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

In the Matter of the Accusation Against: Cheng-I Lin, M.D. Physician's and Surgeon's Certificate No. G 77463 Respondent.	Case No. 800-2022-093650

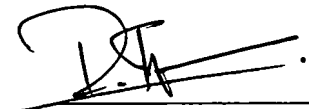
DECISION

The attached Stipulated Surrender of License and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on November 4, 2025.

IT IS SO ORDERED October 28, 2025.

MEDICAL BOARD OF CALIFORNIA



Reji Varghese
Executive Director

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

In the Matter of the Accusation Against: **CHENG-I LIN, M.D.** **5118 Greenwillow Lane** **San Diego, CA 92130** **Physician's and Surgeon's Certificate No. G 77463,** Respondent.	Case No. 800-2022-093650 **STIPULATED SURRENDER OF LICENSE 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 LeAnna E. Shields, Deputy Attorney General.

2. Cheng-I Lin, M.D. (Respondent) is represented in this proceeding by attorney David Rosenberg, Esq., whose address is: 10815 Rancho Bernardo Road, Suite 260, San Diego, CA 92127.

3. On or about August 25, 1993, the Board issued Physician's and Surgeon's Certificate No. G 77463 to Respondent. That license was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2022-093650 and will expire on November 30, 2026, unless renewed.

JURISDICTION

4. On or about September 24, 2025, Accusation No. 800-2022-093650 was filed before the Board and is currently pending against Respondent. On September 24, 2025, the Accusation and all other statutorily required documents were properly served on Respondent. Respondent timely filed his Notice of Defense contesting the Accusation. A true and correct copy of Accusation No. 800-2022-093650 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and fully understands the charges and allegations in Accusation No. 800-2022-093650. Respondent also has carefully read, fully discussed with counsel, and fully understands the effects of this Stipulated Surrender of License and Disciplinary Order.

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

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

CULPABILITY

8. Respondent agrees that, at an administrative hearing, Complainant could establish a *prima facie* case with respect to each and every charge and allegation contained in Accusation No. 800-2022-093650, agrees that he has thereby subjected his Physician's and Surgeon's

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Certificate No. G 77463 to discipline, and agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

9. Respondent further agrees that if he ever petitions for reinstatement of his Physician's and Surgeon's Certificate, or if an accusation is filed against him before the Board, all of the charges and allegations contained in Accusation No. 800-2022-093650, shall be deemed true, correct, and fully admitted by Respondent for purposes of any such proceeding.

10. Respondent understands that by signing this stipulation he enables the Board to issue an order accepting the surrender of his Physician's and Surgeon's Certificate No. G 77463 without further notice to, or opportunity to be heard by, Respondent.

CONTINGENCY

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

12. Respondent understands that, by signing this stipulation, he enables the Executive Director of the Board to issue an order, on behalf of the Board, accepting the surrender of his Physician's and Surgeon's Certificate No. G 77463 without further notice to, or opportunity to be heard by, Respondent.

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

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

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

ADDITIONAL PROVISIONS

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

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

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

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DISCIPLNARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 77463, issued to Respondent Cheng-I Lin, M.D., is hereby surrendered and accepted by the Board.

1. The surrender of Respondent's Physician's and Surgeon's Certificate No. G 77463 and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Board.

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

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

4. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation No. 800-2022-093650 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

5. Respondent shall pay the agency its costs of investigation and enforcement in the amount of $56,409.75 prior to issuance of a new or reinstated license.

6. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2022-093650 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

ACCEPTANCE

I have carefully read the above Stipulated Surrender of License and Disciplinary Order and have fully discussed it with my attorney David Rosenberg, Esq. I fully understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate No. G 77463. I enter into

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

DATED: 10 / 17 / 2025

CHENG-I LIN, M.D.
Respondent

I have read and fully discussed with Respondent Cheng-I Lin, M.D., the terms and conditions and other matters contained in this Stipulated Surrender of License and Disciplinary Order. I approve its form and content.

DATED: 10/18/2025

DAVID ROSENBERG, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: 10/21/2025

Respectfully submitted,

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

LEANNA E. SHIELDS
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2022-093650

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Attorneys for Complainant

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

In the Matter of the Accusation Against: **CHENG-I LIN, M.D.** **5118 Greenwillow Lane** **San Diego, CA 92130** **Physician's and Surgeon's Certificate No. G 77463,** Respondent.	Case No. 800-2022-093650 **A C C U S A T I O N**

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 August 25, 1993, the Medical Board issued Physician's and Surgeon's Certificate No. G 77463 to Cheng-I Lin, 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 November 30, 2026, unless renewed.

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JURISDICTION

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

4. Section 2227 of the Code states:

> (a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:
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> (1) Have his or her license revoked upon order of the board.
>
> (2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.
>
> (3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.
>
> (4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.
>
> (5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.
>
> (b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.

5. Section 2234 of the Code states, 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:
>
> ...
>
> (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.

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(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.

...

6. 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.

7. From January 1, 2017, through June 30, 2021,[1] section 11165.4 of the Health and Safety Code stated, in pertinent part:[2]

(a)(1)(A)(i) A health care practitioner authorized to prescribe, order, administer, or furnish a controlled substance shall consult the CURES database to review a patient's controlled substance history before prescribing a Schedule II, Schedule III, or Schedule IV controlled substance to the patient for the first time and at least once every four months thereafter if the substance remains part of the treatment of the patient.

...

(e) This section is not operative until six months after the Department of Justice certifies that the CURES database is ready for statewide use and that the department has adequate staff, which, at a minimum, shall be consistent with the appropriation authorized in Schedule (6) of Item 0820-001-0001 of the Budget Act of 2016 (Chapter 23 of the Statutes of 2016), user support, and education. The department shall notify the Secretary of State and the office of the Legislative Counsel of the date of that certification.

8. Since July 1, 2021, section 11165.4 of the Health and Safety Code states, in pertinent part:

(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

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[1] Health and Safety Code section 11165.4 was amended on January 1, 2020, however the provisions of subdivisions (a)(1)(A)(i) and (e) remained unchanged until July 1, 2021.

[2] The Controlled Substance Utilization Review and Evaluation System (CURES) was certified for statewide use by the Department of Justice (DOJ) on April 2, 2018. Therefore, the mandate to consult CURES prior to prescribing, ordering, administering, or furnishing a Schedule II–IV controlled substance became effective October 2, 2018.

information from the patient activity report obtained from 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.

...

9. 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.

COST RECOVERY

10. 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

11. Amphetamine, brand name Adderall, is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. It is a stimulant. When properly prescribed and indicated, it is commonly used to treat attention-deficit hyperactivity disorder (ADHD). According to the Drug Enforcement Administration (DEA), amphetamines are considered drugs of abuse. (Drugs of Abuse, A DEA Resource Guide, 2022 edition, at. pg. 64.)

12. Benzodiazepines, such as alprazolam and diazepam, are Schedule IV controlled substances pursuant to Health and Safety Code section 11057, subdivision (d), and are dangerous drugs pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, they are used for the management of anxiety disorders or for the short-term relief of anxiety.

13. Carisoprodol, brand name Soma, is a Schedule IV controlled substance pursuant to 21 C.F.R. § 1308.14, and a dangerous drug pursuant to Business and Professions Code section 4022.

When properly prescribed and indicated, it is used as a muscle relaxant. According to the DEA, Office of Diversion Control, published comment on carisoprodol, dated March 2014, "[c]arisoprodol abuse has escalated in the last decade in the United States...According to Diversion Drug Trends, published by the Drug Enforcement Administration (DEA) on the trends in diversion of controlled and non-controlled pharmaceuticals, carisoprodol continues to be one of the most commonly diverted drugs."

14. CURES (Controlled Substance Utilization Review and Evaluation System) is a program operated by the California Department of Justice (DOJ) to assist health care practitioners in their efforts to ensure appropriate prescribing of controlled substances, and law enforcement and regulatory agencies in their efforts to control diversion and abuse of controlled substances. (Health & Saf. Code, § 11165.) California law requires dispensing pharmacies to report to the DOJ the dispensing of Schedule II, III, IV and V controlled substances, as soon as reasonably possible after the prescriptions are filled. (Health & Saf. Code, § 11165, subd. (d).) The history of controlled substances dispensed to a specific patient based on the data contained in CURES is available to a health care practitioner who is treating that patient. (Health & Saf. Code, § 11165.1, subd. (a).)

15. Clonazepam, brand name Klonopin, is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. It is an anti-anxiety medication in the benzodiazepine family.

16. Diazepam, brand name Valium, is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. Diazepam is a long-acting benzodiazepine. When properly prescribed and indicated, it is used to treat anxiety, seizures and muscle spasms.

17. Gabapentin is an anti-epileptic drug commonly used to treat seizures and epilepsy. It is classified as a dangerous drug pursuant to Business and Professions Code section 4022.

18. Hydrocodone is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions

Code section 4022. When properly prescribed and indicated, it is used for the treatment of moderate to moderately severe pain. The DEA has identified opioids, such as hydrocodone, as a drug of abuse. (Drugs of Abuse, DEA Resource Guide, 2022 Edition, at p. 50.) Hydrocodone has approximately the same potency as morphine.

19. Lorazepam, brand name Ativan, is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. Lorazepam is a benzodiazepine. When properly prescribed and indicated, it is used to treat anxiety, insomnia, and seizure disorders.

20. Morphine is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022. It is a synthetic opioid. Morphine IR (Immediate Release) is the immediate release version of morphine. MS Contin or morphine ER (Extended Release) is the slow-release version of morphine.

21. Norco is a brand name for the drug combination of hydrocodone (5 mg, 7.5 mg, or 10 mg) and acetaminophen (325 mg). Hydrocodone is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for the treatment of moderate to moderately severe pain. The DEA has identified opioids, such as hydrocodone, as a drug of abuse. (Drugs of Abuse, DEA Resource Guide, 2022 Edition, at p. 50.) The black box warning for hydrocodone warns of "risk of addiction, abuse, and misuse, which can lead to overdose and death... concomitant opioid use with benzodiazepines or other CNS depressants, including alcohol, may result in profound sedation, respiratory depression, coma, and death; reserve concomitant use for patients with inadequate alternative treatment options."

22. Opioids, such as hydrocodone and oxycodone, are Schedule II controlled substances pursuant to Health and Safety Code section 11055, subdivision (c), and are dangerous drugs pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, they are generally used for pain management. All opioids carry a black box warning

that states, in part, "assess opioid abuse or addiction risk prior to prescribing; monitor all patients for misuse, abuse, and addiction." The black box warning for opioids states, "Concomitant opioid use with benzodiazepines... may result in profound sedation, respiratory depression, coma, and death; reserve concomitant use for patients with inadequate alternative treatment options; limit to minimum required dosage and duration."

23. Oxycodone is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for the treatment of moderate to moderately severe pain. The DEA has identified opioids, such as oxycodone, as a drug of abuse. (Drugs of Abuse, DEA Resource Guide, 2022 Edition, at p. 50.) Oxycodone is approximately 1.5 times more potent than morphine and hydrocodone.

24. Percocet and Endocet are brand names for the drug combination of oxycodone (5 mg, 7.5 mg, or 10 mg) and acetaminophen (325 mg). Oxycodone is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for the treatment of moderate to moderately severe pain. The DEA has identified opioids, such as oxycodone, as a drug of abuse. (Drugs of Abuse, DEA Resource Guide, 2022 Edition, at p. 50.)

25. Sertraline, brand name Zoloft, is a dangerous drug pursuant to Business and Professions Code section 4022. Sertraline is an antidepressant medication classified as a selective serotonin reuptake inhibitor commonly used to treat depression.

26. Tramadol is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. It is an opioid analgesic. When properly prescribed and indicated, it is used for the treatment of moderate to severe pain.

27. Zolpidem, brand name Ambien, is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. It is a sedative used for the treatment of insomnia.

FACTUAL ALLEGATIONS

Patient A[3]

28. Beginning in or around 2012[4], through in or around 2022, Patient A presented for care and treatment with Respondent for various medical issues, including, but not limited to, clinical hypothyroidism, tachycardia, low back pain, lumbar radiculopathy, knee pain, insomnia, and depression with anxiety. Throughout Respondent's care and treatment of Patient A, according to the CURES database, Respondent issued numerous prescriptions to Patient A for various controlled substances, including, but not limited to, Norco, Percocet, lorazepam, clonazepam, Ambien and amphetamine.

29. On or about May 23, 2018, Patient A, a then 57-year-old female, signed a controlled substance agreement presented by Respondent.

30. In or around 2018, according to records, Patient A presented for one (1) visit with Respondent, specifically, on or about January 25, 2018.

31. In or around 2018, according to the CURES database, Respondent issued regular monthly prescriptions to Patient A for various controlled substances, including, but not limited to, oxycodone/acetaminophen (10 mg/325 mg, 3 per day), clonazepam (1 mg, 2 per day), and zolpidem (6.25 mg, 1 per day).

32. In or around June 2018, according to the CURES database, Respondent increased and then maintained Patient A's prescription for zolpidem to 10 mg (1 per day).

33. In or around 2019, according to records, Patient A presented for one (1) visit with Respondent, specifically, on or about September 26, 2019.

34. In or around 2019, according to the CURES database, Respondent issued regular monthly prescriptions to Patient A for various controlled substances, including, but not limited to,

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[3] Patient identities have been withheld to maintain patient confidentiality. The patients' identities are known to Respondent or will be disclosed to Respondent upon receipt of a duly issued request for discovery and in accordance with Government Code section 11507.6.

[4] Any medical care or treatment rendered by Respondent more than seven years prior to the filing of the instant Accusation is described for informational purposes only and not pleaded as a basis for disciplinary action.

oxycodone/acetaminophen (10 mg/325 mg; 3 per day); clonazepam (1mg, 2 per day), and zolpidem (10 mg, 1 per day).

35. On or about April 15, 2019, according to the CURES database, another healthcare provider issued one prescription to Patient A for clonazepam (1 mg, 2 per day).

36. On or about September 23, 2019, according to records, Patient A emailed Respondent requesting a prescription for Valium. According to records, Respondent informed Patient A he would not prescribe two benzodiazepines and would discontinue her prescription for clonazepam.

37. On or about September 30, 2019, according to the CURES database, Respondent issued one prescription to Patient A for diazepam (5 mg, 2 per day).

38. On or about November 1, 2019, according to the CURES database, Respondent resumed issuing regular monthly prescriptions to Patient A for clonazepam (1 mg, 2 per day).

39. On or about December 18, 2019, according to the CURES database, another healthcare provider issued one prescription to Patient A for clonazepam (1 mg, 2 per day).

40. On or about April 6, 2020, according to records, Patient A's urine analysis tested positive for marijuana. According to records, this test result was never acknowledged and/or addressed by Respondent with Patient A.

41. In or around 2020, according to records, Patient A attended two (2) visits with Respondent, both visits were conducted by telephone, specifically, on or about April 7, 2020, and April 29, 2020. According to records for these visits, Patient A requested an increase in her clonazepam prescription due to increased anxiety and depression. According to records, Respondent agreed to increase Patient A's prescription for clonazepam temporarily, with a plan to taper. However, according to records and the CURES database, Patient A's prescriptions for clonazepam remained unchanged.

42. In or around 2020, according to the CURES database, Respondent issued regular monthly prescriptions to Patient A for various controlled substances, including, but not limited to, oxycodone/acetaminophen (10 mg/325 mg, 3 per day); clonazepam (1 mg, 2 per day), and zolpidem (10 mg, 1 per day).

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43. In or around 2021, according to records, Patient A presented for three (3) visits with Respondent, specifically, on or about January 29, 2021, September 23, 2021, and November 12, 2021.

44. In or around 2021, according to the CURES database, Respondent issued regular monthly prescriptions to Patient A for various controlled substances, including, but not limited to, oxycodone/acetaminophen (10 mg/325 mg, 3 per day); clonazepam (1 mg, 2 per day), and zolpidem (10 mg, 1 per day).

45. On or about November 29, 2021, and on or about December 30, 2021, according to the CURES database, Respondent lowered Patient A's prescription for zolpidem from 10 mg (1 per day) to 6.25 mg (1 per day).

46. In or around 2022, according to records, Patient A presented for one (1) visit with Respondent, specifically, on or about July 16, 2022.

47. On or about January 28, 2022, according to the CURES database, Respondent increased and then maintained Patient A's prescription for zolpidem to 10 mg (1 per day).

48. In or around 2022, according to the CURES database, Respondent issued regular monthly prescriptions to Patient A for various controlled substances, including, but not limited to, oxycodone/acetaminophen (10 mg/325 mg, 3 per day); clonazepam (1 mg, 2 per day), and zolpidem (10 mg, 1 per day).

49. On or about February 24, 2022, and on or about March 22, 2022, according to the CURES database, Respondent issued prescriptions to Patient A for amphetamine (10 mg, 1 per day).

50. On or about February 28, 2022, according to records, Patient A was scheduled to see a psychiatrist and requested a call from Respondent, to which Respondent indicated he would call Patient A. On or about March 4, 2022, according to records, Patient A informed Respondent that the psychiatrist recommended depression medications, Wellbutrin with Zoloft, and requested a call from Respondent, to which Respondent indicated he would call Patient A. Details of these calls are not documented in Patient A's records.

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51. On or about July 6, 2022, according to records, Patient A requested an early refill of her prescription for Wellbutrin, informing Respondent that she sometimes took double the dose and did not want to experience withdrawal symptoms. According to records, Respondent indicated he would call Patient A. Details of this call are not documented in Patient A's records.

52. From in or around 2018, through in or around 2022, other than the few documented visits with Patient A, Respondent's records for Patient A consist mainly of Respondent and/or his office staff's email correspondence with Patient A regarding requests for refills of medications. On a few occasions, Respondent indicated he called Patient A in response to her email, but the content of these phone calls was not documented in the record.

53. From in or around 2018, through in or around 2022, records of Respondent's care and treatment of Patient A document numerous requests by Patient A for early refills of her medications.

54. From in or around 2018, through in or around 2022, according to records and the CURES database, Respondent made several additions, changes, and/or adjustments to Patient A's prescriptions without any corresponding patient visit and/or encounter to document the reason for such additions, changes, and/or adjustments.

55. From in or around 2018, through in or around 2022, records of Respondent's care and treatment of Patient A do not adequately document Respondent's reasons for continuing to prescribe controlled substances to Patient A.

56. From in or around 2018, through in or around 2022, records for Patient A do not adequately document Respondent's care and treatment of Patient A, including, but not limited to, informed consent discussions with Patient A regarding the various controlled substances prescribed and their interactions with other prescribed medications and potential for addiction; history and physical examinations; goals of treatment; reasons for ongoing prescriptions; review of the CURES database; improvement of Patient A's pain and/or function; measures taken by Respondent to monitor for compliance and/or evaluate for signs of dependence, misuse, addiction and/or any other adverse effects; discussions regarding controlled substances prescribed by other healthcare providers; or any discussions regarding the inconsistent urine drug screen analysis.

Patient B

57. Beginning in or around 2012, through in or around 2022, Patient B presented for care and treatment with Respondent for various medical issues, including, but not limited to, coronary artery disease, diabetes, attention deficit hyperactivity disorder (ADHD), anxiety, depression, and pain. Throughout Respondent's care and treatment of Patient B, according to the CURES database, Respondent issued numerous prescriptions to Patient B for various controlled substances, including, but not limited to, Percocet, Norco, lorazepam, and Ambien. According to the CURES database, Patient B also simultaneously received numerous prescriptions from other healthcare providers for various controlled substances, including, but not limited to, lorazepam and Percocet.

58. On or about June 4, 2018, Patient B, a then 55-year-old male, signed a controlled substance agreement presented by Respondent.

59. In or around 2018, according to records, Patient B presented for one (1) visit with Respondent, specifically, on or about July 31, 2018.

60. In or around 2018, according to the CURES database, Respondent issued regular monthly prescriptions to Patient B for various controlled substances, including, but not limited to, oxycodone/acetaminophen (10 mg/325 mg, 4 per day), lorazepam (1 mg, 3 per day), and zolpidem (12.5 mg, 1 per day).

61. On or about October 22, 2018, according to the CURES database, Respondent decreased and then maintained Patient B's prescription for oxycodone/acetaminophen (10 mg/325 mg) from 4 per day to 3 per day.

62. In or around 2019, according to records, Patient B presented for two (2) visits with Respondent, specifically, on or about March 4, 2019, and July 16, 2019. During these visits, Patient B reported severe stomach pain relieved by defecation, and low back pain.

63. In or around 2019, according to records, Respondent issued prescriptions to Patient B for various controlled substances, including, but not limited to, Norco (10 mg/325 mg), Norco (7.5 mg/325 mg), Percocet (10 mg/325 mg) and Percocet (7.5 mg/325 mg). However, according to CURES, throughout 2019, Patient B only received Percocet (10 mg/325 mg).

64. In or around 2019, according to the CURES database, Respondent issued regular monthly prescriptions to Patient B for various controlled substances, including, but not limited to, oxycodone/acetaminophen (10 mg/325 mg, 3 per day), lorazepam (1 mg, 3 per day), and zolpidem (12.5 mg, 1 per day).

65. In or around 2020, according to records, Patient B presented for two (2) visits with Respondent, specifically, on or about March 30, 2020, and July 7, 2020. According to records, these visits pertained to Patient B's coronary artery disease and contained no documented evaluation or follow up regarding Patient B's pain, anxiety, or insomnia.

66. In or around 2020, according to records, Respondent issued prescriptions to Patient B for various controlled substances, including, but not limited to, Norco (10 mg/325 mg), Norco (7.5 mg/325 mg), Percocet (10 mg/325 mg) and Percocet (7.5 mg/325 mg). However, according to CURES, throughout 2019, Patient B only received Percocet (10 mg/325 mg).

67. In or around 2020, according to the CURES database, Respondent issued regular monthly prescriptions to Patient B for various controlled substances, including, but not limited to, oxycodone/acetaminophen (10 mg/325 mg, 3 per day), lorazepam (1 mg, 3 per day), and zolpidem (12.5 mg, 1 per day).

68. In or around 2021, according to records, Patient B did not present for any visits with Respondent.

69. On or about September 15, 2021, according to records, Patient B submitted to a urine drug screen which tested positive for marijuana, but negative for oxycodone and lorazepam.

70. In or around 2021, according to the CURES database, Respondent issued regular monthly prescriptions to Patient B for various controlled substances, including, but not limited to, oxycodone/acetaminophen (10 mg/325 mg, 3 per day), lorazepam (1 mg, 3 per day), and zolpidem (12.5 mg, 1 per day).

71. From in or around October 2020, through in or around October 2021, according to the CURES database, Respondent did not issue, and/or Patient B did not fill any prescriptions for lorazepam issued by Respondent.

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72. From in or around January 2021, through in or around September 2021, according to the CURES database, Respondent did not issue, and/or Patient B did not fill any prescriptions for oxycodone/acetaminophen issued by Respondent.

73. On or about September 13, 2021, according to records, Patient B submitted to a urine drug screen which tested positive for marijuana, and negative for oxycodone and lorazepam.

74. In or around 2022, according to records, Patient B presented for two (2) visits with Respondent, specifically, on or about April 4, 2022, and July 16, 2022. According to records, the visit on or about April 4, 2022, was a follow up visit to address Patient B's diabetes and hypertension. According to records, the visit on or about July 16, 2022, was conducted by video to discuss Patient B's low back pain, anxiety, and insomnia. According to records, Patient B was asked to submit to a urine drug screen.

75. In or around 2022, according to the CURES database, Respondent issued regular monthly prescriptions to Patient B for various controlled substances, including, but not limited to, oxycodone/acetaminophen (10 mg/325 mg, 3 per day), lorazepam (1 mg, 3 per day), and zolpidem (12.5 mg, 1 per day).

76. In or around September 2022, according to CURES, Respondent did not issue, and/or Patient B did not fill prescriptions for oxycodone/acetaminophen or lorazepam issued by Respondent.

77. On or about November 7, 2022, according to records, Patient B submitted to a urine drug screen which tested positive for fentanyl and oxycodone, but negative for benzodiazepines.

78. From in or around 2018, through in or around 2022, other than the few documented visits with Patient B, Respondent's records for Patient B consist mainly of Respondent and/or his office staff's email correspondence with Patient B regarding requests for refills of medications. On a few occasions, Respondent indicated he called Patient B in response to his email, but the content of these phone calls was not documented in the record.

79. From in or around 2018, through in or around 2022, according to records, Respondent made several additions, changes, and/or adjustments to Patient B's prescriptions without any corresponding patient visit and/or encounter to document the reason for such additions, changes,

and/or adjustments. Additionally, changes to Patient B's prescriptions for Percocet and Norco, as reflected in Patient B's records from in or around 2018 and 2019, were not reflected in the CURES database.

80. From in or around 2018, through in or around 2022, records of Respondent's care and treatment of Patient B do not adequately document Respondent's reasons for continuing to prescribe controlled substances to Patient B.

81. From in or around 2018, through in or around 2022, records for Patient B do not adequately document Respondent's care and treatment of Patient B, including, but not limited to, informed consent discussions with Patient B regarding the various controlled substances prescribed and their interactions with other prescribed medications and potential for addiction; history and physical examinations; goals of treatment; reasons for ongoing prescriptions; review of the CURES database; improvement of Patient B's pain and/or function; measures taken by Respondent to monitor for compliance and/or evaluate for signs of dependence, misuse, addiction and/or any other adverse effects; discussions regarding controlled substances prescribed by other healthcare providers; or any discussions regarding the inconsistent urine drug screen analysis.

Patient C

82. Beginning in or around 2012, through in or around 2022, Patient C presented for care and treatment with Respondent for various medical issues, including, but not limited to, herniated lumbar disc, disc degeneration, depression, anxiety, and ADHD.

83. Throughout Respondent's care and treatment of Patient C, according to the CURES database, Respondent issued numerous prescriptions to Patient C for various controlled substances, including, but not limited to, Norco, Percocet, amphetamine and carisoprodol.

84. According to the CURES database, Patient C also simultaneously received numerous prescriptions for various controlled substances from other healthcare providers.

85. On or about May 25, 2018, Patient C, a then 26-year-old male, signed a controlled substance agreement presented by Respondent.

86. In or around 2018, according to the CURES database, Respondent issued regular monthly prescriptions to Patient C for various controlled substances, including, but not limited to,

hydrocodone/acetaminophen (10 mg/325 mg, 4 per day); oxycodone/acetaminophen (10 mg/325 mg, 4 per day); amphetamine (30 mg, 1 per day); and carisoprodol (350 mg, 3 per day).

87. In or around 2019, according to records, Patient C presented for two (2) visits with Respondent, specifically, on or about February 28, 2019, and November 13, 2019.

88. In or around 2019, according to the CURES database, Respondent issued regular monthly prescriptions to Patient C for various controlled substances, including, but not limited to, oxycodone/acetaminophen (10 mg/325 mg, 4 per day) and amphetamine (30 mg, 1 per day).

89. On or about December 13, 2019, according to the CURES database, Respondent lowered and then maintained Patient C's prescription for amphetamine from 30 mg (1 per day) to 20 mg (1 per day).

90. In or around 2020, according to records, Patient C presented for two (2) visits with Respondent, both visits were conducted by video, specifically, on or about May 29, 2020, and September 14, 2020. According to records for the visit on September 14, 2020, Respondent only addressed Patient C's complaints of exposure to the COVID-19 virus.

91. In or around 2020, according to the CURES database, Respondent issued regular monthly prescriptions to Patient C for various controlled substances, including, but not limited to, oxycodone/acetaminophen (10 mg/325 mg, 4 per day) and amphetamine (20 mg, 1 per day).

92. In or around 2021, according to records, Patient C presented for one (1) visit with Respondent conducted by video, specifically, on or about October 13, 2021. According to records for this visit, Respondent only addressed Patient C's complaints of exposure to the COVID-19 virus.

93. From in or around October 2021, through in or around December 2021, according to the CURES database, Respondent issued regular monthly prescriptions to Patient C for various controlled substances, including, but not limited to, oxycodone/acetaminophen (10 mg/325 mg, 4 per day) and amphetamine (20 mg, 1 per day).

94. From in or around January 2022, through in or around September 2022, according to the CURES database, Respondent issued regular monthly prescriptions to Patient C for various

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controlled substances, including, but not limited to, oxycodone/acetaminophen (10 mg/325 mg, 4 per day) and amphetamine (20 mg, 1 per day).

95. On or about October 24, 2022, according to records, Patient C submitted to a urine drug screen which tested positive for fentanyl.

96. From in or around 2018 through in or around 2022, other than the few documented visits with Patient C, Respondent's records for Patient C consist mainly of Respondent and/or his staff's email correspondence with Patient C regarding requests for refills of medications. On a few occasions, Respondent indicated he called Patient C in response to his email, but the content of these phone calls was not documented in the record.

97. From in or around 2018, through in or around 2022, records of Respondent's care and treatment of Patient C document numerous requests by Patient C for early refills of his medications.

98. From in or around 2018, through in or around 2022, records of Respondent's care and treatment of Patient C do not adequately document Respondent's reasons for continuing to prescribe controlled substances to Patient C.

99. From in or around 2018, through in or around 2022, records for Patient C do not adequately document Respondent's care and treatment of Patient C, including, but not limited to, informed consent discussions with Patient C regarding the various controlled substances prescribed and their interactions with other prescribed medications and potential for addiction; history and physical examinations; goals of treatment; reasons for ongoing prescriptions; review of the CURES database; improvement of Patient C's pain and/or function; measures taken by Respondent to monitor for compliance and/or evaluate for signs of dependence, misuse, addiction and/or any other adverse effects; or any discussions regarding the inconsistent urine drug screen analysis.

Patient D

100. Beginning in or around 2004, through in or around 2022, Patient D presented for care and treatment with Respondent for various medical issues, including, but not limited to, low back pain, hip pain, and knee pain.

101. Throughout Respondent's care and treatment of Patient D, according to the CURES database, Respondent issued numerous prescriptions to Patient D for various controlled substances, including, but not limited to Percocet, morphine and tramadol.

102. On or about January 21, 2019, Patient D, a then 53-year-old male, signed a controlled substance agreement presented by Respondent.

103. In or around 2018, according to records, Patient D presented for three (3) visits with Respondent, specifically, on or about October 29, 2018, November 28, 2018, and December 13, 2018.

104. In or around 2018, according to the CURES database, Respondent issued regular monthly prescriptions to Patient D for various controlled substances, including, but not limited to, oxycodone/acetaminophen (10 mg/325 mg, 6 per day) and morphine (15 mg, 4 per day).

105. In or around 2019, according to records, Patient D presented for two (2) visits with Respondent, specifically, on or about February 12, 2019, and August 7, 2019.

106. In or around 2019, according to the CURES database, Respondent issued regular monthly prescriptions to Patient D for various controlled substances, including, but not limited to, oxycodone/acetaminophen (10 mg/325 mg, 4-5 per day) and morphine (15 mg, 4 per day).

107. In or around 2020, according to records, Patient D presented for five (5) visits with Respondent, specifically, on or about March 12, 2020, May 5, 2020, May 27, 2020, June 5, 2020, and August 10, 2020.

108. In or around 2020, according to the CURES database, Respondent issued regular monthly prescriptions to Patient D for various controlled substances, including, but not limited to, oxycodone/acetaminophen (10 mg/325 mg, 4-5 per day) and morphine (15 mg, 4 per day).

109. On or about September 8, 2020, according to the CURES database, Respondent issued a prescription to Patient D for tramadol (50 mg, 3 per day).

110. In or around 2021, according to records, Patient D presented for two (2) visits with Respondent, specifically, on or about February 24, 2021, and November 1, 2021.

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111. In or around 2021, according to the CURES database, Respondent issued regular monthly prescriptions to Patient D for various controlled substances, including, but not limited to, oxycodone/acetaminophen (10 mg/325 mg, 4-5 per day) and morphine (15 mg, 4 per day).

112. On or about March 16, 2021, according to the CURES database, Respondent issued a prescription to Patient D for tramadol (50 mg, 3 per day).

113. In or around 2022, according to records, Patient D presented for two (2) visits with Respondent, specifically, on or about February 9, 2022, and July 25, 2022.

114. From in or around January 2022, through in or around September 2022, according to the CURES database, Respondent issued regular monthly prescriptions to Patient D for various controlled substances, including, but not limited to, oxycodone/acetaminophen (10 mg/325 mg, 4-5 per day) and morphine (15 mg, 4 per day).

115. From in or around 2018, through in or around 2022, other than the few documented visits with Patient D, Respondent's records for Patient D consist mainly of Respondent and/or his office staff's email correspondence with Patient D regarding requests for refills of medications.

116. From in or around 2018, through in or around 2022, records of Respondent's care and treatment of Patient D do not adequately document Respondent's reasons for continuing to prescribe controlled substances to Patient D.

117. From in or around 2018, through in or around 2022, records for Patient D do not adequately document Respondent's care and treatment of Patient D, including, but not limited to, informed consent discussions with Patient D regarding the various controlled substances prescribed and their interactions with other prescribed medications and potential for addiction; history and physical examinations; goals of treatment; reasons for ongoing prescriptions; review of the CURES database; improvement of Patient D's pain and/or function; measures taken by Respondent to monitor for compliance and/or evaluate for signs of dependence, misuse, addiction and/or any other adverse effects; discussions regarding controlled substances prescribed by other healthcare providers; or any discussions regarding the inconsistent urine drug screen analysis.

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FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

118. Respondent has subjected his Physician's and Surgeon's Certificate No. G 77463 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that he committed gross negligence in his care and treatment of Patients A, B, C, and D, as more particularly alleged hereinafter.

Patient A

119. Paragraphs 28 through 56, above, are hereby incorporated by reference and realleged as if fully set forth herein.

120. Respondent failed to take adequate steps to monitor Patient A for improvement in function, adverse side effects, misuse, dependence and/or addiction; Respondent failed to adequately and/or accurately document his encounters with Patient A; and Respondent failed to ensure adequate follow up care for Patient A while prescribing a combination of opioids and benzodiazepines to Patient A over an extended period of time.

121. Respondent failed to take sufficient measures to mitigate the risk of misuse, dependence and/or addiction while prescribing a combination of opioids and benzodiazepines to Patient A over an extended period of time.

Patient B

122. Paragraphs 57 through 81, above, are hereby incorporated by reference and realleged as if fully set forth herein.

123. Respondent failed to take adequate steps to monitor Patient B for improvement in function, adverse side effects, misuse, dependence and/or addiction; Respondent failed to adequately and/or accurately document his encounters with Patient B; and Respondent failed to ensure adequate follow up care for Patient B while prescribing a combination of opioids and benzodiazepines to Patient B over an extended period of time.

124. Respondent failed to take sufficient measures to mitigate the risk of misuse, dependence and/or addiction while prescribing a combination of opioids and benzodiazepines to Patient B over an extended period of time.

Patient C

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

126. Respondent failed to take adequate steps to monitor Patient C for improvement in function, adverse side effects, misuse, dependence and/or addiction; Respondent failed to adequately and/or accurately document his encounters with Patient C; and Respondent failed to ensure adequate follow up care for Patient C while prescribing a combination of opioids and benzodiazepines to Patient C over an extended period of time.

127. Respondent failed to take sufficient measures to mitigate the risk of misuse, dependence and/or addiction while prescribing a combination of opioids and benzodiazepines to Patient C over an extended period of time.

Patient D

128. Paragraphs 100 through 117, above, are hereby incorporated by reference and realleged as if fully set forth herein.

129. Respondent failed to take adequate steps to monitor Patient D for improvement in function, adverse side effects, misuse, dependence and/or addiction; Respondent failed to adequately and/or accurately document his encounters with Patient D; and Respondent failed to ensure adequate follow up care for Patient D while prescribing a combination of opioids and benzodiazepines to Patient D over an extended period of time.

130. Respondent failed to take sufficient measures to mitigate the risk of misuse, dependence and/or addiction while prescribing a combination of opioids and benzodiazepines to Patient D over an extended period of time.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

131. Respondent has further subjected his Physician's and Surgeon's Certificate No. G 77463 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in his care and

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treatment of Patients A, B, C, and D, as more particularly alleged in paragraphs 28 through 130, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

THIRD CAUSE FOR DISCIPLINE

(Violation of State Statutes Regulating Controlled Substances)

132. Respondent has further subjected his Physician's and Surgeon's Certificate No. G 77463 to disciplinary action under sections 2227 and 2234, as defined by section 2238, of the Code, in that he violated state statutes regulating controlled substances, including, but not limited to, failing to review the CURES database as required pursuant to section 11165.4 of the Health and Safety Code, as more particularly alleged in paragraphs 28 through 131, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

FOURTH CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and/or Accurate Records)

133. Respondent has further subjected his Physician's and Surgeon's Certificate No. G 77463 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that he failed to maintain adequate and/or accurate records in his care and treatment of Patients A, B, C, and D, as more particularly alleged in paragraphs 28 through 132, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate No. G 77463, issued to Respondent Cheng-I Lin, M.D.;
2. Revoking, suspending or denying approval of Respondent Cheng-I Lin, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Respondent Cheng-I Lin, 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

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

DATED: SEP 24 2025

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

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