicate directly with the Board regarding this stipulation and
23 settlement, without notice to or participation by Respondent or his counsel. By signing the
24 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek
25 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails
26 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary
27 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal
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1 action between the parties, and the Board shall not be disqualified from further action by having
2 considered this matter.

3 14. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to
4 be an integrated writing representing the complete, final and exclusive embodiment of the
5 agreement of the parties in this above-entitled matter.

6 15. The parties understand and agree that Portable Document Format (PDF) and facsimile
7 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile
8 signatures thereto, shall have the same force and effect as the originals.

9 16. In consideration of the foregoing admissions and stipulations, the parties agree that
10 the Board may, without further notice or opportunity to be heard by Respondent, issue and enter
11 the following Disciplinary Order:

12 **DISCIPLINARY ORDER**

13 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 167115
14 issued to Respondent Iwan Sugiharto Nyotowidjojo, M.D., is hereby revoked. However, the
15 revocation is stayed, and Respondent is placed on probation for five (5) years on the following
16 terms and conditions:

17 1. **CONTROLLED SUBSTANCES - ABSTAIN FROM USE.** Respondent shall abstain
18 completely from the personal use or possession of controlled substances as defined in the
19 California Uniform Controlled Substances Act, dangerous drugs as defined by Business and
20 Professions Code section 4022, and any drugs requiring a prescription. This prohibition does not
21 apply to medications lawfully prescribed to Respondent by another practitioner for a bona fide
22 illness or condition.

23 Within 15 calendar days of receiving any lawfully prescribed medications, Respondent
24 shall notify the Board or its designee of the: issuing practitioner's name, address, and telephone
25 number; medication name, strength, and quantity; and issuing pharmacy name, address, and
26 telephone number.

27 2. **ALCOHOL - ABSTAIN FROM USE.** Respondent shall abstain completely from the
28 use of products or beverages containing alcohol.

1 3. BIOLOGICAL FLUID TESTING. Respondent shall immediately submit to
2 biological fluid testing, at Respondent's expense, upon request of the Board or its designee.
3 "Biological fluid testing" may include, but is not limited to, urine, blood, breathalyzer, hair
4 follicle testing, or similar drug screening approved by the Board or its designee. Respondent shall
5 make daily contact with the Board or its designee to determine whether biological fluid testing is
6 required. Respondent shall be tested on the date of the notification as directed by the Board or its
7 designee. The Board may order a Respondent to undergo a biological fluid test on any day, at
8 any time, including weekends and holidays. Except when testing on a specific date as ordered by
9 the Board or its designee, the scheduling of biological fluid testing shall be done on a random
10 basis. The cost of biological fluid testing shall be borne by Respondent.

11 During the first year of probation, Respondent shall be subject to 52 to 104 random tests.
12 During the second year of probation and for the duration of the probationary term, up to five (5)
13 years, Respondent shall be subject to 36 to 104 random tests per year. Only if there has been no
14 positive biological fluid tests in the previous five (5) consecutive years of probation, may testing
15 be reduced to one (1) time per month. Nothing precludes the Board from increasing the number
16 of random tests to the first-year level of frequency for any reason.

17 Prior to practicing medicine, Respondent shall contract with a laboratory or service,
18 approved in advance by the Board or its designee, that will conduct random, unannounced,
19 observed, biological fluid testing and meets all of the following standards:

- 20 (a) Its specimen collectors are either certified by the Drug and Alcohol Testing Industry
21 Association or have completed the training required to serve as a collector for the United
22 States Department of Transportation.
- 23 (b) Its specimen collectors conform to the current United States Department of
24 Transportation Specimen Collection Guidelines.
- 25 (c) Its testing locations comply with the Urine Specimen Collection Guidelines published
26 by the United States Department of Transportation without regard to the type of test
27 administered.
- 28 (d) Its specimen collectors observe the collection of testing specimens.

1 (e) Its laboratories are certified and accredited by the United States Department of Health
2 and Human Services.

3 (f) Its testing locations shall submit a specimen to a laboratory within one (1) business day
4 of receipt and all specimens collected shall be handled pursuant to chain of custody
5 procedures. The laboratory shall process and analyze the specimens and provide legally
6 defensible test results to the Board within seven (7) business days of receipt of the
7 specimen. The Board will be notified of non-negative results within one (1) business day
8 and will be notified of negative test results within seven (7) business days.

9 (g) Its testing locations possess all the materials, equipment, and technical expertise
10 necessary in order to test Respondent on any day of the week.

11 (h) Its testing locations are able to scientifically test for urine, blood, and hair specimens
12 for the detection of alcohol and illegal and controlled substances.

13 (i) It maintains testing sites located throughout California.

14 (j) It maintains an automated 24-hour toll-free telephone system and/or a secure on-line
15 computer database that allows Respondent to check in daily for testing.

16 (k) It maintains a secure, HIPAA-compliant website or computer system that allows staff
17 access to drug test results and compliance reporting information that is available 24 hours a
18 day.

19 (l) It employs or contracts with toxicologists that are licensed physicians and have
20 knowledge of substance abuse disorders and the appropriate medical training to interpret
21 and evaluate laboratory biological fluid test results, medical histories, and any other
22 information relevant to biomedical information.

23 (m) It will not consider a toxicology screen to be negative if a positive result is obtained
24 while practicing, even if Respondent holds a valid prescription for the substance.

25 Prior to changing testing locations for any reason, including during vacation or other travel,
26 alternative testing locations must be approved by the Board and meet the requirements above.

27 The contract shall require that the laboratory directly notify the Board or its designee of
28 non-negative results within one (1) business day and negative test results within seven (7)

1 business days of the results becoming available. Respondent shall maintain this laboratory or
2 service contract during the period of probation.

3 A certified copy of any laboratory test result may be received in evidence in any
4 proceedings between the Board and Respondent.

5 If a biological fluid test result indicates Respondent has used, consumed, ingested, or
6 administered to himself or herself a prohibited substance, the Board shall order Respondent to
7 cease practice and instruct Respondent to leave any place of work where Respondent is practicing
8 medicine or providing medical services. The Board shall immediately notify all of Respondent's
9 employers, supervisors and work monitors, if any, that Respondent may not practice medicine or
10 provide medical services while the cease-practice order is in effect.

11 A biological fluid test will not be considered negative if a positive result is obtained while
12 practicing, even if the practitioner holds a valid prescription for the substance. If no prohibited
13 substance use exists, the Board shall lift the cease-practice order within one (1) business day.

14 After the issuance of a cease-practice order, the Board shall determine whether the positive
15 biological fluid test is in fact evidence of prohibited substance use by consulting with the
16 specimen collector and the laboratory, communicating with the licensee, his or her treating
17 physician(s), other health care provider, or group facilitator, as applicable.

18 For purposes of this condition, the terms "biological fluid testing" and "testing" mean the
19 acquisition and chemical analysis of a Respondent's urine, blood, breath, or hair.

20 For purposes of this condition, the term "prohibited substance" means an illegal drug, a
21 lawful drug not prescribed or ordered by an appropriately licensed health care provider for use by
22 Respondent and approved by the Board, alcohol, or any other substance Respondent has been
23 instructed by the Board not to use, consume, ingest, or administer to himself or herself.

24 If the Board confirms that a positive biological fluid test is evidence of use of a prohibited
25 substance, Respondent has committed a major violation, as defined in section 1361.52(a), and the
26 Board shall impose any or all of the consequences set forth in section 1361.52(b), in addition to
27 any other terms or conditions the Board determines are necessary for public protection or to
28 enhance Respondent's rehabilitation.

1 4. SUBSTANCE ABUSE SUPPORT GROUP MEETINGS. Within thirty (30) days of
2 the effective date of this Decision, Respondent shall submit to the Board or its designee, for its
3 prior approval, the name of a substance abuse support group which he or she shall attend for the
4 duration of probation. Respondent shall attend substance abuse support group meetings at least
5 once per week, or as ordered by the Board or its designee. Respondent shall pay all substance
6 abuse support group meeting costs.

7 The facilitator of the substance abuse support group meeting shall have a minimum of three
8 (3) years' experience in the treatment and rehabilitation of substance abuse and shall be licensed
9 or certified by the state or nationally certified organizations. The facilitator shall not have a
10 current or former financial, personal, or business relationship with Respondent within the last five
11 (5) years. Respondent's previous participation in a substance abuse group support meeting led by
12 the same facilitator does not constitute a prohibited current or former financial, personal, or
13 business relationship.

14 The facilitator shall provide a signed document to the Board or its designee showing
15 Respondent's name, the group name, the date and location of the meeting, Respondent's
16 attendance, and Respondent's level of participation and progress. The facilitator shall report any
17 unexcused absence by Respondent from any substance abuse support group meeting to the Board,
18 or its designee, within twenty-four (24) hours of the unexcused absence.

19 5. WORKSITE MONITOR FOR SUBSTANCE-ABUSING LICENSEE. Within thirty
20 (30) calendar days of the effective date of this Decision, Respondent shall submit to the Board or
21 its designee for prior approval as a worksite monitor, the name and qualifications of one or more
22 licensed physician and surgeon, other licensed health care professional if no physician and
23 surgeon is available, or, as approved by the Board or its designee, a person in a position of
24 authority who is capable of monitoring Respondent at work.

25 The worksite monitor shall not have a current or former financial, personal, or familial
26 relationship with Respondent, or any other relationship that could reasonably be expected to
27 compromise the ability of the monitor to render impartial and unbiased reports to the Board or its
28 designee. If it is impractical for anyone but Respondent's employer to serve as the worksite

1 monitor, this requirement may be waived by the Board or its designee, however, under no
2 circumstances shall Respondent's worksite monitor be an employee or supervisee of the licensee.

3 The worksite monitor shall have an active unrestricted license with no disciplinary action
4 within the last five (5) years and shall sign an affirmation that he or she has reviewed the terms
5 and conditions of Respondent's disciplinary order and agrees to monitor Respondent as set forth
6 by the Board or its designee.

7 Respondent shall pay all worksite monitoring costs.

8 The worksite monitor shall have face-to-face contact with Respondent in the work
9 environment on as frequent a basis as determined by the Board or its designee, but not less than
10 once per week; interview other staff in the office regarding Respondent's behavior, if requested
11 by the Board or its designee; and review Respondent's work attendance.

12 The worksite monitor shall verbally report any suspected substance abuse to the Board and
13 Respondent's employer or supervisor within one (1) business day of occurrence. If the suspected
14 substance abuse does not occur during the Board's normal business hours, the verbal report shall
15 be made to the Board or its designee within one (1) hour of the next business day. A written
16 report that includes the date, time, and location of the suspected abuse; Respondent's actions; and
17 any other information deemed important by the worksite monitor shall be submitted to the Board
18 or its designee within 48 hours of the occurrence.

19 The worksite monitor shall complete and submit a written report monthly or as directed by
20 the Board or its designee which shall include the following: (1) Respondent's name and
21 Physician's and Surgeon's Certificate number; (2) the worksite monitor's name and signature; (3)
22 the worksite monitor's license number, if applicable; (4) the location or location(s) of the
23 worksite; (5) the dates Respondent had face-to-face contact with the worksite monitor; (6) the
24 names of worksite staff interviewed, if applicable; (7) a report of Respondent's work attendance;
25 (8) any change in Respondent's behavior and/or personal habits; and (9) any indicators that can
26 lead to suspected substance abuse by Respondent. Respondent shall complete any required
27 consent forms and execute agreements with the approved worksite monitor and the Board, or its
28 designee, authorizing the Board, or its designee, and worksite monitor to exchange information.

1 If the worksite monitor resigns or is no longer available, Respondent shall, within five (5)
2 calendar days of such resignation or unavailability, submit to the Board or its designee, for prior
3 approval, the name and qualifications of a replacement monitor who will be assuming that
4 responsibility within fifteen (15) calendar days. If Respondent fails to obtain approval of a
5 replacement monitor within sixty (60) calendar days of the resignation or unavailability of the
6 monitor, Respondent shall receive a notification from the Board or its designee to cease the
7 practice of medicine within three (3) calendar days after being so notified. Respondent shall
8 cease the practice of medicine until a replacement monitor is approved and assumes monitoring
9 responsibility.

10 **6. VIOLATION OF PROBATION CONDITION FOR SUBSTANCE ABUSING**
11 LICENSEES. Failure to fully comply with any term or condition of probation is a violation of
12 probation.

13 A. If Respondent commits a major violation of probation as defined by section
14 1361.52, subdivision (a), of Title 16 of the California Code of Regulations, the Board shall take
15 one or more of the following actions:

16 (1) Issue an immediate cease-practice order and order Respondent to undergo a clinical
17 diagnostic evaluation to be conducted in accordance with section 1361.5, subdivision (c)(1), of
18 Title 16 of the California Code of Regulations, at Respondent's expense. The cease-practice
19 order issued by the Board or its designee shall state that Respondent must test negative for at least
20 a month of continuous biological fluid testing before being allowed to resume practice. For
21 purposes of determining the length of time a Respondent must test negative while undergoing
22 continuous biological fluid testing following issuance of a cease-practice order, a month is
23 defined as thirty calendar (30) days. Respondent may not resume the practice of medicine until
24 notified in writing by the Board or its designee that he may do so.

25 (2) Increase the frequency of biological fluid testing.

26 (3) Refer Respondent for further disciplinary action, such as suspension, revocation, or
27 other action as determined by the Board or its designee.

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1 B. If Respondent commits a minor violation of probation as defined by section
2 1361.52, subdivision (c), of Title 16 of the California Code of Regulations, the Board shall take
3 one or more of the following actions:

- 4 (1) Issue a cease-practice order;
- 5 (2) Order practice limitations;
- 6 (3) Order or increase supervision of Respondent;
- 7 (4) Order increased documentation;
- 8 (5) Issue a citation and fine, or a warning letter;
- 9 (6) Order Respondent to undergo a clinical diagnostic evaluation to be conducted in
10 accordance with section 1361.5, subdivision (c)(1), of Title 16 of the California Code of
11 Regulations, at Respondent's expense;
- 12 (7) Take any other action as determined by the Board or its designee.

13 C. Nothing in this Decision shall be considered a limitation on the Board's authority
14 to revoke Respondent's probation if he has violated any term or condition of probation. If
15 Respondent violates probation in any respect, the Board, after giving Respondent notice and the
16 opportunity to be heard, may revoke probation and carry out the disciplinary order that was
17 stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed
18 against Respondent during probation, the Board shall have continuing jurisdiction until the matter
19 is final, and the period of probation shall be extended until the matter is final.

20 7. **CONTROLLED SUBSTANCES - TOTAL RESTRICTION.** Respondent shall not
21 order, prescribe, dispense, administer, furnish, or possess any controlled substances as defined in
22 the California Uniform Controlled Substances Act.

23 Respondent shall not issue an oral or written recommendation or approval to a patient or a
24 patient's primary caregiver for the possession or cultivation of marijuana for the personal medical
25 purposes of the patient within the meaning of Health and Safety Code section 11362.5.

26 If Respondent forms the medical opinion, after an appropriate prior examination and a
27 medical indication, that a patient's medical condition may benefit from the use of marijuana,
28 Respondent shall so inform the patient and shall refer the patient to another physician who,

1 following an appropriate prior examination and a medical indication, may independently issue a
2 medically appropriate recommendation or approval for the possession or cultivation of marijuana
3 for the personal medical purposes of the patient within the meaning of Health and Safety Code
4 section 11362.5. In addition, Respondent shall inform the patient or the patient's primary
5 caregiver that Respondent is prohibited from issuing a recommendation or approval for the
6 possession or cultivation of marijuana for the personal medical purposes of the patient and that
7 the patient or the patient's primary caregiver may not rely on Respondent's statements to legally
8 possess or cultivate marijuana for the personal medical purposes of the patient. Respondent shall
9 fully document in the patient's chart that the patient or the patient's primary caregiver was so
10 informed. Nothing in this condition prohibits Respondent from providing the patient or the
11 patient's primary caregiver information about the possible medical benefits resulting from the use
12 of marijuana.

13 8. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective
14 date of this Decision, Respondent shall enroll in a course in prescribing practices approved in
15 advance by the Board or its designee. Respondent shall provide the approved course provider
16 with any information and documents that the approved course provider may deem pertinent.
17 Respondent shall participate in and successfully complete the classroom component of the course
18 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
19 complete any other component of the course within one (1) year of enrollment. The prescribing
20 practices course shall be at Respondent's expense and shall be in addition to the Continuing
21 Medical Education (CME) requirements for renewal of licensure.

22 A prescribing practices course taken after the acts that gave rise to the charges in the
23 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
24 or its designee, be accepted towards the fulfillment of this condition if the course would have
25 been approved by the Board or its designee had the course been taken after the effective date of
26 this Decision. Respondent shall submit a certification of successful completion to the Board or its
27 designee not later than 15 calendar days after successfully completing the course, or not later than
28 15 calendar days after the effective date of the Decision, whichever is later.

1 9. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective
2 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in
3 advance by the Board or its designee. Respondent shall provide the approved course provider
4 with any information and documents that the approved course provider may deem pertinent.
5 Respondent shall participate in and successfully complete the classroom component of the course
6 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
7 complete any other component of the course within one (1) year of enrollment. The medical
8 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing
9 Medical Education (CME) requirements for renewal of licensure.

10 A medical record keeping course taken after the acts that gave rise to the charges in the
11 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
12 or its designee, be accepted towards the fulfillment of this condition if the course would have
13 been approved by the Board or its designee had the course been taken after the effective date of
14 this Decision.

15 Respondent shall submit a certification of successful completion to the Board or its
16 designee not later than 15 calendar days after successfully completing the course, or not later than
17 15 calendar days after the effective date of the Decision, whichever is later.

18 10. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of
19 the effective date of this Decision, Respondent shall enroll in a professionalism program, that
20 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.
21 Respondent shall participate in and successfully complete that program. Respondent shall
22 provide any information and documents that the program may deem pertinent. Respondent shall
23 successfully complete the classroom component of the program not later than six (6) months after
24 Respondent's initial enrollment, and the longitudinal component of the program not later than the
25 time specified by the program, but no later than one (1) year after attending the classroom
26 component. The professionalism program shall be at Respondent's expense and shall be in
27 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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1 A professionalism program taken after the acts that gave rise to the charges in the
2 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
3 or its designee, be accepted towards the fulfillment of this condition if the program would have
4 been approved by the Board or its designee had the program been taken after the effective date of
5 this Decision.

6 Respondent shall submit a certification of successful completion to the Board or its
7 designee not later than 15 calendar days after successfully completing the program or not later
8 than 15 calendar days after the effective date of the Decision, whichever is later.

9 11. PSYCHOTHERAPY. Within 60 calendar days of the effective date of this Decision,
10 Respondent shall submit to the Board or its designee for prior approval the name and
11 qualifications of a California-licensed board-certified psychiatrist or a licensed psychologist who
12 has a doctoral degree in psychology and at least five years of postgraduate experience in the
13 diagnosis and treatment of emotional and mental disorders. Upon approval, Respondent shall
14 undergo and continue psychotherapy treatment, including any modifications to the frequency of
15 psychotherapy, until the Board or its designee deems that no further psychotherapy is necessary.

16 The psychotherapist shall consider any information provided by the Board or its designee
17 and any other information the psychotherapist deems relevant and shall furnish a written
18 evaluation report to the Board or its designee. Respondent shall cooperate in providing the
19 psychotherapist with any information and documents that the psychotherapist may deem
20 pertinent.

21 Respondent shall have the treating psychotherapist submit quarterly status reports to the
22 Board or its designee. The Board or its designee may require Respondent to undergo psychiatric
23 evaluations by a Board-appointed board-certified psychiatrist. If, prior to the completion of
24 probation, Respondent is found to be mentally unfit to resume the practice of medicine without
25 restrictions, the Board shall retain continuing jurisdiction over Respondent's license and the
26 period of probation shall be extended until the Board determines that Respondent is mentally fit
27 to resume the practice of medicine without restrictions.

28 Respondent shall pay the cost of all psychotherapy and psychiatric evaluations.

1 12. SOLO PRACTICE PROHIBITION. Respondent is prohibited from engaging in the
2 solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice
3 where: 1) Respondent merely shares office space with another physician but is not affiliated for
4 purposes of providing patient care, or 2) Respondent is the sole physician practitioner at that
5 location.

6 If Respondent fails to establish a practice with another physician or secure employment in
7 an appropriate practice setting within 60 calendar days of the effective date of this Decision,
8 Respondent shall receive a notification from the Board or its designee to cease the practice of
9 medicine within three (3) calendar days after being so notified. Respondent shall not resume
10 practice until an appropriate practice setting is established.

11 If, during the course of the probation, Respondent's practice setting changes and
12 Respondent is no longer practicing in a setting in compliance with this Decision, Respondent
13 shall notify the Board or its designee within five (5) calendar days of the practice setting change.
14 If Respondent fails to establish a practice with another physician or secure employment in an
15 appropriate practice setting within 60 calendar days of the practice setting change, Respondent
16 shall receive a notification from the Board or its designee to cease the practice of medicine within
17 three (3) calendar days after being so notified. Respondent shall not resume practice until an
18 appropriate practice setting is established.

19 13. NOTICE OF EMPLOYER OR SUPERVISOR INFORMATION. Within seven (7)
20 days of the effective date of this Decision, Respondent shall provide to the Board the names,
21 physical addresses, mailing addresses, and telephone numbers of any and all employers and
22 supervisors. Respondent shall also provide specific, written consent for the Board, Respondent's
23 worksite monitor, and Respondent's employers and supervisors to communicate regarding
24 Respondent's work status, performance, and monitoring.

25 For purposes of this section, "supervisors" shall include the Chief of Staff and Health or
26 Well Being Committee Chair, or equivalent, if applicable, when Respondent has medical staff
27 privileges.

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1 14. NOTIFICATION. Within seven (7) days of the effective date of this Decision,
2 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
3 Chief Executive Officer at every hospital where privileges or membership are extended to
4 Respondent, at any other facility where Respondent engages in the practice of medicine,
5 including all physician and locum tenens registries or other similar agencies, and to the Chief
6 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
7 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
8 calendar days.

9 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

10 15. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
11 NURSES. During probation, Respondent is prohibited from supervising physician assistants and
12 advanced practice nurses.

13 16. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules
14 governing the practice of medicine in California and remain in full compliance with any court
15 ordered criminal probation, payments, and other orders.

16 17. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
17 ordered to reimburse the Board its costs of investigation and enforcement, including, but not
18 limited to, expert review, legal reviews, and investigation(s), as applicable, in the amount of
19 \$55,000.00 (fifty-five thousand dollars). Costs shall be payable to the Medical Board of
20 California. Failure to pay such costs shall be considered a violation of probation.

21 Payment must be made in full within 30 calendar days of the effective date of the Order, or
22 by a payment plan approved by the Medical Board of California. Any and all requests for a
23 payment plan shall be submitted in writing by Respondent to the Board. Failure to comply with
24 the payment plan shall be considered a violation of probation.

25 The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility
26 to repay investigation and enforcement costs, including expert review costs.

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1 18. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
2 under penalty of perjury on forms provided by the Board, stating whether there has been
3 compliance with all the conditions of probation.

4 Respondent shall submit quarterly declarations not later than ten (10) calendar days after
5 the end of the preceding quarter.

6 19. GENERAL PROBATION REQUIREMENTS.

7 Compliance with Probation Unit

8 Respondent shall comply with the Board's probation unit.

9 Address Changes

10 Respondent shall, at all times, keep the Board informed of Respondent's business and
11 residence addresses, email address (if available), and telephone number. Changes of such
12 addresses shall be immediately communicated in writing to the Board or its designee. Under no
13 circumstances shall a post office box serve as an address of record, except as allowed by Business
14 and Professions Code section 2021, subdivision (b).

15 Place of Practice

16 Respondent shall not engage in the practice of medicine in Respondent's or patient's place
17 of residence, unless the patient resides in a skilled nursing facility or other similar licensed
18 facility.

19 License Renewal

20 Respondent shall maintain a current and renewed California physician's and surgeon's
21 license.

22 Travel or Residence Outside California

23 Respondent shall immediately inform the Board or its designee, in writing, of travel to any
24 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty
25 (30) calendar days.

26 In the event Respondent should leave the State of California to reside or to practice
27 Respondent shall notify the Board or its designee in writing thirty (30) calendar days prior to the
28 dates of departure and return.

1 20. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be
2 available in person upon request for interviews either at Respondent's place of business or at the
3 probation unit office, with or without prior notice throughout the term of probation.

4 21. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
5 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
6 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
7 defined as any period of time Respondent is not practicing medicine as defined in Business and
8 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
9 patient care, clinical activity or teaching, or other activity as approved by the Board. If
10 Respondent resides in California and is considered to be in non-practice, Respondent shall
11 comply with all terms and conditions of probation. All time spent in an intensive training
12 program which has been approved by the Board or its designee shall not be considered non-
13 practice and does not relieve Respondent from complying with all the terms and conditions of
14 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
15 on probation with the medical licensing authority of that state or jurisdiction shall not be
16 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
17 period of non-practice.

18 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
19 months, Respondent shall successfully complete the Federation of State Medical Board's Special
20 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
21 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model
22 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

23 Respondent's period of non-practice while on probation shall not exceed two (2) years.

24 Periods of non-practice will not apply to the reduction of the probationary term.

25 Periods of non-practice for a Respondent residing outside of California will relieve
26 Respondent of the responsibility to comply with the probationary terms and conditions with the
27 exception of this condition and the following terms and conditions of probation: Obey All Laws;

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1 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and
2 Controlled Substances; and Biological Fluid Testing.

3 22. **COMPLETION OF PROBATION.** Respondent shall comply with all financial
4 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
5 completion of probation. This term does not include cost recovery, which is due within 30
6 calendar days of the effective date of the Order, or by a payment plan approved by the Medical
7 Board and timely satisfied. Upon successful completion of probation, Respondent's certificate
8 shall be fully restored.

9 23. **VIOLATION OF PROBATION.** Failure to fully comply with any term or condition
10 of probation is a violation of probation. If Respondent violates probation in any respect, the
11 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
12 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke
13 Probation, or an Interim Suspension Order is filed against Respondent during probation, the
14 Board shall have continuing jurisdiction until the matter is final, and the period of probation shall
15 be extended until the matter is final.

16 24. **LICENSE SURRENDER.** Following the effective date of this Decision, if
17 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
18 the terms and conditions of probation, Respondent may request to surrender his license. The
19 Board reserves the right to evaluate Respondent's request and to exercise its discretion in
20 determining whether or not to grant the request, or to take any other action deemed appropriate
21 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
22 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
23 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
24 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
25 application shall be treated as a petition for reinstatement of a revoked certificate.

26 25. **PROBATION MONITORING COSTS.** Respondent shall pay the costs associated
27 with probation monitoring each and every year of probation, as designated by the Board, which
28 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of

1 California and delivered to the Board or its designee no later than January 31 of each calendar
2 year.

3 26. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
4 a new license or certification, or petition for reinstatement of a license, by any other health care
5 licensing action agency in the State of California, all of the charges and allegations contained in
6 Accusation No. 800-2022-091750 shall be deemed to be true, correct, and fully admitted by
7 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
8 restrict license.

ACCEPTANCE

10 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
11 discussed it with my attorney, Lindsay M. Johnson, Esq. I fully understand the stipulation and
12 the effect it will have on my Physician's and Surgeon's Certificate No. A.167115. I enter into
13 this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and
14 agree to be bound by the Decision and Order of the Medical Board of California.

15
16 From S Nyfater, m. o.
17 DATED: 05/23/25

17 DATED: 05/23/25

IWAN SUGIHARTO NYOTOWIDJOJO, M.D.
Respondent

20 I have read and fully discussed with Respondent Iwan Sugiharto Nyotowidjojo, M.D., the
21 terms and conditions and other matters contained in the above Stipulated Settlement and
22 Disciplinary Order. I approve its form and content.

25 DATED: 05/23/2025

LINDSAY M. JOHNSON, ESQ.
Attorney for Respondent

27 | //

28 | //

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

DATED: May 27, 2025

Respectfully submitted,

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

Fig. 2. *Scutellaria* sp.

LEANNA E. SHIELDS
Deputy Attorney General
Attorneys for Complainant

SD2024802081
85080591

Exhibit A

Accusation No. 800-2022-091750

1 ROB BONTA
2 Attorney General of California
3 MATTHEW M. DAVIS
4 Supervising Deputy Attorney General
5 NICOLE NOONAN-MILLER
6 Deputy Attorney General
7 State Bar No. 276951
8 600 West Broadway, Suite 1800
9 San Diego, CA 92101
10 P.O. Box 85266
11 San Diego, CA 92186-5266
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13 Facsimile: (619) 645-2061

14 *Attorneys for Complainant*

15 **BEFORE THE**
16 **MEDICAL BOARD OF CALIFORNIA**
17 **DEPARTMENT OF CONSUMER AFFAIRS**
18 **STATE OF CALIFORNIA**

19 In the Matter of the Accusation Against:

Case No. 800-2022-091750

20 **IWAN SUGIHARTO NYOTOWIDJOJO, M.D.**
21 Friends of Family Health Center
22 13152 Newport Ave., Ste. B
23 Tustin, CA 92780-3470

24 **ACCUSATION**

25 Physician's and Surgeon's Certificate
26 No. A 167115,

27 Respondent

28 **PARTIES**

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

32 2. On or about December 16, 2019, the Medical Board issued Physician's and Surgeon's
33 Certificate No. A 167115 to Iwan Sugiharto Nyotowidjojo, M.D. (Respondent). The Physician's
34 and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
35 herein and will expire on December 31, 2025, unless renewed.

36 *///*

1 3. On or about August 23, 2024, an Interim Order of Suspension was issued by the
2 Office of Administrative Hearings, immediately restricting Physician's and Surgeon's Certificate
3 No. A 167115, and requiring Respondent to adhere to specific conditions in order to continue
4 practicing medicine in the State of California. As a result, Respondent's license remains
5 restricted pending the issuance of a final decision after an administrative hearing on the
6 Accusation.

JURISDICTION

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

11 || 5. Section 822 of the Code states:

If a licensing agency determines that its licensee's ability to practice his or her profession safely is impaired because the licensee is mentally ill, or physically ill affecting competency, the licensing agency may take action by any one of the following methods:

- (a) Revoking the licentiate's certificate or license.
- (b) Suspending the licentiate's right to practice.
- (c) Placing the licentiate on probation.
- (d) Taking such other action in relation to the licentiate as the licensing agency discretion deems proper.

19 The licensing agency shall not reinstate a revoked or suspended certificate or
20 license until it has received competent evidence of the absence or control of the
21 condition which caused its action and until it is satisfied that with due regard for the
public health and safety the person's right to practice his or her profession may be
safely reinstated.

22 6. Section 2227 of the Code states, in pertinent part:

- (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.

• • •

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

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

(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.

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(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.

• • ■

8. 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 becoming 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, 570.)

9. Section 2238 of the Code states:

A violation of any federal statute or federal regulation or any of the statutes or regulations of this state regulating dangerous drugs or controlled substances constitutes unprofessional conduct.

10. Section 2239 of the Code states, in pertinent part:

(a) The use or prescribing for or administering to himself or herself, of any controlled substance; or the use of any of the dangerous drugs specified in Section 4022, or of alcoholic beverages, to the extent, or in such a manner as to be dangerous or injurious to the licensee, or to any other person or to the public, or to the extent that such use impairs the ability of the licensee to practice medicine safely or more than one misdemeanor or any felony involving the use, consumption, or self-administration of any of the substances referred to in this section, or any combination thereof, constitutes unprofessional conduct. The record of the conviction is conclusive evidence of such unprofessional conduct. . . .

1 11. Section 2262 of the Code states, in pertinent part: Altering or modifying the medical
2 record of any person, with fraudulent intent, or creating any false medical record, with fraudulent
3 intent, constitutes unprofessional conduct.

4 12. Section 11157 of the Health and Safety Code states: No person shall issue a
5 prescription that is false or fictitious in any respect.

6 13. Section 11170 of the Health and Safety Code states: No person shall prescribe,
7 administer, or furnish a controlled substance for himself.

8 14. Section 11173, subdivision (a), of the Health and Safety Code states, in pertinent part:
9 No person shall obtain or attempt to obtain controlled substances, or procure or attempt to procure
10 the administration of or prescription for controlled substances, by fraud, deceit, misrepresentation,
11 or subterfuge.

12 15. Section 11173, subdivision (b), of the Health and Safety Code states: No person shall
13 make a false statement in any prescription, order, report, or record, required by this division.

14 16. Section 11174 of the Health and Safety Code states: No person shall, in connection
15 with the prescribing, furnishing, administering, or dispensing of a controlled substance, give a
16 false name or false address.

17 17. Section 11175 of the Health and Safety Code states, in pertinent part: No person shall
18 obtain or possess a controlled substance obtained by a prescription that does not comply with
19 [Division 10 of the Health and Safety Code].

COST RECOVERY

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

27 //

28 //

FACTUAL ALLEGATIONS

19. In or around early January 2022, Respondent began working as a physician at Senior Care Medical Associates (“SCMA”) in Laguna Hills, CA.

20. During his nine (9) months of employment with SCMA, Respondent engaged in unprofessional practices, especially concerning his use and prescribing of zolpidem¹.

Respondent's Personal Prescriptions:

21. During his second year of medical school, Respondent suffered from depression and insomnia. He was prescribed zolpidem, as well as an antidepressant, at that time. Respondent had been consistently prescribed zolpidem and other medications from that point onward, including during his time of employment with SCMA.

22. On or about February 11, March 10, April 6, and May 3, 2022, Respondent received personal prescriptions for zolpidem (10 mg, quantity 30, for 30 days) prescribed for him by Dr. H.L.

23. On or about June 9, July 11, August 8, and September 10, 2022, Respondent received personal prescriptions for zolpidem (10 mg, quantity 30, for 30 days) prescribed for him by Dr. M.S.

24. During the time in question, Respondent was also receiving a prescription for benzodiazepines². Specifically, on or about April 15 and May 14, 2022, Respondent received

¹ Zolpidem tartrate, brand name Ambien, is a non-benzodiazepine hypnotic of the imidazopyridine class. It is a dangerous drug as defined in Code section 4022 and a Schedule IV controlled substance as defined by section 11057 of the Health and Safety Code. It is indicated for the short-term treatment of insomnia. It is a central nervous system depressant and should be used cautiously in combination with other central nervous system depressants. Any central nervous system depressant could potentially enhance the CNS depressive effects of Ambien. It should be administered cautiously to patients exhibiting signs or symptoms of depression because of the risk of suicide. Because of the risk of habituation and dependence, individuals with a history of addiction to or abuse of drugs or alcohol should be carefully monitored while receiving Ambien. The recommended dosage for adults is 10 mg. immediately before bedtime.

² Benzodiazepines belong to the group of medicines called central nervous system (CNS) depressants (medicines that slow down the nervous system). Some benzodiazepines are used to relieve anxiety. However, benzodiazepines should not be used to relieve nervousness or tension caused by the stress of everyday life. Some benzodiazepines are used to treat insomnia (trouble in sleeping). However, if used regularly (for example, every day) for insomnia, they usually are not effective for more than a few weeks.

1 personal prescriptions for clonazepam³ (2 mg, quantity 30, for 30 days), and on or about August
2 25, 2022, Respondent received another personal prescription for clonazepam (.5 mg, quantity 45,
3 for 30 days) all prescribed for him by Dr. A.M.

4 **Respondent's Prescribing Practice While at SCMA:**

5 **Patient A⁴:**

6 25. In or around 2022, Patient A was a then 78-year-old female patient at SCMA with a
7 history of chronic obstructive pulmonary disease, lung cancer, and acute respiratory failure,
8 among other diagnoses. In or around 2022, Patient A was living in a nursing home and could not
9 be seen in-office for mobility reasons. Patient A had never been diagnosed with insomnia
10 previously, and had no cause for a prescription for zolpidem.

11 26. On or about August 17, 2022, despite not seeing Patient A or receiving any complaint
12 of insomnia from Patient A, Respondent added insomnia to Patient A's list of diagnoses, and
13 prescribed zolpidem (10 mg, quantity 30, for 30 days) for Patient A. Respondent picked this
14 medication up at the pharmacy himself, along with Patient A's legitimate prescription medication.
15 Respondent then instructed D.C., Patient A's adult son, to retrieve Patient A's medications from
16 Respondent's office. When D.C. retrieved the medication, the zolpidem had been removed from
17 the bag by Respondent, and D.C. remained unaware of the zolpidem prescription.

18 27. On or about September 11, 2022, Respondent again prescribed zolpidem (10 mg,
19 quantity 30, for 30 days) for Patient A. Respondent picked this medication up at the pharmacy
20 himself, along with Patient A's legitimate prescription medication. Respondent then delivered
21 the medication to D.C.'s home. When D.C. answered the door, Respondent was "stuttering" and
22 handed D.C. a bag from the pharmacy. The bag was open and the zolpidem had been removed

23
24
25 ³ Clonazepam, brand name Klonopin, is an anticonvulsant of the benzodiazepine class of drugs.
26 It is a dangerous drug as defined in Code section 4022 and a Schedule IV controlled substance as defined
27 by section 11057 of the Health and Safety Code. It produces central nervous system depression and
should be used with caution with other central nervous system depressant drugs. Like other
benzodiazepines, it can produce psychological and physical dependence. The initial dosage for adults
should not exceed 1.5 mg. per day divided in three doses.

28 ⁴ Patient names are omitted to protect their privacy.

1 from the bag by Respondent. Respondent's appearance at D.C.'s home was unannounced and
2 unexpected, and D.C. noticed that Respondent appeared to be under the influence.

3 28. On or about September 19, 2022, Patient A passed away.

4 Patient B:

5 29. In or around 2022, Patient B was a then 87-year-old male patient at SCMA with a
6 history of type 2 diabetes, hypothyroidism, and chronic kidney disease stage 3, among other
7 diagnoses. Patient B had never been diagnosed with insomnia previously, and his records contain
8 no complaints of insomnia.

9 30. On or about June 3, 2022, despite Patient B explicitly reporting no insomnia or sleep
10 disturbances on that day or in his previous or subsequent appointments, Respondent added
11 insomnia to Patient B's list of diagnoses, and prescribed zolpidem (10 mg, quantity 30, for 30
12 days) for Patient B.

13 31. On or about June 29, July 27, August 23, and September 13, 2022, Respondent again
14 prescribed zolpidem (10 mg, quantity 30, for 30 days) for Patient B. Patient B never had cause
15 for a prescription for zolpidem, and did not receive any of these prescriptions.

16 Patient C:

17 32. In or around 2022, Patient C was a then 84-year-old female patient at SCMA with a
18 history of hypertension and skin cancer.

19 33. On or about August 18, 2022, despite Patient C reporting no insomnia or sleep
20 disturbances on that day or in her previous or subsequent appointment, Respondent prescribed
21 zolpidem (10 mg, quantity 30, for 30 days) for Patient C. Patient C had no cause for a
22 prescription for zolpidem, and did not receive it, however the prescription was filled.

23 Patient D:

24 34. Patient D was never a patient at SCMA and was either a fictitious person or a family
25 member and/or friend of Respondent. Respondent created a medical record in SCMA's
26 electronic medical file for Patient D. In that record, Patient D's address was the same as
27 Respondent's, and Patient D's "previous/preferred name" was listed as Respondent's last name.

28 //

1 35. On or about March 24, 2022, Respondent prescribed zolpidem (10 mg, quantity 30,
2 for 30 days) for Patient D.

3 Patient E:

4 36. Patient E was never a patient at SCMA and was either a fictitious person or a family
5 member and/or friend of Respondent. Respondent created a medical record in SCMA's
6 electronic medical file for Patient E, and later deleted the record. In that record, Patient E's
7 address was the same as Respondent's, and Patient E's "previous/preferred name" was listed as
8 Respondent's name.

9 37. On or about March 24, 2022, Respondent prescribed zolpidem (10 mg, quantity 30,
10 for 30 days) for Patient E.

11 Patient F:

12 38. Patient F was never a patient at SCMA and was either a fictitious person or a family
13 member of Respondent. Respondent created a medical record in SCMA's electronic medical file
14 for Patient F. In that record, Patient F's phone number, address, and last name were the same as
15 Respondent's.

16 39. On or about January 5, February 2, and March 28, 2022, Respondent prescribed
17 zolpidem (10 mg, quantity 30, for 30 days) for Patient F.

18 Patient G:

19 40. Patient G was never a patient at SCMA and was either a fictitious person or a family
20 member of Respondent. Respondent created a medical record in SCMA's electronic medical file
21 for Patient G. In that record, Patient G's phone number and last name were the same as
22 Respondent's.

23 41. On or about April 3, May 21, June 17, July 15, and August 25, 2022, Respondent
24 prescribed zolpidem (10 mg, quantity 30, for 30 days) for Patient G.

25 Patient H:

26 42. Patient H is Respondent's wife. Patient H was never a patient at SCMA. Respondent
27 created a medical record in SCMA's electronic medical file for Patient H. In or around 2022,
28 Patient H was pregnant during this time and was not taking zolpidem.

1 43. On or about February 6, March 3, March 30, May 16, June 15, and July 23, 2022,
2 Respondent prescribed zolpidem (10 mg, quantity 30, for 30 days) for Patient H.

3 Patient I:

4 44. Patient I is Respondent's mother. Patient I was not a patient at SCMA until May 22,
5 2022. Respondent created a medical record in SCMA's electronic medical file for Patient I. In
6 that record, Patient I's phone number, address, and last name were the same as Respondent's.

7 45. On or about January 31, February 27, March 26, April 1, April 28, May 25, June 22,
8 July 22, August 11, and September 8, 2022, Respondent prescribed zolpidem (10 mg, quantity 30,
9 for 30 days) for Patient I.

10 46. On or about March 9 and May 11, 2022, Respondent prescribed lorazepam⁵ (1 mg,
11 quantity 30, for 10 days) for Patient I.

12 47. On or about March 9, 2022, Respondent prescribed alprazolam⁶ (1 mg, quantity 30,
13 for 10 days) for Patient I.

14 48. On or about September 9, 2022, Respondent was found asleep and in possession of
15 Patient I's zolpidem prescription issued by Respondent on or about September 8, 2022.

16 ///

17 ///

18

19 ⁵ Lorazepam, brand name Ativan, is a psychotropic drug for the management of anxiety disorders
20 or for the short-term relief of the symptoms of anxiety. It is a dangerous drug as defined in Code section
21 4022 and a Schedule IV controlled substance as defined by section 11057, subdivision (d) of the Health
22 and Safety Code. It has a central nervous system depressant effect. Lorazepam can produce psychological
23 and physical dependence and it should be prescribed with caution particularly to addiction-prone
24 individuals (such as drug addicts and alcoholics) because of the predisposition of such patients to
25 habituation and dependence.

26 ⁶ Alprazolam, brand name Xanax, is a psychotropic triazolo analogue of the 1,4 benzodiazepine
27 class of central nervous system-active compounds. Xanax is used for the management of anxiety disorders
28 or for the short-term relief of the symptoms of anxiety. It is a dangerous drug as defined in Code section
29 4022, and a Schedule IV controlled substance and narcotic as defined by section 11057, subdivision (d) of
30 the Health and Safety Code. Xanax has a central nervous system depressant effect and patients should be
31 cautioned about the simultaneous ingestion of alcohol and other CNS depressant drugs during treatment
32 with Xanax. Addiction-prone individuals (such as drug addicts or alcoholics) should be under careful
33 surveillance when receiving alprazolam because of the predisposition of such patients to habituation and
34 dependence. The usual starting dose of Xanax is 0.25 to 0.5 mg. three times per day.

1 Patient J:

2 49. Patient J was never a patient at SCMA and was either a fictitious person or a family
3 member and/or friend of Respondent. Respondent created a medical record in SCMA's
4 electronic medical file for Patient J. In that record, Patient J's phone number and address were
5 the same as Respondent's. Additionally, the chart was a duplicate of Patient K's record, with a
6 slightly different first name.

7 50. On or about January 27, February 24, March 23, April 19, May 15, and June 14,
8 2022, Respondent prescribed zolpidem (10 mg, quantity 30, for 30 days) for Patient J.

9 51. On or about March 4 and March 24, 2022, Respondent prescribed alprazolam (1 mg,
10 quantity 30, for 10 days) for Patient J.

11 52. On or about March 19, 2022, Respondent prescribed temazepam⁷ (30 mg, quantity
12 30, for 30 days) for Patient J.

13 Patient K:

14 53. Patient K was never a patient at SCMA and was either a fictitious person or a family
15 member and/or friend of Respondent. Respondent created a medical record in SCMA's
16 electronic medical file for Patient K. In that record, Patient K's phone number and address were
17 the same as Respondent's. Additionally, the chart was a duplicate of Patient J's record, with a
18 slightly different first name.

19 54. On or about February 9, March 12, April 9, May 12, June 8, and June 30, 2022,
20 Respondent prescribed zolpidem (10 mg, quantity 30, for 30 days) for Patient K.

21 55. On or about March 14, April 3, and June 6, 2022, Respondent prescribed alprazolam
22 (1 mg, quantity 40, for 13 days) for Patient K.

23 _____
24
25 ⁷ Temazepam is a hypnotic agent, sold under the trade name Restoril. It is a dangerous drug as
26 defined in Section 4022 and a Schedule IV controlled substance and narcotic as defined by section 11057,
27 subdivision (d) of the Health and Safety Code. Temazepam is indicated for the short-term treatment of
28 insomnia (generally 7-10 days). Patients using temazepam should be warned about the possible combined
 effects with alcohol and other central nervous system depressants. As with any hypnotic, caution must be
 exercised in administering temazepam to individuals known to be addiction prone. The recommended
 usual adult dosage is one 15 mg. tablet before retiring.

1 Issues Surrounding Respondent's Prescribing Practices

2 56. On or about March 25, 2022, Respondent was confronted by Office Manager A.B.
3 and Dr. H.L. regarding his prescribing practices. Respondent admitted to prescribing zolpidem to
4 himself, family, friends, and fake patients. Respondent admitted he had a long history of
5 insomnia, depression, and anxiety. Respondent promised he would no longer prescribe zolpidem
6 for his own personal use.

7 57. It was noted that throughout his employment at SCMA, Respondent often arrived late
8 to work, left in the middle of the day to nap, returned to work for a bit, then left early.

9 58. It was also noted that Respondent would fax prescriptions to pharmacies and would
10 pick up prescriptions on behalf of patients, real and fictitious. Neither of these practices were
11 permitted by SCMA.

12 59. On or about April 3, 2022, Respondent created another medical record for a fake
13 patient, Patient G, in order to prescribe Patient G zolpidem with the intention of obtaining the
14 zolpidem for his own personal use.

15 60. On or about April 3, 2022, A.B. and Dr. H.L. again confronted Respondent regarding
16 his prescribing practices. A FaceTime call was initiated with Respondent and his wife, Patient H,
17 in hopes that Patient H could help hold Respondent accountable. Respondent admitted he needed
18 help and agreed to seek treatment and to stop prescribing medications inappropriately.

19 61. From on or about June 1, 2022 through July 23, 2022, Respondent created a fake
20 chart for his wife, Patient H, who was not seen at SCMA, in order to prescribe zolpidem to her
21 and obtain it for himself.

22 62. On or about August 9, 2022, Respondent was on his way to work when he was
23 involved in a solo motor vehicle accident. Dr. H.L. received a call from Respondent at the scene
24 of the crash and noted that Respondent sounded intoxicated. Patient H told Dr. H.L. that
25 Respondent had taken zolpidem before driving that morning.

26 63. On or about August 11, 2022, a meeting was held with all of the doctors of the
27 SCMA practice present, including Respondent, to discuss Respondent's car accident following

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1 his zolpidem use. Respondent agreed to no longer take zolpidem and to no longer prescribe it to
2 his spouse, family members, or friends.

3 64. On or about August 17, 2022, Respondent prescribed zolpidem to Patient A along
4 with one other medication. Respondent proceeded to fax the prescription to the pharmacy, pick it
5 up himself, and had Patient A's son pick it up at Respondent's office. When Patient A's son
6 picked up the pharmacy bag, it was open and Respondent had removed and kept the zolpidem for
7 himself.

8 65. On or about August 26, 2022, Respondent faxed a prescription for zolpidem to CVS
9 purportedly for Patient H. The pharmacist at CVS alerted the office as the fax was unusual and
10 the pharmacists at CVS had already spoken to Respondent about this several times regarding
11 other patients as well.

12 66. On or about August 26, 2022, when confronted regarding the CVS prescription for
13 Patient H, Respondent admitted to faxing the prescription, claiming he was afraid to be without
14 zolpidem. Respondent again agreed to no longer prescribe zolpidem for his personal use.

15 67. On or about August 26, 2022, Respondent again filled and obtained a personal
16 prescription for zolpidem (10 mg, quantity 30, for 30 days) as prescribed for him by Dr. M.S.

17 68. On or about September 6, 2022, Respondent received a written warning from SCMA
18 regarding his inappropriate use and prescribing of zolpidem.

19 69. On or about September 9, 2022, A.B. received a text message from Patient H
20 notifying A.B. that Respondent was currently asleep with a bottle of zolpidem next to him. The
21 prescription label on the bottle was in the name of Patient I, and the prescription had been written
22 by Respondent on or about September 8, 2022.

23 70. On or about September 10, 2022, Respondent again filled and obtained a personal
24 prescription for zolpidem (10 mg, quantity 30, for 30 days) as prescribed for him by Dr. M.S.

25 71. On or about September 11, 2022, Respondent again prescribed zolpidem to Patient A,
26 who had no need for zolpidem. Respondent faxed the prescription to the Walgreens pharmacy
27 and picked it up himself.

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1 72. On or about September 12, 2022, Walgreens Pharmacy notified SCMA that
2 Respondent had picked up Patient A's medications. On the same date, Patient A's son notified
3 SCMA that he had received a call from Walgreens as well and he was made aware that the
4 pharmacy had filled two prescriptions for Patient A, but he only received one from Respondent.
5 Patient A's son was alarmed because his mother has never had insomnia or taken zolpidem.

6 73. On or about September 12, 2022, Respondent was terminated from employment at
7 SCMA. When Respondent came into the office for the meeting in which he was informed of his
8 termination, Respondent's speech was slurred.

9 **Mental Health Evaluation:**

10 74. Following the Complaint by SCMA, the Board initiated an investigation into
11 Respondent's mental health.

12 75. On or about May 10, 2024, a Board-appointed psychiatrist (T.B.) conducted an
13 independent psychiatric examination of Respondent. Dr. T.B.'s psychiatric examination included
14 an in-office interview and examination of Respondent as well as a review of documents provided
15 to him by investigators with the Health Quality Investigation Unit (HQIU) on behalf of the Board.
16 These documents generally included certified copies of medical and psychiatric records for
17 Respondent, as well as copies of relevant documents and other materials obtained in the course of
18 the Board's investigation.

19 76. After concluding his review and evaluation of Respondent, T.B. found that
20 Respondent's clinical evaluation and history were consistent with a diagnosis of 1) Sedative,
21 Hypnotic, or Anxiolytic Use Disorder (zolpidem), severe, in sustained remission; 2) Major
22 Depression, recurrent, in early remission; and 3) Generalized Anxiety Disorder. Specifically,
23 T.B. noted that Respondent admitted to becoming addicted to zolpidem and to prescribing
24 zolpidem to himself, family members, patients, and fake patients in order to obtain zolpidem.
25 T.B. further determined Respondent is unable to practice medicine safely without restrictions and
26 conditions, and that permitting Respondent to continue to practice medicine without conditions
27 poses a present danger to the public health, safety and welfare.

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1 **Interim Order Imposing License Restrictions:**

2 77. On or about August 1, 2024, and based upon the above facts, a Petition for Interim
3 Order of Suspension was filed with the Office of Administrative Hearings. On or about August
4 22, 2024, Respondent signed a Stipulation to an Interim Order Imposing License Restrictions. On
5 or about August 23, 2024, Administrative Law Judge Debra D. Nye-Perkins signed the Interim
6 Order of Suspension.

7 78. Term J of the Interim Order Imposing License Restrictions dictated that “[a]ny
8 violation of this Interim Order Imposing License Restrictions by Respondent shall constitute
9 unprofessional conduct and grounds for disciplinary action.”

10 79. Among the terms of this Interim Order Imposing License Restrictions was a
11 requirement that Respondent submit to random biological fluid testing. Specifically, Term G
12 states, in pertinent part, “Respondent shall make daily contact with the Board or its designee to
13 determine whether biological fluid testing is required.” Upon enrollment with RecoveryTrek, the
14 Board’s selected laboratory for biological fluid testing, Respondent was provided information on
15 how to check in daily to determine whether he would be required to submit to testing.

16 80. On or about September 18, September 21, and September 22, 2024, Respondent
17 failed to check in with RecoveryTrek to determine whether he was required to submit to testing
18 that day.

19 **SECTION 822 CAUSE FOR ACTION**

20 **(Mental Illness and/or Physical Illness Affecting Competency)**

21 81. Respondent’s Physician’s and Surgeon’s Certificate No. A 167115 is subject to Board
22 action pursuant to section 822 of the Code, in that his ability to practice medicine safely is
23 impaired due to mental and/or physical illness affecting competency, as more particularly alleged
24 hereinafter:

25 82. Paragraphs 19 through 80, inclusive, are incorporated herein by reference as if fully
26 set forth;

27 83. According to T.B., M.D. (“T.B.”), a physician and surgeon board certified in
28 psychiatry, Respondent suffers from 1) Sedative, Hypnotic, or Anxiolytic Use Disorder

1 (zolpidem), severe, in sustained remission; 2) Major Depression, recurrent, in early remission;
2 and 3) Generalized Anxiety Disorder; and

3 84. T.B. concluded that Respondent's continued practice of medicine without restrictions
4 or conditions poses a present danger or threat to the public health, welfare, or safety.

5 **FIRST CAUSE FOR DISCIPLINE**

6 **(Prescribing or Administering Controlled Substances to Himself)**

7 85. Respondent has subjected his Physician's and Surgeon's Certificate No. A 167115 to
8 disciplinary action under sections 2227, and 2234, as defined by section 2239, subdivision (a), of
9 the Code, in that he has prescribed or administered controlled substances to himself, as more
10 particularly alleged in paragraphs 19 through 76, above, which are hereby incorporated by
11 reference and realleged as if fully set forth herein.

12 **SECOND CAUSE FOR DISCIPLINE**

13 **(Creating a False Medical Record)**

14 86. Respondent has further subjected his Physician's and Surgeon's Certificate No. A
15 167115 to disciplinary action under sections 2227 and 2234, as defined by section 2262 of the
16 Code, in that Respondent created a false medical record with fraudulent intent, as more
17 particularly alleged in paragraphs 19 through 85, above, which are hereby incorporated by
18 reference and realleged as if fully set forth herein.

19 **THIRD CAUSE FOR DISCIPLINE**

20 **(Violation of State Laws Regulating Dangerous Drugs and/or Controlled Substances)**

21 87. Respondent has further subjected his Physician's and Surgeon's Certificate No.
22 A 167115 to disciplinary action under sections 2227 and 2234, as defined by section 2238, of the
23 Code, in that he has violated state law or laws regulating dangerous drugs and/or controlled
24 substances, as more particularly alleged hereinafter:

- 25 a. Paragraphs 19 through 86 above, are hereby incorporated by reference and
26 realleged as if fully set forth herein;
- 27 b. Respondent issued a prescription that is false, in violation of Health and
28 Safety Code section 11157;

- c. Respondent administered controlled substances to himself, in violation of Health and Safety Code section 11170, and section 2239, subdivision (a), of the Code;
- d. Respondent obtained and/or attempted to obtain controlled substances by fraud, deceit, misrepresentation, or subterfuge, in violation of Health and Safety Code section 11173, subdivision (a);
- e. Respondent made a false statement in a prescription, in violation of Health and Safety Code section 11173, subdivision (b);
- f. Respondent gave a false name and/or false address in connection with the prescribing of a controlled substance, in violation of Health and Safety Code section 11174; and
- g. Respondent obtained and/or possessed a controlled substance obtained by a prescription that did not comply with Division 10 of the Health and Safety Code, in violation of Health and Safety Code section 11157.

FOURTH CAUSE FOR DISCIPLINE

(Dishonesty or Corruption)

17 88. Respondent has further subjected his Physician's and Surgeon's Certificate No. A
18 167115 to disciplinary action under sections 2227 and 2234, as defined by section 2234,
19 subdivision (e), of the Code, in that Respondent committed an act or acts of dishonesty or
20 corruption, as more particularly alleged in paragraphs 19 through 87, above, which are hereby
21 incorporated by reference and realleged as if fully set forth herein.

FIFTH CAUSE FOR DISCIPLINE

(Violations of the Medical Practice Act)

24 89. Respondent has further subjected his Physician's and Surgeon's Certificate No. A
25 167115 to disciplinary action under sections 2227 and 2234, as defined by section 2234,
26 subdivision (a), of the Code, in that Respondent violated provisions of the Medical Practice Act,
27 as more particularly alleged in paragraphs 19 through 88, above, which are hereby incorporated
28 by reference and realleged as if fully set forth herein.

SIXTH CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

3 90. Respondent has further subjected his Physician's and Surgeon's Certificate No. A
4 167115 to disciplinary action under sections 2227 and 2234 of the Code, in that he has engaged in
5 conduct which breaches the rules or ethical code of the medical profession, or conduct which is
6 unbecoming to a member in good standing of the medical profession, and which demonstrates an
7 unfitness to practice medicine, as more particularly alleged in paragraphs 19 through 89, above,
8 which are hereby incorporated by reference as if fully set forth herein.

SEVENTH CAUSE FOR DISCIPLINE.

10 (Violation of the Terms and Conditions of an Interim Order Imposing License Restrictions)

11 91. Respondent has further subjected his Physician's and Surgeon's Certificate No. A
12 167115 to disciplinary action under sections 2227 and 2234 of the Code, in that he violated the
13 terms and conditions of the interim order imposing license restrictions, as more particularly
14 alleged in paragraphs 77 through 80, above, which are hereby incorporated by reference as if fully
15 set forth herein.

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PRAYER

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

4 1. Revoking or suspending Physician's and Surgeon's Certificate No. A 167115, issued
5 to Respondent Iwan Sugiharto Nyotowidjojo, M.D.;

6 2. Revoking, suspending or denying approval of Respondent Iwan Sugiharto
7 Nyotowidjojo, M.D.'s authority to supervise physician assistants and advanced practice nurses;

8 3. Ordering Respondent Iwan Sugiharto Nyotowidjojo, M.D. to pay the Board the costs
9 of the investigation and enforcement of this case, and if placed on probation, the costs of
10 probation monitoring;

11 4. Taking action as authorized by section 822 of the Code as the Board, in its discretion,
12 deems necessary and proper; and

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

14

15 DATED: DEC 12 2024

Jenna Jones for
16 REJI VARGHESE
17 Executive Director
18 Medical Board of California
19 Department of Consumer Affairs
20 State of California
21 *Complainant*

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