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

In the Matter of the Accusation Against: Elizabeth V. Kavoossi, M.D. Physician's and Surgeon's Certificate No. A 96371 Respondent.	Case No. 800-2023-101561

DECISION

The attached Stipulated Surrender of License and 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 DEC 0 1 2025.

IT IS SO ORDERED NOV 2 0 2025.

MEDICAL BOARD OF CALIFORNIA

S Smith For

Reji Varghese, Executive Director

ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
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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: **ELIZABETH V. KAVOOSSI, M.D.** **5977 E. Spring Street** **Long Beach, CA 90808** **Physician's and Surgeon's Certificate No. A 96371,** Respondent.	Case No. 800-2023-101561 OAH No. 2025061113 **STIPULATED SURRENDER OF LICENSE AND 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 Rebecca L. Smith, Deputy Attorney General.

2. Elizabeth V. Kavoossi, M.D. (Respondent) is represented in this proceeding by attorney David J. Givot, whose address is: 77711 Flora Road, Suite 103, Palm Desert, California 92211.

3. On or about July 7, 2006, the Board issued Physician's and Surgeon's Certificate No. A 96371 to Respondent. That Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on July 31, 2026, unless renewed.

4. Accusation No. 800-2023-101561 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 May 27, 2025. Respondent timely filed her Notice of Defense contesting the Accusation. A copy of Accusation No. 800-2023-101561 is attached as Exhibit A and incorporated by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2023-101561. Respondent also has carefully read, fully discussed with counsel, and understands the effects of this Stipulated Surrender of License and Order.

6. Respondent is fully aware of her 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 her; the right to present evidence and to testify on her own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

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

CULPABILITY

8. Respondent understands that the charges and allegations in Accusation No. 800-2023-101561, if proven at a hearing, constitute cause for imposing discipline upon her Physician's and Surgeon's Certificate.

9. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation and that those charges constitute cause for discipline.

Respondent hereby gives up her right to contest that cause for discipline exists based on those charges.

10. Respondent understands that by signing this stipulation she enables the Board to issue an order accepting the surrender of her Physician's and Surgeon's Certificate without further process.

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, she enables the Executive Director of the Board to issue an order, on behalf of the Board, accepting the surrender of her Physician's and Surgeon's Certificate No. A 96371 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 she may not withdraw her 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:

ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 96371, issued to Respondent Elizabeth V. Kavoossi, M.D., is surrendered and accepted by the Board.

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

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

3. Respondent shall cause to be delivered to the Board her pocket license and, if one was issued, her 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. 800-2023-101561 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 $32,347.50 (Thirty-Two Thousand Three Hundred Forty-Seven Dollars and Fifty Cents) 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. 800-2023-101561 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 Order and have fully discussed it with my attorney David J. Givot. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 11/5/25

ELIZABETH V. KAVOOSSI, M.D.
Respondent

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

DATED: 11/05/2025

DAVID J. GIVOT
Attorney for Respondent

ENDORSEMENT

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

DATED: November 10, 2025

Respectfully submitted,

ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General

REBECCA L. SMITH
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2023-101561

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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: **ELIZABETH V. KAVOOSSI, M.D.** **5977 E. Spring Street** **Long Beach, CA 90808** **Physician's and Surgeon's Certificate No. A 96371,** Respondent.	Case No. 800-2023-101561 OAH No. **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 July 7, 2006, the Medical Board issued Physician's and Surgeon's Certificate Number A 96371 to Elizabeth V. Kavoossi, M.D. (Respondent). That Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on July 31, 2026, unless renewed.

3. On May 7, 2025, an Interim Suspension Order was issued by the Office of Administrative Hearings. Pursuant to that Order, Respondent's Physician's and Surgeon's Certificate No. A 96371 is suspended and Respondent is immediately restrained and prohibited

from practicing or attempting to practice any aspect of medicine or surgery pending a final Decision by the Board. Respondent was further ordered to immediately deliver to the Board, or its agent, for safekeeping pending a final administrative order of the Board in this matter, all indicia of her licensure as a physician, including but not limited to her wall certificate and wallet card issued by the Board, as well as all prescription forms, all prescription drugs not legally prescribed to Respondent by her treating physician and surgeon, all Drug Enforcement Administration Drug Order forms, and all Drug Enforcement Administration registrations and permits. Failure to comply with these restrictions and conditions is a violation of the Interim Suspension Order and shall constitute cause for discipline, including immediate suspension and/or revocation of licensure.

JURISDICTION

4. 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.

5. Section 2004 of the Code states:

> The board shall have the responsibility for the following:
>
> (a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.
>
> (b) The administration and hearing of disciplinary actions.
>
> (c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.
>
> (d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.
>
> (e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the board.
>
> (f) Approving undergraduate and graduate medical education programs.
>
> (g) Approving clinical clerkship and special programs and hospitals for the programs in subdivision (f).
>
> (h) Issuing licenses and certificates under the board's jurisdiction.
>
> (i) Administering the board's continuing medical education program.

6. Section 2227 of the Code states:

(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

(1) Have his or her license revoked upon order of the board.

(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

(5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.

STATUTORY PROVISIONS

7. Section 820 of the Code states:

Whenever it appears that any person holding a license, certificate or permit under this division or under any initiative act referred to in this division may be unable to practice his or her profession safely because the licentiate's ability to practice is impaired due to mental illness, or physical illness affecting competency, the licensing agency may order the licentiate to be examined by one or more physicians and surgeons or psychologists designated by the agency. The report of the examiners shall be made available to the licentiate and may be received as direct evidence in proceedings conducted pursuant to Section 822.

8. Section 822 of the Code states:

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

(a) Revoking the licentiate's certificate or license.

(b) Suspending the licentiate's right to practice.

(c) Placing the licentiate on probation.

(d) Taking such other action in relation to the licentiate as the licensing agency in its discretion deems proper.

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

9. Section 824 of the Code states:

The licensing agency may proceed against a licentiate under either Section 820, or 822, or under both sections.

10. Section 2234 of the Code states:

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

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

(b) Gross negligence.

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

(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

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

(d) Incompetence.

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

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

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

(h) Any action of the licensee, or another person acting on behalf of the licensee, intended to cause their patient or their patient's authorized representative to

rescind consent to release the patient's medical records to the board or the Department of Consumer Affairs, Health Quality Investigation Unit.

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

11. Section 2228.1 of the Code states:

(a) On and after July 1, 2019, except as otherwise provided in subdivision (c), the board and the Podiatric Medical Board of California shall require a licensee to provide a separate disclosure that includes the licensee's probation status, the length of the probation, the probation end date, all practice restrictions placed on the licensee by the board, the board's telephone number, and an explanation of how the patient can find further information on the licensee's probation on the licensee's profile page on the board's online license information internet web site, to a patient or the patient's guardian or health care surrogate before the patient's first visit following the probationary order while the licensee is on probation pursuant to a probationary order made on and after July 1, 2019, in any of the following circumstances:

(1) A final adjudication by the board following an administrative hearing or admitted findings or prima facie showing in a stipulated settlement establishing any of the following:

(A) The commission of any act of sexual abuse, misconduct, or relations with a patient or client as defined in Section 726 or 729.

(B) Drug or alcohol abuse directly resulting in harm to patients or the extent that such use impairs the ability of the licensee to practice safely.

(C) Criminal conviction directly involving harm to patient health.

(D) Inappropriate prescribing resulting in harm to patients and a probationary period of five years or more.

(2) An accusation or statement of issues alleged that the licensee committed any of the acts described in subparagraphs (A) to (D), inclusive, of paragraph (1), and a stipulated settlement based upon a nolo contendre or other similar compromise that does not include any prima facie showing or admission of guilt or fact but does include an express acknowledgment that the disclosure requirements of this section would serve to protect the public interest.

(b) A licensee required to provide a disclosure pursuant to subdivision (a) shall obtain from the patient, or the patient's guardian or health care surrogate, a separate, signed copy of that disclosure.

(c) A licensee shall not be required to provide a disclosure pursuant to subdivision (a) if any of the following applies:

(1) The patient is unconscious or otherwise unable to comprehend the disclosure and sign the copy of the disclosure pursuant to subdivision (b) and a guardian or health care surrogate is unavailable to comprehend the disclosure and sign the copy.

(2) The visit occurs in an emergency room or an urgent care facility or the visit is unscheduled, including consultations in inpatient facilities.

(3) The licensee who will be treating the patient during the visit is not known to the patient until immediately prior to the start of the visit.

(4) The licensee does not have a direct treatment relationship with the patient.

(d) On and after July 1, 2019, the board shall provide the following information, with respect to licensees on probation and licensees practicing under probationary licenses, in plain view on the licensee's profile page on the board's online license information internet web site.

(1) For probation imposed pursuant to a stipulated settlement, the causes alleged in the operative accusation along with a designation identifying those causes by which the licensee has expressly admitted guilt and a statement that acceptance of the settlement is not an admission of guilt.

(2) For probation imposed by an adjudicated decision of the board, the causes for probation stated in the final probationary order.

(3) For a licensee granted a probationary license, the causes by which the probationary license was imposed.

(4) The length of the probation and end date.

(5) All practice restrictions placed on the license by the board.

(e) Section 2314 shall not apply to this section.

12. Section 2239 of the Code states:

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

(b) A plea or verdict of guilty or a conviction following a plea of nolo contendere is deemed to be a conviction within the meaning of this section. The Medical Board may order discipline of the licensee in accordance with Section 2227 or the Medical Board may order the denial of the license when the time for appeal has elapsed or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending imposition of sentence, irrespective of a subsequent order under the provisions of Section 1203.4 of the Penal Code allowing such person to withdraw his or her plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, complaint, information, or indictment.

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CONTROLLED SUBSTANCES/DANGEROUS DRUGS

13. Section 4021 of the Code states:

"Controlled substance" means any substance listed in Chapter 2 (commencing with Section 11053) of Division 10 of the Health and Safety Code.

14. Section 4022 of the Code provides:

"Dangerous drug" or "dangerous device" means any drug or device unsafe for self-use in humans or animals, 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.

COST RECOVERY

15. Section 125.3 of the Code states:

(a) Except as otherwise provided by law, in any order issued in resolution of a disciplinary proceeding before any board within the department or before the Osteopathic Medical Board, upon request of the entity bringing the proceeding, the administrative law judge may direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

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

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

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

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

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

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

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

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

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

(j) This section does not apply to any board if a specific statutory provision in that board's licensing act provides for recovery of costs in an administrative disciplinary proceeding.

DRUG DEFINITIONS

16. As used herein, the terms below will have the following meanings:

"CURES" means the California Department of Justice, Bureau of Narcotic Enforcement's Controlled Substance Utilization, Review and Evaluation System (CURES) for the electronic monitoring of the prescribing and dispensing of Schedule II, III, IV and V controlled substances dispensed to patients in California pursuant to Health and Safety Code section 11165. The CURES database captures data from controlled substance prescriptions filled as submitted by pharmacies, hospitals, and dispensing physicians. Law enforcement and regulatory agencies use the data to assist in their efforts to control the diversion and resultant abuse of controlled substances. Prescribers and pharmacists may request a patient's history of controlled substances dispensed in accordance with guidelines developed by the Department of Justice.

"Escitalopram," also known by the brand names Cipralex and Lexapro, is included in the class of drugs called selective serotonin reuptake inhibitors (SSRIs). This class of drugs is used to treat depression, anxiety, and other mood disorders. Escitalopram is mainly used to treat major depressive disorder or generalized anxiety disorder. It is a dangerous drug as defined in Code section 4022.

"Gabapentin," also known by the brand name Neurontin, is an anticonvulsant medication used to treat partial seizures, neuropathic pain, hot flashes, and restless legs syndrome. It is recommended as one of a number of first-line medications for the treatment of neuropathic pain caused by diabetic neuropathy, postherpetic neuralgia, and central neuropathic pain. It can have

potentially harmful effects when combined with opioids. It is a dangerous drug as defined in Code section 4022.

"Hydromorphone," also known by the brand name Dilaudid, is an opioid pain reliever. It has a high potential for abuse and use may lead to severe psychological or physical dependence. It is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b)(1)(J), and is a dangerous drug pursuant to Business and Professions Code section 4022.

"Ketamine" is a medication primarily used for induction and maintenance of anesthesia. It induces dissociative anesthesia, a trance-like state providing pain relief, sedation, and amnesia. It is abused for its hallucinogenic properties and produces effects that are similar to PCP (phencyclidine). It is a Schedule III controlled substance pursuant to Health and Safety Code section 11056, subdivision (g), and a dangerous drug pursuant to Code section 4022.

"Methadone" is an opioid used for opioid maintenance therapy in opioid dependence and for chronic pain management. It is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (c), and a dangerous drug pursuant to Code section 4022.

"Morphine milligram equivalency" (MME), developed by the Centers for Disease Control and Prevention (CDC), uses morphine as the standard for physicians to determine how different opioids relate to each other. MME is intended to help clinicians make safe, appropriate decisions concerning opioid regimens. It is used as a gauge of the overdose potential of the amount of opioid prescribed. Higher dosages of opioids are associated with higher risk of overdose and death. Calculating the total daily dosage of opioids assists in minimizing the potential for prescription drug abuse/misuse and reducing the number of unintentional overdose deaths associated with pain medications. The CDC has notified practitioners in 2016 that patients are exposed to increased risk of overdose when receiving opioids in amounts greater than the equivalent of 50 MME per day, and has cautioned that providing a patient with over 90 MME per day should be avoided absent a "careful justification based on diagnosis and on [an] individualized assessment of benefits and risks." CDC, *"Guidelines for the Prescription of Opioids for Chronic Pain,"* dated March 18, 2016 (CDC Guidelines), pp. 22-23.

"Naloxone" is a medication used to reverse the effects of opioids. It is commonly used to counter decreased breathing in opioid overdose. It can treat narcotic overdose in an emergency situation. It is sold under the brand names Narcan and Evzio. It is a dangerous drug as designated in Health and Safety Code section 4022.

"Opioids" are a class of drugs used to reduce pain, including anesthesia, and include the illegal drug heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription. Many prescription opioids are used to block pain signals between the brain and the body and are typically prescribed to treat moderate to severe pain. Side effects can include slowed breathing, constipation, nausea, confusion, and drowsiness. Opioids are highly addictive, and opioid abuse has become a national crisis in the United States. Combining opioids with other drugs or alcohol can be fatal, therefore patients should be cautioned about the simultaneous ingestion of alcohol, benzodiazepines, or other CNS depressant drugs during treatment with opioids.

"Trazodone" is an antidepressant medication. It is used to treat major depressive disorder, anxiety disorders, and in addition to other treatment, alcohol

dependence. It belongs to the serotonin receptor antagonist and reuptake inhibitors (SARIs) group of medications. It is a dangerous drug as defined in Code section 4022.

"Zolpidem," also known by the brand name Ambien, is a sedative-hypnotic drug primarily used for the treatment of trouble sleeping. Its hypnotic effects are similar to those of the benzodiazepines class of drugs. It is a Schedule IV controlled substance and narcotic as defined by Health and Safety Code section 11057, subdivision (d)(32), and a dangerous drug pursuant to Code section 4022.

FIRST CAUSE FOR DISCIPLINE

(Inability to Safely Practice Medicine)

17. Respondent is subject to disciplinary action pursuant to section 822 of the Code in that she cannot safely practice medicine without practice restrictions. The circumstances are as follows:

18. On September 11, 2023, the Board initiated an investigation of Respondent based upon the receipt of a subsequent arrest notification stating that Respondent was arrested in violation of Penal Code section 273.5, subdivision (a), infliction of corporal injury to spouse or cohabitant, a misdemeanor.[1]

19. On September 1, 2023, Respondent called 911 at approximately 11:05 p.m. and reported that her mother was threatening to take her children away. Respondent told the 911 dispatcher that she had consumed a little bit of alcohol. Morro Bay Police Officers responded to the call and arrived at the residence at approximately 11:11 p.m. Respondent, her mother, and her two minor children were staying at a vacation home and had been arguing. According to Respondent's mother, Respondent's minor daughter and son, Respondent had been drinking, argued about sleeping arrangements, and Respondent got physical with her children. During questioning, both children told the officers that Respondent is an alcoholic and sometimes mixes prescription medication with alcohol. The officers noted that Respondent displayed objective signs and symptoms of being under the influence of alcohol. Respondent's speech was slurred. She had a strong odor of alcohol coming from her person and breath and her eyes were red and

[1] The Morro Bay Police Report initially cited that Respondent was arrested for infliction of corporal injury to spouse or cohabitant, in violation of Penal Code section 273.5, subdivision (a), but was later corrected to reflect that Respondent was arrested for child endangerment, in violation of Penal Code section 273a, subdivision (b), a misdemeanor.

watery. Respondent admitted to drinking three beers but denied striking or grabbing her children. Respondent also told police that she had been retired from medicine for about seven years due to her medical issues. Based on Respondent being extremely intoxicated and the statements of Respondent's mother and children, the officers determined that Respondent caused physical pain to her son's arm and caused mental suffering to both children. Respondent was arrested and booked into the San Luis Obispo County Jail for child endangerment in violation of Penal Code section 273a, subdivision (b), a misdemeanor. No criminal charges were filed.

20. On December 21, 2023, a Board Investigator made an unannounced visit to Respondent's residence regarding the circumstances of Respondent's arrest. Respondent stated that she has not been practicing medicine for approximately seven years due to a diagnosis of Crohn's disease and inflammatory arthritis due to the Chron's disease. Respondent stated that after that diagnosis, she started drinking alcohol excessively and now attends weekly Alcoholics Anonymous meetings. Respondent provided a urine sample, which was positive for methadone. Respondent agreed to undergo a voluntary mental examination.

21. On February 5, 2025, Respondent underwent a mental examination by Board appointed psychiatrist, K.K., M.D. to evaluate Respondent's ability to safely practice medicine. Respondent stated that she has had severe pain in her hands, wrists, elbows, and at times, up her shoulders which prevents her from typing into an electronic medical record and working as a physician. Respondent stated that she hopes to get her pain under control and lower her opiate dose to the point that she can practice medicine again.

22. Upon completion of his review of Respondent's medical records, interview of Respondent, and examination of Respondent, Dr. K.K. concluded that Respondent suffers from mental illnesses that impact her ability to safely engage in the practice of medicine. Specifically, Respondent meets the diagnostic criteria for alcohol use disorder, which is currently untreated and unmonitored. In addition, Respondent is prescribed high doses of opiates and Ambien and has ketamine to use at any time. Alcohol is freely available and by history, Respondent has used alcohol impulsively and in large amounts. Any alcohol use in combination with Respondent's current other medications is dangerous and could quickly produce severe impairment or worse.

Respondent also has a diagnosis of depression that is currently in remission, but requires monitoring by a psychiatrist. Respondent stated that she has not seen a psychiatrist since her family practice residency in approximately 2008.

23. In 2020, Respondent underwent a seven-day alcohol detoxification and completed a six-month treatment with Twin Town Treatment Center. She remained sober for a year, until 2021, and then began binge drinking in mid-2021. Respondent reported that she had a final relapse for a few days in November 2023 and denies drinking since. Respondent has never seen an addiction medicine specialist. She only attended Alcoholics Anonymous (AA) online sporadically, never completed all twelve steps, and has not had a consistent psychotherapist or AA sponsor.

24. Respondent's past medical history includes migraines; chronic pain from her elbows to hands related to inflammatory arthritis and prior Crohn's disease diagnosis; sacroiliitis; antiphospholipid syndrome; Raynaud's syndrome in her hands and feet; gastric sleeve; prior positive antinuclear antibodies (ANA) with Anti-double stranded antibodies, unsure of the exact autoimmune illness; and insomnia.

25. Respondent has a nonspecific autoimmune condition with chronic pain, migraines, an incomplete evaluation for sleep disorders, and thyroid nodules. She also may have opiate-induced hyperalgesia.[2]

26. As of February 5, 2025, Respondent was being prescribed multiple medications, including ketamine HCl – powder, 80 mg, troche compounded 3 doses/week; hydromorphone HCl, 4 mg, one tablet four times a day; escitalopram oxalate, 20 mg, one tablet daily; methadone HCl, 10 mg, two tablets three times a day; Ambien, 10 mg, one tablet at bedtime as needed; Trazodone HCl, 50 mg, one tablet daily; and, Gabapentin, 800 mg, one tablet three times a day.

27. Respondent's opiate dosing was noted to be very high. It is recommended that the MME of a patient's daily opiate therapy should generally not exceed 90 milligrams per day, as the risks of drug overdose, death and adverse effects increase significantly beyond this dosage.

[2] Opioid induced hyperalgesia is a state of enhanced pain sensitization in patients who are on chronic opioid therapy.

At the dosages of Respondent's opioid medications, her MME for hydromorphone is 80 and her MME for methadone is 282, for a potential daily total of 362 MME.[3]

28. Respondent's dose of Ambien, 10 mg, as needed at bedtime was also noted to be high. Typically, adult females are prescribed 5 mg, once a day at bedtime. No more than 10 mg should be taken per day. Ambien should not be taken concurrently with opioids or other CNS depressants, including ketamine or alcohol. The combination increases the sedative effect and can lead to slowed breathing, unresponsiveness, coma, and death.

29. Dr. K.K. opined that it is not currently safe for Respondent to practice medicine. Respondent should undergo evaluations and assessments of her sleep, opioid use, thyroid nodule, and use of therapeutic agents for autoimmune conditions. A complete physical exam, history, and laboratory testing are also recommended. In addition, cognitive impairment from combining opiates, ketamine, Ambien, and trazodone should be ruled out as well as consideration of the potential interactions with Respondent's other medications. Respondent poses a present danger or threat to the public health, welfare or safety if she practices medicine without restrictions.

30. Respondent has a severe alcohol use disorder, in self-reported sustained remission, and major depression. The risks of episodic alcohol use have been severe and Respondent's current period of sobriety is self-reported and difficult to verify. Respondent is potentially only one slip away from resuming her heavy binge drinking pattern. Respondent's ongoing very high opiate dose combined with Ambien and ketamine could be extremely dangerous, causing severe impairment in judgment and functioning or be life-threatening with any amount of alcohol. In order to practice medicine safely without endangerment to the public, Respondent requires close and ongoing monitoring as well as treatment and an oversight plan specifically tailored to address her severe alcohol use disorder, major depressive disorder and high doses of opiates, hypnotics and ketamine.

31. Without restrictions, Respondent is unable to safely practice medicine.

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[3] There is documentation of Narcan in Respondent's medication list in her medication records from her pain management physician.

SECOND CAUSE FOR DISCIPLINE

(Unsafe Use of Drugs and Alcohol)

32. Respondent's license is subject to disciplinary action under section 2234, subdivision (a) and section 2239 of the Code, in that she used drugs and alcoholic beverages, to the extent, or in such a manner as to be dangerous and injurious to Respondent, or to any other person or to the public. The circumstances are as follows:

33. The allegations set forth in the First Cause for Discipline are incorporated herein as if fully set forth.

THIRD CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

34. Respondent's license is subject to disciplinary action under section 2234, subdivision (a), of the Code, in that she has engaged in unprofessional conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming to a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine. The circumstances are as follows:

35. The allegations set forth in the First and Second Causes for Discipline are incorporated herein as if fully set forth.

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 A 96371, issued to Respondent Elizabeth V. Kavoossi, M.D.;

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

3. Ordering Respondent Elizabeth V. Kavoossi, 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;

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4. Ordering Respondent Elizabeth V. Kavoossi, M.D., if placed on probation, to provide patient notification in accordance with Business and Professions Code section 2228.1; and

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

DATED: MAY 27 2025

for

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

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