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

In the Matter of the Accusation Against: Jesse R. Liscomb Jr., M.D. Physician's and Surgeon's Certificate No. G 36753 Respondent.	Case No.: 800-2021-077021

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 October 3, 2025.

IT IS SO ORDERED: September 3, 2025.

MEDICAL BOARD OF CALIFORNIA

MD.

Veling Tasi, M.D., Vice Chair
Panel A

ROB BONTA
Attorney General of California
MICHAEL C. BRUMMEL
Supervising Deputy Attorney General
RYAN J. YATES
Deputy Attorney General
State Bar No. 279257
1300 I Street, Suite 125
P.O. Box 944255
Sacramento, CA 94244-2550
Telephone: (916) 210-6329
Facsimile: (916) 327-2247
E-mail: Ryan.Yates@doj.ca.gov
Attorneys for Complainant

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

In the Matter of the Accusation Against: **JESSE R. LISCOMB, JR., M.D.** **238 West C Street, Suite J** **Lemoore, CA 93245** **Physician's and Surgeon's Certificate No. G 36753** Respondent.	Case No. 800-2021-077021 OAH No. 2024070019 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

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

2. Respondent Jesse R. Liscomb, Jr., M.D. (Respondent) is represented in this proceeding by attorney Timothy W. Jolly, whose address is: 429 North Redington Street Hanford, CA 93230.

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3. On or about June 22, 1978, the Board issued Physician's and Surgeon's Certificate No. G 36753 to Jesse R. Liscomb, Jr., M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2021-077021, and will expire on June 30, 2026, unless renewed.

JURISDICTION

4. Accusation No. 800-2021-077021 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on April 9, 2024. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2021-077021 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2021-077021. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2021-077021, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. Respondent does not contest that, at an administrative hearing, complainant could establish a prima facie case with respect to the charges and allegations in Accusation No. 800-2021-077021, a true and correct copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate, No. G 36753 to disciplinary action.

11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

CONTINGENCY

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

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

14. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in Accusation No. 800-2021-077021 shall be deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

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

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 36753 issued to Respondent JESSE R. LISCOMB, JR., M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for seven (7) years on the following terms and conditions:

1. EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

2. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in prescribing practices approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The prescribing practices course shall be at Respondent's expense and shall be in addition to the Continuing

Medical Education (CME) requirements for renewal of licensure.

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

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

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

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

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

4. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for prior approval as a practice

monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose licenses are valid and in good standing, and who are preferably American Board of Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or personal relationship with Respondent, or other relationship that could reasonably be expected to compromise the ability of the monitor to render fair and unbiased reports to the Board, including but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

The Board or its designee shall provide the approved monitor with copies of the Decision(s) and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed statement for approval by the Board or its designee.

Within 60 calendar days of the effective date of this Decision, and continuing throughout probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall make all records available for immediate inspection and copying on the premises by the monitor at all times during business hours and shall retain the records for the entire term of probation.

If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective date of this Decision, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall cease the practice of medicine until a monitor is approved to provide monitoring responsibility.

The monitor(s) shall submit a quarterly written report to the Board or its designee which includes an evaluation of Respondent's performance, indicating whether Respondent's practices are within the standards of practice of medicine, and whether Respondent is practicing medicine safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure that the monitor submits the quarterly written reports to the Board or its designee within 10 calendar days after the end of the preceding quarter.

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

In lieu of a monitor, Respondent may participate in a professional enhancement program approved in advance by the Board or its designee that includes, at minimum, quarterly chart review, semi-annual practice assessment, and semi-annual review of professional growth and education. Respondent shall participate in the professional enhancement program at Respondent's expense during the term of probation.

5. PROHIBITED PRACTICE. During probation, Respondent is prohibited from prescribing any and all Schedule 2, Schedule 3, Schedule 4, and Schedule 5 controlled substances. After the effective date of this Decision, all patients being treated by the Respondent shall be notified that the Respondent is prohibited from prescribing controlled substances. Any new patients must be provided this notification at the time of their initial appointment.

Respondent shall maintain a log of all patients to whom the required oral notification was made. The log shall contain the: 1) patient's name, address and phone number; 2) patient's medical record number, if available; 3) the full name of the person making the notification; 4) the date the notification was made; and 5) a description of the notification given. Respondent shall keep this log in a separate file or ledger, in chronological order, shall make the log available for immediate inspection and copying on the premises at all times during business hours by the Board or its designee, and shall retain the log for the entire term of probation.

6. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to

Respondent, at any other facility where Respondent engages in the practice of medicine, including all physician and locum tenens registries or other similar agencies, and to the Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage to Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15 calendar days.

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

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

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

9. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement, including, but not limited to, expert review, amended accusations, legal reviews, investigation(s), and subpoena enforcement, as applicable, in the amount of $25,000 (twenty-five thousand dollars) within twelve months from the effective date of this Stipulated Settlement and Disciplinary Order. Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be considered a violation of probation.

Payment may be made by a payment plan approved by the Medical Board of California. Any and all requests for a payment plan shall be submitted in writing by respondent to the Board. Failure to comply with the payment plan shall be considered a violation of probation.

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

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

Respondent shall submit quarterly declarations not later than 10 calendar days after the end

of the preceding quarter.

11. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

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

Place of Practice

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

License Renewal

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

Travel or Residence Outside California

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

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

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

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

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

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

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

Periods of non-practice for a Respondent residing outside of California will relieve Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or Controlled Substances; and Biological Fluid Testing.

14. COMPLETION OF PROBATION. Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the

completion of probation. This term does not include cost recovery, which is due within 12 months from the effective date of the Order, or by a payment plan approved by the Medical Board and timely satisfied. Upon successful completion of probation, Respondent's certificate shall be fully restored.

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

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

17. PROBATION MONITORING COSTS. Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of California and delivered to the Board or its designee no later than January 31 of each calendar year.

18. FUTURE ADMISSIONS CLAUSE. 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 action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2021-077021 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 license.

ACCEPTANCE

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

DATED: 2/14/25

JESSE R. LISCOMB, JR., M.D.
Respondent

I have read and fully discussed with Respondent Jesse R. Liscomb, Jr., M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 2/14/25

TIMOTHY W. JOLLY
Attorney for Respondent

ENDORSEMENT

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

DATED: 2/14/25

Respectfully submitted,

ROB BONTA
Attorney General of California
MICHAEL C. BRUMMEL
Supervising Deputy Attorney General

RYAN J. YATES
Deputy Attorney General
Attorneys for Complainant

FR2024300410/38772183

Exhibit A

Accusation No. 800-2021-077021

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General
RYAN J. YATES
Deputy Attorney General
State Bar No. 279257
California Department of Justice
1300 I Street, Suite 125
P.O. Box 944255
Sacramento, CA 94244-2550
Telephone: (916) 210-6329
Facsimile: (916) 327-2247
Attorneys for Complainant

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

In the Matter of the Accusation Against: **Jesse R. Liscomb, Jr., M.D.** **238 W C St., Ste J** **Lemoore, CA 93245** **Physician's and Surgeon's Certificate No. G 36753,** Respondent.	Case No. 800-2021-077021 **ACCUSATION**

PARTIES

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

2. On or about June 22, 1978, the Medical Board issued Physician's and Surgeon's Certificate Number G 36753 to Jesse R. Liscomb, Jr., M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on June 30, 2024, unless renewed.

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JURISDICTION

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

4. Section 2227 of the Code provides, in pertinent part, that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation, and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

5. Section 2234 of the Code, states:

> The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:
>
> (a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.
>
> (b) Gross negligence.
>
> (c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.
>
> (1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.
>
> (2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.
>
> (d) Incompetence.
>
> (e) The commission of any act involving dishonesty or corruption that is substantially related to the qualifications, functions, or duties of a physician and surgeon.
>
> (f) Any action or conduct that would have warranted the denial of a certificate.
>
> (g) The failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board.

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6. Section 2242 of the Code states:

(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022 without an appropriate prior examination and a medical indication, constitutes unprofessional conduct. An appropriate prior examination does not require a synchronous interaction between the patient and the licensee and can be achieved through the use of telehealth, including, but not limited to, a self-screening tool or a questionnaire, provided that the licensee complies with the appropriate standard of care.

(b) No licensee shall be found to have committed unprofessional conduct within the meaning of this section if, at the time the drugs were prescribed, dispensed, or furnished, any of the following applies:

(1) The licensee was a designated physician and surgeon or podiatrist serving in the absence of the patient's physician and surgeon or podiatrist, as the case may be, and if the drugs were prescribed, dispensed, or furnished only as necessary to maintain the patient until the return of the patient's practitioner, but in any case no longer than 72 hours.

(2) The licensee transmitted the order for the drugs to a registered nurse or to a licensed vocational nurse in an inpatient facility, and if both of the following conditions exist:

(A) The practitioner had consulted with the registered nurse or licensed vocational nurse who had reviewed the patient's records.

(B) The practitioner was designated as the practitioner to serve in the absence of the patient's physician and surgeon or podiatrist, as the case may be.

(3) The licensee was a designated practitioner serving in the absence of the patient's physician and surgeon or podiatrist, as the case may be, and was in possession of or had utilized the patient's records and ordered the renewal of a medically indicated prescription for an amount not exceeding the original prescription in strength or amount or for more than one refill.

(4) The licensee was acting in accordance with Section 120582 of the Health and Safety Code.

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

8. Health and Safety Code Section 11165 states:

(a) To assist health care practitioners in their efforts to ensure appropriate prescribing, ordering, administering, furnishing, and dispensing of controlled substances, law enforcement and regulatory agencies in their efforts to control the diversion and resultant abuse of Schedule II, Schedule III, Schedule IV and Schedule V controlled substances, and for statistical analysis, education, and research, the Department of Justice shall, contingent upon the availability of adequate funds in the CURES Fund, maintain the Controlled Substance Utilization Review and Evaluation

System (CURES) for the electronic monitoring of, and Internet access to information regarding, the prescribing and dispensing of Schedule II, Schedule III, Schedule IV, and Schedule V controlled substances by all practitioners authorized to prescribe, order, administer, furnish, or dispense these controlled substances.

(b) The Department of Justice may seek and use grant funds to pay the costs incurred by the operation and maintenance of CURES. The department shall annually report to the Legislature and make available to the public the amount and source of funds it receives for support of CURES.

(c) (1) The operation of CURES shall comply with all applicable federal and state privacy and security laws and regulations.

(2) (A) CURES shall operate under existing provisions of law to safeguard the privacy and confidentiality of patients. Data obtained from CURES shall only be provided to appropriate state, local, and federal public agencies for disciplinary, civil, or criminal purposes and to other agencies or entities, as determined by the Department of Justice, for the purpose of educating practitioners and others in lieu of disciplinary, civil, or criminal actions. Data may be provided to public or private entities, as approved by the Department of Justice, for educational, peer review, statistical, or research purposes, if patient information, including any information that may identify the patient, is not compromised. The University of California shall be provided access to identifiable data for research purposes if the requirements of subdivision (t) of Section 1798.24 of the Civil Code are satisfied. Further, data disclosed to any individual or agency as described in this subdivision shall not be disclosed, sold, or transferred to a third party, unless authorized by, or pursuant to, state and federal privacy and security laws and regulations. The Department of Justice shall establish policies, procedures, and regulations regarding the use, access, evaluation, management, implementation, operation, storage, disclosure, and security of the information within CURES, consistent with this subdivision.

(B) Notwithstanding subparagraph (A), a regulatory board whose licensees do not prescribe, order, administer, furnish, or dispense controlled substances shall not be provided data obtained from CURES.

(3) The Department of Justice shall, no later than January 1, 2021, adopt regulations regarding the access and use of the information within CURES. The Department of Justice shall consult with all stakeholders identified by the department during the rulemaking process. The regulations shall, at a minimum, address all of the following in a manner consistent with this chapter:

(A) The process for approving, denying, and disapproving individuals or entities seeking access to information in CURES.

(B) The purposes for which a health care practitioner may access information in CURES.

(C) The conditions under which a warrant, subpoena, or court order is required for a law enforcement agency to obtain information from CURES as part of a criminal investigation.

(D) The process by which information in CURES may be provided for educational, peer review, statistical, or research purposes.

(4) In accordance with federal and state privacy laws and regulations, a health

care practitioner may provide a patient with a copy of the patient's CURES patient activity report as long as no additional CURES data is provided and keep a copy of the report in the patient's medical record in compliance with subdivision (d) of Section 11165.1.

(d) For each prescription for a Schedule II, Schedule III, Schedule IV, or Schedule V controlled substance, as defined in the controlled substances schedules in federal law and regulations, specifically Sections 1308.12, 1308.13, 1308.14 and 1308.15, respectively, of Title 21 of the Code of Federal Regulations, the dispensing pharmacy, clinic, or other dispenser shall report the following information to the Department of Justice or contracted prescription data processing vendor as soon as reasonably possible, but not more than one working day after the date a controlled substance is released to the patient or patient's representative, in a format specified by the Department of Justice:

(1) Full name, address, and, if available, telephone number of the ultimate user or research subject, or contact information as determined by the Secretary of the United States Department of Health and Human Services, and the gender, and date of birth of the ultimate user.

(2) The prescriber's category of licensure, license number, national provider identifier (NPI) number, if applicable, the federal controlled substance registration number, and the state medical license number of any prescriber using the federal controlled substance registration number of a government-exempt facility.

(3) Pharmacy prescription number, license number, NPI number, and federal controlled substance registration number.

(4) National Drug Code (NDC) number of the controlled substance dispensed.

(5) Quantity of the controlled substance dispensed.

(6) The International Statistical Classification of Diseases (ICD) Code contained in the most current ICD revision, or any other revision deemed sufficient by the State Board of Pharmacy, if available.

(7) Number of refills ordered.

(8) Whether the drug was dispensed as a refill of a prescription or as a first-time request.

(9) Prescribing date of the prescription.

(10) Date of dispensing of the prescription.

(11) The serial number for the corresponding prescription form, if applicable.

(e) The Department of Justice may invite stakeholders to assist, advise, and make recommendations on the establishment of rules and regulations necessary to ensure the proper administration and enforcement of the CURES database. A prescriber and dispenser invitee shall be licensed by one of the boards or committees identified in subdivision (d) of Section 208 of the Business and Professions Code, in active practice in California, and a regular user of CURES.

(f) The Department of Justice shall, prior to upgrading CURES, consult with

prescribers licensed by one of the boards or committees identified in subdivision (d) of Section 208 of the Business and Professions Code, one or more of the boards or committees identified in subdivision (d) of Section 208 of the Business and Professions Code, and any other stakeholder identified by the department, for the purpose of identifying desirable capabilities and upgrades to the CURES Prescription Drug Monitoring Program (PDMP).

(g) The Department of Justice may establish a process to educate authorized subscribers of the CURES PDMP on how to access and use the CURES PDMP.

(h) (1) The Department of Justice may enter into an agreement with an entity operating an interstate data sharing hub, or any agency operating a prescription drug monitoring program in another state, for purposes of interstate data sharing of prescription drug monitoring program information.

(2) Data obtained from CURES may be provided to authorized users of another state's prescription drug monitoring program, as determined by the Department of Justice pursuant to subdivision (c), if the entity operating the interstate data sharing hub, and the prescription drug monitoring program of that state, as applicable, have entered into an agreement with the Department of Justice for interstate data sharing of prescription drug monitoring program information.

(3) An agreement entered into by the Department of Justice for purposes of interstate data sharing of prescription drug monitoring program information shall ensure that all access to data obtained from CURES and the handling of data contained within CURES comply with California law, including regulations, and meet the same patient privacy, audit, and data security standards employed and required for direct access to CURES.

(4) For purposes of interstate data sharing of CURES information pursuant to this subdivision, an authorized user of another state's prescription drug monitoring program shall not be required to register with CURES, if the authorized user is registered and in good standing with that state's prescription drug monitoring program.

(5) The Department of Justice shall not enter into an agreement pursuant to this subdivision until the department has issued final regulations regarding the access and use of the information within CURES as required by paragraph (3) of subdivision (c).

(i) Notwithstanding subdivision (d), a veterinarian shall report the information required by that subdivision to the department as soon as reasonably possible, but not more than seven days after the date a controlled substance is dispensed.

(j) If the dispensing pharmacy, clinic, or other dispenser experiences a temporary technological or electrical failure, it shall, without undue delay, seek to correct any cause of the temporary technological or electrical failure that is reasonably within its control. The deadline for transmitting prescription information to the department or contracted prescription data processing vendor pursuant to subdivision (d) shall be extended until the failure is corrected. If the dispensing pharmacy, clinic, or other dispenser experiences technological limitations that are not reasonably within its control, or is impacted by a natural or manmade disaster, the deadline for transmitting prescription information to the department or contracted prescription date processing vendor shall be extended until normal operations have resumed.

9. Health and Safety Code Section 11165.4 states:

(a) (1) (A) (i) A health care practitioner authorized to prescribe, order, administer, or furnish a controlled substance shall consult the patient activity report or information from the patient activity report obtained by the CURES database to review a patient's controlled substance history for the past 12 months before prescribing a Schedule II, Schedule III, or Schedule IV controlled substance to the patient for the first time and at least once every six months thereafter if the prescriber renews the prescription and the substance remains part of the treatment of the patient.

(ii) If a health care practitioner authorized to prescribe, order, administer, or furnish a controlled substance is not required, pursuant to an exemption described in subdivision (c), to consult the patient activity report from the CURES database the first time the health care practitioner prescribes, orders, administers, or furnishes a controlled substance to a patient, the health care practitioner shall consult the patient activity report from the CURES database to review the patient's controlled substance history before subsequently prescribing a Schedule II, Schedule III, or Schedule IV controlled substance to the patient and at least once every six months thereafter if the substance remains part of the treatment of the patient.

(iii) A health care practitioner who did not directly access the CURES database to perform the required review of the controlled substance use report shall document in the patient's medical record that they reviewed the CURES database generated report within 24 hours of the controlled substance prescription that was provided to them by another authorized user of the CURES database.

(B) For purposes of this paragraph, "first time" means the initial occurrence in which a health care practitioner, in their role as a health care practitioner, intends to prescribe, order, administer, or furnish a Schedule II, Schedule III, or Schedule IV controlled substance to a patient and has not previously prescribed a controlled substance to the patient.

(2) A health care practitioner shall obtain a patient's controlled substance history from the CURES database no earlier than 24 hours, or the previous business day, before the health care practitioner prescribes, orders, administers, or furnishes a Schedule II, Schedule III, or Schedule IV controlled substance to the patient.

(b) The duty to consult the CURES database, as described in subdivision (a), does not apply to veterinarians or pharmacists.

(c) The duty to consult the CURES database, as described in subdivision (a), does not apply to a health care practitioner in any of the following circumstances:

(1) If a health care practitioner prescribes, orders, or furnishes a controlled substance to be administered to a patient in any of the following facilities or during a transfer between any of the following facilities for use while on facility premises:

(A) A licensed clinic, as described in Chapter 1 (commencing with Section 1200) of Division 2.

(B) An outpatient setting, as described in Chapter 1.3 (commencing with Section 1248) of Division 2.

(C) A health facility, as described in Chapter 2 (commencing with Section 1250) of Division 2.

(D) A county medical facility, as described in Chapter 2.5 (commencing with Section 1440) of Division 2.

(E) Another medical facility, including, but not limited to, an office of a health care practitioner and an imaging center.

(F) A correctional clinic, as described in Section 4187 of the Business and Professions Code, or a correctional pharmacy, as described in Section 4021.5 of the Business and Professions Code.

(2) If a health care practitioner prescribes, orders, administers, or furnishes a controlled substance in the emergency department of a general acute care hospital and the quantity of the controlled substance does not exceed a nonrefillable seven-day supply of the controlled substance to be used in accordance with the directions for use.

(3) If a health care practitioner prescribes, orders, administers, or furnishes a controlled substance to a patient as a part of the patient's treatment for a surgical, radiotherapeutic, therapeutic, or diagnostic procedure and the quantity of the controlled substance does not exceed a nonrefillable seven-day supply of the controlled substance to be used in accordance with the directions for use, in any of the following facilities:

(A) A licensed clinic, as described in Chapter 1 (commencing with Section 1200) of Division 2.

(B) An outpatient setting, as described in Chapter 1.3 (commencing with Section 1248) of Division 2.

(C) A health facility, as described in Chapter 2 (commencing with Section 1250) of Division 2.

(D) A county medical facility, as described in Chapter 2.5 (commencing with Section 1440) of Division 2.

(E) A place of practice, as defined in Section 1658 of the Business and Professions Code.

(F) Another medical facility where surgical procedures are permitted to take place, including, but not limited to, the office of a health care practitioner.

(4) If a health care practitioner prescribes, orders, administers, or furnishes a controlled substance to a patient who is terminally ill, as defined in subdivision (c) of Section 11159.2.

(5) (A) If all of the following circumstances are satisfied:

(i) It is not reasonably possible for a health care practitioner to access the information in the CURES database in a timely manner.

(ii) Another health care practitioner or designee authorized to access the CURES database is not reasonably available.

(iii) The quantity of controlled substance prescribed, ordered, administered, or furnished does not exceed a nonrefillable seven-day supply of the controlled substance to be used in accordance with the directions for use and no refill of the controlled substance is allowed.

(B) A health care practitioner who does not consult the CURES database under subparagraph (A) shall document the reason he or she did not consult the database in the patient's medical record.

(6) If the CURES database is not operational, as determined by the department, or cannot be accessed by a health care practitioner because of a temporary technological or electrical failure. A health care practitioner shall, without undue delay, seek to correct any cause of the temporary technological or electrical failure that is reasonably within the health care practitioner's control.

(7) If the CURES database cannot be accessed because of technological limitations that are not reasonably within the control of a health care practitioner.

(8) If consultation of the CURES database would, as determined by the health care practitioner, result in a patient's inability to obtain a prescription in a timely manner and thereby adversely impact the patient's medical condition, provided that the quantity of the controlled substance does not exceed a nonrefillable seven-day supply if the controlled substance were used in accordance with the directions for use.

(d) (1) A health care practitioner who fails to consult the CURES database, as described in subdivision (a), shall be referred to the appropriate state professional licensing board solely for administrative sanctions, as deemed appropriate by that board.

(2) This section does not create a private cause of action against a health care practitioner. This section does not limit a health care practitioner's liability for the negligent failure to diagnose or treat a patient

(e) All applicable state and federal privacy laws govern the duties required by this section.

(f) The provisions of this section are severable. If any provision of this section or its application is held invalid, that invalidity shall not affect other provisions or applications that can be given effect without the invalid provision or application.

(h) This section shall become operative on July 1, 2021, or upon the date the department promulgates regulations to implement this section and posts those regulations on its internet website, whichever date is earlier.

10. Section 4022 of the Code states:

"'Dangerous drug' or 'dangerous device' means any drug or device unsafe for self-use, except veterinary drugs that are labeled as such, and includes the following:

"(a) Any drug that bears the legend: 'Caution: federal law prohibits dispensing without prescription,' 'Rx only,' or words of similar import.

"(b) Any device that bears the statement: 'Caution: federal law restricts this device to sale by or on the order of a _____,' 'Rx only,' or words of similar import, the blank to be filled in with the designation of the practitioner licensed to use

or order use of the device.

"(c) Any other drug or device that by federal or state law can be lawfully dispensed only on prescription or furnished pursuant to Section 4006."

11. Section 725 of the Code states:

(a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering of drugs or treatment, repeated acts of clearly excessive use of diagnostic procedures, or repeated acts of clearly excessive use of diagnostic or treatment facilities as determined by the standard of the community of licensees is unprofessional conduct for a physician and surgeon, dentist, podiatrist, psychologist, physical therapist, chiropractor, optometrist, speech-language pathologist, or audiologist.

(b) Any person who engages in repeated acts of clearly excessive prescribing or administering of drugs or treatment is guilty of a misdemeanor and shall be punished by a fine of not less than one hundred dollars ($100) nor more than six hundred dollars ($600), or by imprisonment for a term of not less than 60 days nor more than 180 days, or by both that fine and imprisonment.

(c) A practitioner who has a medical basis for prescribing, furnishing, dispensing, or administering dangerous drugs or prescription controlled substances shall not be subject to disciplinary action or prosecution under this section.

(d) No physician and surgeon shall be subject to disciplinary action pursuant to this section for treating intractable pain in compliance with Section 2241.5.

COST RECOVERY

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

DEFINITIONS

13. **Alprazolam** (the generic name for the drug Xanax) is a short-acting benzodiazepine used to treat anxiety. Alprazolam is a Schedule IV controlled substance pursuant to the Code of Federal Regulations Title 21 section 1308.14. Alprazolam is a dangerous drug pursuant to California Business and Professions Code section 4022 and is a Schedule IV controlled substance pursuant to California Health and Safety Code section 11057(d).

14. **Carisoprodol** (the generic name for Soma) is a centrally-acting skeletal muscle relaxant. On January 11, 2012, Carisoprodol was classified as a Schedule IV controlled substance pursuant to the Code of Federal Regulations Title 21 section 1308.14(c). It is a dangerous drug pursuant to Business and Professions Code section 4022.

15. **Dulaglutide** (generic name for Trulicity) is a medication used for the treatment of type 2 diabetes in combination with diet and exercise. Dulaglutide is not a controlled substance.

16. **Eszopiclone** (generic name for Lunesta) is a non-benzodiazepine hypnotic agent used in the treatment of insomnia. Eszopiclone is classified as a Schedule IV controlled substance pursuant to the Code of Federal Regulations Title 21 section 1308.14(c). It is a dangerous drug pursuant to Business and Professions Code section 4022.

17. **Hydrocodone with acetaminophen** (the generic name for the drugs Vicodin, Norco, and Lortab) is classified as an opioid analgesic combination product used to treat moderate to moderately severe pain. Prior to October 6, 2014, Hydrocodone with acetaminophen was a Schedule III controlled substance pursuant to the Code of Federal Regulations Title 21 section 1308.13(e). Hydrocodone with acetaminophen is a dangerous drug pursuant to California Business and Professions Code section 4022 and is a Schedule II controlled substance pursuant to California Health and Safety Code section 11055, subdivision (b).

18. **Lisinopril** is used to treat high blood pressure. It is also used to treat heart failure and to improve survival after a heart attack. Lisinopril belongs to a class of drugs known as ACE inhibitors. It works by relaxing blood vessels so blood can flow more easily. Lisinopril is not a controlled substance.

19. **Lorazepam** is a benzodiazepine used to treat anxiety and for short-term relief of the symptoms of anxiety. It is a Schedule IV controlled substance under California Health and Safety Code Section 11057, subdivision (d), and a dangerous drug pursuant to California Business and Professions Code section 4022.

20. **Metformin** is used to treat high blood sugar levels that are caused by a type of diabetes mellitus or sugar diabetes called type 2 diabetes. Metformin is not a controlled substance.

21. **Naloxone** (generic name for Narcan) is a medication used to reverse the effects of opioids. It is commonly used to counter decreased breathing in opioid overdose. Naloxone may also be combined with an opioid (in the same pill), to decrease the risk of misuse through injection. Effects begin within two minutes when given intravenously, and within five minutes when injected into a muscle. The medicine can also be administered by spraying it into a person's nose. Naloxone commonly blocks the effects of opioids from 30 to 90 minutes. Naloxone requires a prescription but is not a controlled substance. It has few known adverse effects and no potential for abuse.

22. **Phentermine** is a psychostimulant drug of the substituted amphetamine chemical class, with pharmacology similar to amphetamine. It is used medically as an appetite suppressant for short-term use, as an adjunct to exercise, and reducing calorie intake. Phentermine is a Schedule IV controlled substance pursuant to the Code of Federal Regulations Title 21 section 1308.14(c) and Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

23. **Simvastatin** is used to treat high cholesterol and triglyceride (fat) levels in the blood. Simvastatin belongs to the group of medicines known as statins. It works to reduce the amount of cholesterol in the blood by blocking an enzyme that is needed to make cholesterol. Simvastatin is not a controlled substance.

24. **Zolpidem Tartrate** (the generic name for Ambien) is a sedative and hypnotic used for short-term treatment of insomnia. It is a Schedule IV controlled substance pursuant to California Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to California Business and Professions Code section 4022.

FACTUAL ALLEGATIONS

25. Respondent is an employee of the California Department of State Hospitals (DSH), where he practices medicine at a facility in Central California. Respondent additionally had a private practice where he practiced family medicine until 2022, when the practice was closed. Respondent also owns and operates a weight loss clinic in Lemoore, California, and medically manages patient weight loss programs.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

26. Respondent has subjected his Physician's and Surgeon's Certificate No. G 36753 to disciplinary action under Code section 2234, subdivision (b), in that he committed gross negligence during the care and treatment of Patients A, B, C, and D, in addition to actions regarding his self-prescribing of medications. The circumstances are as follows:

Patient A[1]

27. Patient A is a 45-year-old female who is employed at DSH, at the same facility as Respondent. Beginning on or about June 12, 2017, Respondent began treating Patient A at his weight loss clinic. During the visit, Respondent tested Patient A's body mass index (BMI). The test indicated that Patient A had a healthy BMI of 23, a normal and healthy weight that does not indicate the use of weight loss medication. Weight loss medication regimens are generally not indicated unless a patient has a BMI of 30 or greater, or a BMI of 27 or greater if the patient also suffers from comorbidities. Nonetheless, Respondent prescribed and dispensed the controlled substance phentermine to Patient A, despite contraindications. Respondent additionally failed to discuss and/or document a discussion of the risks and benefits of the treatment plan with Patient A. When issuing the prescription, Respondent failed to offer Patient A a written prescription and failed to offer a written disclosure informing Patient A that she has the choice between obtaining the prescription from Respondent or obtaining the prescription from a pharmacy.

28. Between the aforementioned visit and on or about October 22, 2022, Patient A visited the clinic approximately one to two times per month. During that period, Respondent routinely dispensed phentermine to Patient A. Although there was a physical examination on the first visit, there is no evidence of any subsequent examination during Respondent's care and treatment of Patient A. During the care and treatment of Patient A, Respondent failed to initiate urine drug screens, review the CURES[2] system, or perform pill counts. When documenting the

[1] Patient names have been redacted to protect patient privacy.

[2] CURES (Controlled Substance Utilization Review and Evaluation System) is a database of Schedule II, Schedule III, Schedule IV and Schedule V controlled substance prescriptions dispensed in California.

care and treatment of Patient A, Respondent failed to properly document the interactions. Patient A's medical records were handwritten, often unintelligible, and lacked critical information necessary for a reviewer to properly understand Respondent's care and treatment of Patient A.

29. On or about April 1, 2021, DSH initiated an investigation after finding several hundred dollars and loose medications on Patient A's desk. Investigators additionally discovered a plastic bag containing yellow pills, which were subsequently determined to be phentermine. The bag listed Respondent's name and the address of his weight loss clinic. There was no date and no patient name. The medication was labeled with words to the effect of, "phen, 30mg, take one half or one daily for 6 days a week." The quantity was left blank and neither the lot number nor the expiration date was listed.

30. As part of the Board's investigation, a CURES report was run in order to determine Respondent's prescribing and dispensing history of controlled substances to Patient A. The CURES report revealed that during his care and treatment of Patient A, Respondent never reported any controlled substance prescribing or dispensing data to CURES concerning Patient A.

31. On or about September 12, 2023, Respondent participated in an interview with Board investigators. During the interview, Respondent stated that he has a receptionist who works at the clinic with him, who regularly takes care of the patients when Respondent is not in the office. This includes dispensing medications and vitamin B12 injections to the patients on his behalf when he is not at the clinic.

32. Throughout Respondent's care and treatment of Patient A, Respondent engaged in inadequate record keeping. It is impossible to determine which medications are being prescribed to Patient A, when they are being prescribed, for what indication, with what instructions, in what quantities, and without CURES data. Additionally, the records are often brief, handwritten, and sometimes unintelligible.

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Patient B

33. Patient B is a 71-year-old male whom Respondent began treating at his private practice in 2009. Patient B was prescribed the following medications by Respondent during the relevant period:

Date Filled	Drug Name	Dosage	Quantity	Schedule
6/1/2018	Alprazolam	.5 mg	90	IV
6/1/2018	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	240	II
6/1/2018	Carisoprodol	350 mg	240	IV
7/2/2018	Alprazolam	.5 mg	60	IV
7/2/2018	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	240	II
7/2/2018	Carisoprodol	350 mg	240	IV
7/2/2018	Alprazolam	.5 mg	60	IV
7/2/2018	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	240	II
7/2/2018	Carisoprodol	350 mg	240	IV
8/1/2018	Alprazolam	.5 mg	90	IV
8/1/2018	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	240	II
8/1/2018	Carisoprodol	350 mg	240	IV
8/31/2018	Alprazolam	.5 mg	90	IV
8/31/2018	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	240	II
8/31/2018	Carisoprodol	350 mg	240	IV
9/27/2018	Alprazolam	.5 mg	90	IV
9/27/2018	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	240	II
9/27/2018	Carisoprodol	350 mg	180	IV
10/26/2018	Alprazolam	.5 mg	60	IV
10/26/2018	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	240	II
10/26/2018	Carisoprodol	350 mg	240	IV
2/20/2019	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II
2/20/2019	Alprazolam	.5 mg	90	IV
5/24/2019	Alprazolam	.5 mg	90	IV

Date Filled	Drug Name	Dosage	Quantity	Schedule
5/24/2019	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II
6/21/2019	Alprazolam	.5 mg	90	IV
6/21/2019	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II
7/19/2019	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II
7/20/2019	Alprazolam	.5 mg	90	IV
8/19/2019	Alprazolam	.5 mg	90	IV
8/19/2019	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II
9/23/2019	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II
11/23/2019	Alprazolam	.5 mg	90	IV
11/23/2019	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II
1/21/2020	Alprazolam	.5 mg	90	IV
1/21/2020	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II
4/14/2020	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II
4/14/2020	Alprazolam	.5 mg	90	IV
5/16/2020	Alprazolam	.5 mg	90	IV
5/18/2020	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II
6/16/2020	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II
6/16/2020	Alprazolam	.5 mg	90	IV
7/14/2020	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II
7/15/2020	Alprazolam	.5 mg	90	IV
8/14/2020	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II
8/14/2020	Alprazolam	.5 mg	90	IV
9/12/2020	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II
9/12/2020	Alprazolam	.5 mg	90	IV
10/12/2020	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II
10/12/2020	Alprazolam	.5 mg	90	IV
11/15/2020	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II

Date Filled	Drug Name	Dosage	Quantity	Schedule
11/15/2020	Alprazolam	.5 mg	90	IV
12/12/2020	Alprazolam	.5 mg	90	IV
12/14/2020	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II
1/14/2021	Alprazolam	.5 mg	90	IV
1/14/2021	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II
2/14/2021	Alprazolam	.5 mg	90	IV
2/15/2021	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II
3/12/2021	Alprazolam	.5 mg	90	IV
3/15/2021	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II
4/16/2021	Alprazolam	.5 mg	90	IV
4/16/2021	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II
5/14/2021	Alprazolam	.5 mg	90	IV
5/14/2021	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II

34. Between on or about June 1, 2018, and on or about October 26, 2018, Respondent inappropriately prescribed a combination of benzodiazepines, opioids, and carisoprodol to Patient B, despite an increased likelihood of negative health outcomes. Between on or about March 3, 2017, to on or about October 26, 2018, Respondent overprescribed carisoprodol to Patient B. For example, the carisoprodol prescribed to Patient B averaged 7-8 tablets per day, for approximately 590 consecutive days. This was despite the recommended dosage being 4 times daily, with a duration of 14-19 days.

35. Between on or about June 1, 2018, and on or about May 14, 2021, Respondent inappropriately prescribed hydrocodone to Patient B for musculoskeletal pain, despite contraindication. Between on or about June 1, 2018, and on or about May 14, 2021, Respondent inappropriately prescribed benzodiazepines long-term to Patient B for muscle spasms, despite contraindication. Even though Patient B's controlled substance regimen was long-term, Respondent failed to have Patient B sign a controlled substances contract. During this prescription regimen, Respondent failed to adequately provide an ongoing assessment to Patient

B or evaluate Patient B's progress toward any treatment objectives or pain control. Specifically, during Respondent's care and treatment of Patient B, Respondent failed to evaluate Patient B's functional goals, adverse effects of controlled substances, aberrant behaviors, and the emotional effect on Patient B.

36. Between on or about June 1, 2018, and on or about May 14, 2021, Respondent failed to discuss and/or document any discussion between Respondent and Patient B regarding the potential risks of long-term opioid use, chronic benzodiazepine use, combined opioid and benzodiazepine use, and/or combined opioids, benzodiazepines, and Soma. Respondent additionally failed to discuss and/or document the risks of controlled substance dependence, misuse, addiction, overdose, and death. Furthermore, Respondent failed to appropriately monitor Patient B's compliance with the prescribing regimen. Specifically, Respondent failed to include any toxicological screens for illicit drug use, pill counts, review of the CURES system, and/or provide or offer to provide Narcan to Patient B.

37. Beginning on or about April 11, 2017, Patient B regularly had a resting pulse greater than 100 beats per minute (BPM). Throughout the time Respondent treated Patient B, Respondent failed to take the appropriate patient history and failed to order an electrocardiogram (EKG). Respondent failed to refer Patient B to cardiology or begin appropriate treatment with a heart rate reducing medication. Additionally, Respondent failed to evaluate and/or document an evaluation of Patient B's hormone levels.

38. Throughout Respondent's care and treatment of Patient B, Respondent engaged in inadequate record keeping. It is impossible to determine which medications are being prescribed to Patient B, when they are being prescribed, for what indication, with what instructions, and in what quantities, without the assistance of CURES data. Additionally, the records are often brief, handwritten, and sometimes unintelligible.

Patient C

39. Patient C is a 58-year-old female whom Respondent began treating at his private practice in 2016. Patient C was prescribed the following medications by Respondent during the relevant period:

Date Filled	Drug Name	Dosage	Quantity	Schedule
6/5/2018	Zolpidem Tartrate	10 mg	30	IV
6/5/2018	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II
6/28/2018	Carisoprodol	350 mg	180	IV
7/3/2018	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II
7/3/2018	Zolpidem Tartrate	10 mg	30	IV
7/27/2018	Carisoprodol	350 mg	180	IV
7/27/2018	Zolpidem Tartrate	10 mg	30	IV
8/6/2018	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II
8/24/2018	Zolpidem Tartrate	10 mg	30	IV
8/25/2018	Carisoprodol	350 mg	90	IV
9/4/2018	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II
9/23/2018	Zolpidem Tartrate	10 mg	30	IV
9/25/2018	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II
9/25/2018	Carisoprodol	350 mg	180	IV
10/23/2018	Zolpidem Tartrate	10 mg	30	IV
10/24/2018	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II
10/24/2018	Carisoprodol	350 mg	180	IV
11/23/2018	Zolpidem Tartrate	10 mg	30	IV
11/23/2018	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	120	II
11/23/2018	Carisoprodol	350 mg	120	IV
12/22/2018	Carisoprodol	350 mg	180	IV
12/22/2018	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II
12/22/2018	Zolpidem Tartrate	10 mg	30	IV
1/18/2019	Carisoprodol	350 mg	120	IV
1/18/2019	Zolpidem Tartrate	10 mg	30	IV
3/21/2019	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II
5/7/2019	Zolpidem Tartrate	10 mg	30	IV
5/7/2019	Lorazepam	1 mg	90	IV

Date Filled	Drug Name	Dosage	Quantity	Schedule
5/18/2019	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II
6/5/2019	Zolpidem Tartrate	10 mg	30	IV
6/14/2019	Carisoprodol	350 mg	90	IV
6/16/2019	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II
7/13/2018	Carisoprodol	350 mg	90	IV
7/26/2019	Lorazepam	2 mg	60	IV
8/1/2019	Zolpidem Tartrate	10 mg	30	IV
8/11/2019	Carisoprodol	350 mg	90	IV
8/13/2019	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II
8/30/2019	Zolpidem Tartrate	10 mg	30	IV
9/8/2019	Carisoprodol	350 mg	90	IV
9/11/2019	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II
9/28/2019	Zolpidem Tartrate	10 mg	30	IV
10/3/2019	Lorazepam	1 mg	90	IV
10/10/2019	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II
10/28/2019	Zolpidem Tartrate	10 mg	30	IV
11/3/2019	Lorazepam	1 mg	90	IV
11/5/2019	Carisoprodol	350 mg	90	IV
11/8/2019	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II
11/26/2019	Zolpidem Tartrate	10 mg	30	IV
12/2/2019	Lorazepam	1 mg	90	IV
12/7/2019	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II
12/26/2019	Zolpidem Tartrate	10 mg	30	IV
1/5/2020	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II
2/27/2020	Lorazepam	1 mg	90	IV
4/1/2020	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II
4/23/2020	Carisoprodol	350 mg	90	IV
4/24/2020	Lorazepam	1 mg	90	IV
4/28/2020	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II

Date Filled	Drug Name	Dosage	Quantity	Schedule
5/16/2020	Carisoprodol	350 mg	120	IV
5/16/2020	Zolpidem Tartrate	10 mg	30	IV
5/22/2020	Lorazepam	1 mg	90	IV
5/28/2020	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II
6/13/2020	Zolpidem Tartrate	10 mg	30	IV
6/19/2020	Lorazepam	1 mg	90	IV
6/19/2020	Carisoprodol	350 mg	120	IV
6/25/2020	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II
7/11/2020	Zolpidem Tartrate	10 mg	30	IV
7/20/2020	Lorazepam	1 mg	90	IV
7/20/2020	Carisoprodol	350 mg	120	IV
7/24/2020	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II
8/10/2020	Zolpidem Tartrate	10 mg	30	IV
8/18/2020	Carisoprodol	350 mg	120	IV
8/19/2020	Lorazepam	1 mg	90	IV
8/24/2020	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II
9/8/2020	Zolpidem Tartrate	10 mg	30	IV
9/16/2020	Carisoprodol	350 mg	120	IV
9/16/2020	Lorazepam	1 mg	90	IV
9/21/2020	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II
10/7/2020	Zolpidem Tartrate	10 mg	30	IV
10/15/2020	Carisoprodol	350 mg	180	IV
10/16/2020	Lorazepam	1 mg	90	IV
10/21/2020	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II
11/4/2020	Zolpidem Tartrate	10 mg	30	IV
11/13/2020	Carisoprodol	350 mg	100	IV
11/14/2020	Lorazepam	1 mg	90	IV
11/21/2020	Carisoprodol	350 mg	80	IV
11/24/2020	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II
12/04/2020	Zolpidem Tartrate	10 mg	30	IV
12/10/2020	Carisoprodol	350 mg	120	IV

Date Filled	Drug Name	Dosage	Quantity	Schedule
12/13/2020	Lorazepam	1 mg	90	IV
12/21/2020	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II
12/31/2020	Zolpidem Tartrate	10 mg	30	IV
1/8/2021	Carisoprodol	350 mg	180	IV
1/10/2021	Lorazepam	1 mg	90	IV
1/25/2021	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II
2/1/2021	Zolpidem Tartrate	10 mg	30	IV
2/7/2021	Carisoprodol	350 mg	120	IV
2/11/2021	Lorazepam	1 mg	90	IV
2/22/2021	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II
2/27/2021	Zolpidem Tartrate	10 mg	30	IV
3/1/2021	Carisoprodol	350 mg	120	IV
3/11/2021	Lorazepam	1 mg	90	IV
3/24/2021	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II
3/30/2021	Carisoprodol	350 mg	120	IV
4/9/2021	Lorazepam	1 mg	90	IV
4/21/2021	Hydrocodone Bitartrate / Acetaminophen	325 mg /10 mg	180	II
4/28/2021	Carisoprodol	350 mg	120	IV
5/8/2021	Lorazepam	1 mg	90	IV

40. Between on or about June 5, 2018, and on or about May 8, 2021, Respondent inappropriately prescribed a combination of benzodiazepines, opioids, and carisoprodol to Patient C, despite an increased likelihood of negative health outcomes. During that timeframe, Respondent overprescribed carisoprodol to Patient C. For example, the carisoprodol being prescribed to Patient C averaged 7 tablets per day, for approximately 824 consecutive days. This was despite the recommended dosage being 4 times daily, with a duration of 14-19 days. Respondent failed to include an explanation for this in the medical record. Respondent additionally stated that the carisoprodol was prescribed for bladder spasms, which is not an appropriate application for the drug. During his care and treatment of Patient C, Respondent

overprescribed zolpidem tartrate. Specifically, zolpidem tartrate is indicated for short-term treatment of insomnia, however, Respondent prescribed the drug to Patient C for 590 consecutive days. Respondent failed to include an explanation for this in the medical record.

41. During the aforementioned prescription regimen, Respondent failed to enter into a controlled substances contract with Patient C, despite the long-term prescribing of controlled substances. Moreover, Respondent failed to adequately provide an ongoing assessment to Patient C or evaluate Patient C's progress toward any treatment objectives or pain control. Specifically, Respondent failed to evaluate Patient C's functional goals, adverse effects of controlled substances, aberrant behaviors, and the emotional effects on Patient C.

42. Between on or about June 5, 2018, and on or about May 8, 2021, Respondent failed to discuss and/or document any discussion between Respondent and Patient C regarding the potential risks of long-term opioid use, chronic benzodiazepine use, combined opioid and benzodiazepine use, and/or combined opioids, benzodiazepines, and Soma. Respondent additionally failed to discuss and/or document the risks of controlled substance dependence, misuse, addiction, overdose, and death. Furthermore, Respondent failed to appropriately monitor Patient C's compliance with the prescribing regimen. Notably, Respondent failed to include any toxicological screens for illicit drug use, pill counts, review of the CURES system, and/or provide or offer to provide Narcan to Patient C.

43. Throughout Respondent's care and treatment of Patient C, Respondent engaged in inadequate record keeping. It is impossible to determine which medications are being prescribed to Patient C, when they are being prescribed, for what indication, with what instructions, and in what quantities, without the assistance of CURES data. Additionally, the records are often brief, handwritten, and sometimes unintelligible.

Patient D

44. Patient D is 78 years old and is a member of Respondent's immediate family. Respondent has been involved in Patient D's care and treatment for several years. On or about June 18, 2018, July 19, 2018, August 20, 2018, September 25, 2018, October 23, 2018, December 3, 2018, January 3, 2019, January 16, 2020, January 17, 2020, May 16, 2020, July 16, 2020,

September 14, 2020, November 5, 2020, January 7, 2021, March 1, 2021, and April 21, 2021, Respondent prescribed eszopiclone (Lunesta) to Patient D.

45. While practicing medicine on a family member is generally ill-advised, in an isolated setting the provider may treat family members, as long as the treating physician takes an appropriate history, administers a physical examination, performs an assessment for the need for any controlled substances, creates a plan of care, and keeps appropriate medical records.

46. Although Respondent provided care and treatment to Patient D and prescribed medication for her, Respondent failed to include any records of prescriptions and treatment for Patient D, other than two chart notes, dated on or about January 6, 2023, and on or about February 7, 2023. Moreover, Respondent failed to take a history of Patient D, administer a physical examination on Patient D, perform an assessment for the need for controlled substances, create a plan of care, and/or keep adequate and accurate medical records.

Self-Prescribing by Respondent

47. On or about July 12, 2018, September 11, 2018, and November 16, 2018, Respondent self-prescribed eszopiclone. Respondent failed to record any of these prescriptions or document a rationale for the self-prescribing of these prescriptions. In addition to the aforementioned controlled substances, between 2018 and 2020, Respondent consistently self-prescribed lisinopril, simvastatin, trulicity, and metformin.

48. In summary, Respondent committed gross negligence in his care of Patient A, which includes, but is not limited to, the following:

A. Respondent inappropriately prescribed controlled substances for weight loss to a patient with a healthy weight;

B. During his care and treatment of Patient A, Respondent failed to conduct a physical examination on Patient A, aside from the first visit;

C. Respondent failed to discuss or document discussing with Patient A the potential risks of long-term phentermine use;

D. Respondent failed to engage in any compliance monitoring of Patient A's controlled substance regimen;

E. Respondent failed to maintain adequate and accurate medical records relating to his care and treatment of Patient A;

F. Respondent enlisted a non-licensed staff member to prescribe and/or dispense controlled substances to Patient A and failed to report said dispensing to the CURES system; and

G. Respondent failed to offer Patient A a written prescription and/or provide a written disclosure notifying that Patient A has the choice to receive the prescription from a pharmacy of the patient's choice.

49. Respondent committed gross negligence in his care of Patient B, which includes, but is not limited to, the following:

A. Respondent prescribed a combination of benzodiazepines, opioids, and muscular-skeletal relaxants to Patient B during a long-term period;

B Respondent inappropriately prescribed carisoprodol, long-term, to Patient B;

C. Respondent failed to adequately evaluate and/or treat Patient B's tachycardia;

D. Respondent improperly prescribed long-term opioids to Patient B for muscular-skeletal pain;

E. Respondent failed to properly evaluate progress towards treatment objectives regarding Patient B's pain therapy;

F. Respondent improperly prescribed long-term benzodiazepine therapy to Patient B for muscle spasms;

G. Respondent failed to discuss with Patient B the potential risks of long-term therapy regarding his prescription regimen;

H. Respondent failed to engage in any compliance monitoring of Patient B's controlled substance regimen.

I. Respondent failed to offer Patient B naloxone (Narcan);

J. Respondent failed to maintain adequate and accurate medical records relating to his care and treatment of Patient B; and

K. Respondent failed to place Patient B on a controlled substances contract, despite long-term prescribing of controlled substances.

50. Respondent committed gross negligence in his care of Patient C, which includes, but is not limited to, the following:

A. Respondent prescribed a combination of benzodiazepines, opioids, and muscular-skeletal relaxants to Patient C during a long-term period;

B Respondent inappropriately prescribed carisoprodol, long-term, to Patient C;

C. Respondent inappropriately prescribed carisoprodol to Patient C for bladder spasms;

D. Respondent inappropriately prescribed sedative-hypnotics, long-term, to Patient C;

E. Respondent failed to properly evaluate progress towards treatment objectives regarding Patient C's pain therapy;

F. Respondent failed to discuss and/or clearly elucidate a treatment plan and objectives when prescribing long-term opiate therapy to Patient C;

G. Respondent failed to discuss with Patient C the potential risks of long-term therapy regarding her prescription regimen;

H. Respondent failed to engage in any compliance monitoring of Patient C's controlled substance regimen;

I. Respondent failed to maintain adequate and accurate medical records relating to his care and treatment of Patient C;

J. Respondent failed to place Patient C on a controlled substances contract, despite long-term prescribing of controlled substances; and

K. Respondent failed to offer Patient C naloxone (Narcan).

51. Respondent engaged in gross negligence in his care of Patient D, which includes, but is not limited to, providing care and treatment to a family member and failing to adequately document said treatment.

52. Respondent engaged in gross negligence by self-prescribing and self-treating, and failed to record any of these prescriptions or document a rationale for the self-prescribing of these prescriptions.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

53. Respondent's Physician's and Surgeon's Certificate No. G 36753 is subject to disciplinary action under Code sections 725 and 2234, subdivision (c), in that he committed repeated negligent acts during the care and treatment of Patients A, B, C, and D as more particularly alleged in paragraphs 25 through 52, above, and those paragraphs are incorporated by reference as if fully set forth herein. Additional circumstances are as follows:

54. Respondent committed repeated negligence in his care of Patient A, which includes, but is not limited to, failing to properly label and/or package Patient A's prescriptions of controlled substances.

THIRD CAUSE FOR DISCIPLINE

(Prescribing Controlled Substances Without an Appropriate Examination or Medical Indication)

55. Respondent's Physician's and Surgeon's Certificate No. G 36753 is subject to disciplinary action under Code sections 2227, 2234, and 2242, in that Respondent prescribed controlled substances and dangerous drugs to Patients A, B, C, and D without an appropriate examination or medical indication as more particularly alleged in paragraphs 25 through 54, above, and those paragraphs are incorporated by reference as if fully set forth herein.

FOURTH CAUSE FOR DISCIPLINE

(Failure to Check CURES)

56. Respondent's Physician's and Surgeon's Certificate No. G 36753 is subject to disciplinary action under Code sections 2234, and 2242, and section 11165.4 of the Health and Safety Code, in that Respondent failed to check and/or report prescriptions and/or dispensations of controlled substances to CURES before prescribing controlled substances and dangerous drugs to Patients A, B, C, and D as more particularly alleged in paragraphs 25 through 55, above, and those paragraphs are incorporated by reference as if fully set forth herein.

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FIFTH CAUSE FOR DISCIPLINE

(Excessive Prescribing)

57. Respondent's Physician's and Surgeon's Certificate No. G 36753 is subject to disciplinary action under sections 2234, and 725 of the Code, in that he engaged in the excessive prescribing of controlled substances and dangerous drugs to Patients A, B, and C, as more particularly alleged in paragraphs 25 through 56 above, which are hereby incorporated by reference and realleged as if fully set forth herein.

SIXTH CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate Records)

58. Respondent's Physician's and Surgeon's Certificate No. G 36753 is subject to disciplinary action under Code sections 2234 and 2266, in that he failed to maintain adequate and accurate medical records relating to his care and treatment of Patients A, B, C, D, and himself, as more particularly alleged in paragraphs 25 through 57 above, which are hereby incorporated by reference and realleged as if fully set forth herein.

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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 Number G 36753, issued to Respondent Jesse R. Liscomb, Jr., M.D.;

2. Revoking, suspending or denying approval of Respondent Jesse R. Liscomb, Jr., M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent Jesse R. Liscomb, Jr., 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

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

DATED: APR 09 2024

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

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