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

In the Matter of the Accusation Against: Ivar Edward Roth, D.P.M Doctor of Podiatric Medicine Certificate No. E- 2628 Respondent.	Case No. 500-2022-001227

DECISION

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

This Decision shall become effective at 5:00 p.m. on January 9, 2026.

IT IS SO ORDERED December 11, 2025.

PODIATRIC MEDICAL BOARD

Daniel Lee, D.P.M, PhD
Board President

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Attorney General of California
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Attorneys for Complainant

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

In the Matter of the Accusation Against: **IVAR EDWARD ROTH, D.P.M.** **485 E. 17th Street, Suite 500** **Costa Mesa, CA 92627** **Doctor of Podiatric Medicine License No. E-2628,** Respondent.	Case No. 500-2022-001227 OAH No. 2025010253 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

1. Brian Naslund (Complainant) is the Executive Officer of the Podiatric Medical Board (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.

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2. Respondent Ivar Edward Roth, D.P.M. (Respondent) is represented in this proceeding by attorney C. Keith Greer, Esq., whose address is: 16855 W. Bernardo Drive, Suite 255, San Diego, CA 92127-1626

3. On or about June 13, 1980, the Board issued Doctor of Podiatric Medicine License No. E-2628 to Respondent. The Doctor of Podiatric Medicine License No. E-2628 was in full force and effect at all times relevant to the charges brought in Accusation No. 500-2022-001227, and will expire on February 28, 2026, unless renewed.

4. On or about July 17, 2025, an interim order imposing restrictions was issued immediately restricting Respondent's ability to perform any PainCur procedure to treat any condition or symptom other than those of the foot and ankle. The interim order remains in full force and effect until the effective date of a final decision and order issued by the Board in this matter.

JURISDICTION

5. On or about October 22, 2024, Accusation No. 500-2022-001227 was filed before the Board and is currently pending against Respondent. On or about October 22, 2024, 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. 500-2022-001227 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, discussed with counsel, and fully understands the charges and allegations in Accusation No. 500-2022-001227. Respondent has also carefully read, fully discussed with counsel, and fully understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of

documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

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

CULPABILITY

9. Respondent does not contest that, at an administrative hearing, Complainant could establish a *prima facie* case with respect to the charges and allegations contained in Accusation No. 500-2022-001227 and that he has thereby subjected his license to disciplinary action.

10. Respondent agrees that if he ever petitions for early termination of probation or modification of probation, or if the Board ever petitions for revocation of probation, all of the charges and allegations contained in Accusation No. 500-2022-001227 shall be deemed true, correct, and fully admitted by Respondent for the purpose of that proceeding or any other licensing proceeding involving Respondent in the State of California.

11. Respondent agrees that his Doctor of Podiatric Medicine License No. E-2628 is subject to discipline and he agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

CONTINGENCY

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

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

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

15. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Doctor of Podiatric Medicine License No. 2628 issued to Respondent Ivar Edward Roth, D.P.M. is revoked. However, the revocation is stayed and Respondent is placed on probation for four (4) years on the following terms and conditions:

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

2. MEDICAL RECORD KEEPING COURSE Within 60 calendar days of the effective date of this Decision. Respondent shall enroll in a course in medical record keeping, at Respondent's expense, approved in advance by the Board or its designee. Failure to successfully complete the course during the first 6 months of probation is a violation of probation.

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

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

3. ETHICS COURSE Within 60 days of the effective date of this Decision, Respondent shall enroll in a course in ethics, at Respondent's expense, approved in advance by the Board or its designee. Failure to successfully complete the course during the first year is a violation of probation.

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

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

4. MONITORING - PRACTICE Within 30 days of the effective date of this Decision, the entire practice shall be monitored, including, but not limited to the following: medical records, charting, pre and postoperative evaluations, and all surgical procedures.

The Board shall immediately, within the exercise of reasonable discretion, appoint a doctor of podiatric medicine from its panel of medical consultants or panel of expert reviewers as the monitor.

The monitor shall provide quarterly reports to the Board or its designee which include an evaluation of Respondent's performance, indicating whether Respondent's practices are within the standards of practice of podiatric medicine, and whether Respondent is practicing podiatric medicine safely.

The Board or its designee shall determine the frequency and practice areas to be monitored. Such monitoring shall be required during the entire period of probation. The Board or its designee may at its sole discretion also require prior approval by the monitor of any medical or surgical procedures engaged in by Respondent. Respondent shall pay all costs of such monitoring and shall otherwise comply with all requirements of his contract with the monitor. If the monitor terminates the contract, or is no longer available, the Board or its designee shall appoint a new monitor immediately. Respondent shall not practice at any time during the probation until the Respondent provides a copy of the contract with the current monitor to the probation investigator and such contract is approved by the Board.

Respondent shall provide access to the practice monitor of Respondent's patient records and such monitor shall be permitted to make direct contact with any patients treated or cared for by Respondent and to discuss any matters related to Respondent's care and treatment of those patients. Respondent shall obtain any necessary patient releases to enable the monitor to review records and to make direct contact with patients. Respondent shall execute a release authorizing the monitor to provide to the Board or its designee any relevant information. If the practice monitor deems it necessary to directly contact any patient, and thus require the disclosure of such patient's identity, Respondent shall notify the patient that the patient's identity has been requested pursuant to the Decision. This notification shall be signed and dated by each patient prior to the commencement or continuation of any examination or treatment of each patient by Respondent and a copy of such notification shall be maintained in each patient's file. The notifications signed by Respondent's patients shall be subject to inspection and copying by the Board or its designee at any time during the period of probation that Respondent is required to comply with this condition. The practice monitor will sign a confidentiality agreement requiring him or her to keep all patient information regarding Respondent's patients in complete confidence, except as otherwise required by the Board or its designee.

Failure to maintain all records, or to make all appropriate records available for immediate inspection and copying on the premises, or to comply with this condition as outlined above, is a violation of probation.

In lieu of a monitor. Respondent may participate in the professional enhancement program offered by the Physician Assessment and Clinical Education Program at the University of California, San Diego School of Medicine, that includes, at minimum, quarterly chart review, semi-annual practice assessment, and semi-annual review of professional growth and education. Respondent shall participate in the professional enhancement program at Respondent's expense during the term of probation.

5. PROHIBITED PRACTICE During probation, Respondent is prohibited from performing any PainCur procedure to treat any condition other than those of the foot and ankle. After the effective date of this Decision, the first time that a patient seeking the prohibited services makes an appointment, Respondent shall orally notify the patient that Respondent does not perform any PainCur procedure to treat any condition other than those of the foot and ankle. Respondent shall maintain a log of all patients to whom the required oral notification was made. The log shall contain the: 1) patient's name, address, and phone number; 2) patient's medical record number, if available; 3) the full name of the person making the notification; 4) the date the notification was made; and 5) a description of the notification given. Respondent shall keep this log in a separate file or ledger, in chronological order, shall make the log available for immediate inspection and copying on the premises at all times during business hours by the Board or its designee, and shall retain the log for the entire term of probation. Failure to maintain a log as defined in the section, or to make the log available for immediate inspection and copying on the premises during business hours is a violation of probation.

In addition to the required oral notification, after the effective date of this Decision, the first time that a patient who seeks the prohibited services presents to Respondent, Respondent shall provide a written notification to the patient stating that Respondent does not perform PainCur procedure to treat any condition other than those of the foot and ankle. Respondent shall maintain a copy of the written notification in the patient's file, shall make the notification available for immediate inspection and copying on the premises at all times during business hours by the Board or its designee. and shall retain the notification for the entire term of probation. Failure to maintain the written notification as defined in the section, or to make the notification available for

immediate inspection and copying on the premises during business hours is a violation of probation.

6. NOTIFICATION Prior to engaging in the practice of medicine, the Respondent shall provide a true copy of the Decision(s) and Accusation(s) to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to Respondent, at any other facility where Respondent engages in the practice of podiatric medicine, including all physician and locum tenens registries or other similar agencies, and to the Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage to Respondent. Respondent shall submit proof of compliance to the Division or its designee within 15 calendar days.

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

7. PHYSICIAN ASSISTANTS Prior to receiving assistance from a physician assistant, Respondent must notify the supervising physician of the terms and conditions of his/her probation.

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

9. QUARTERLY DECLARATIONS Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Board, stating whether there has been compliance with all the conditions of probation. Respondent shall submit quarterly declarations not later than 10 calendar days after the end of the preceding quarter.

10. PROBATION COMPLIANCE UNIT Respondent shall comply with the Board's probation unit. Respondent shall, at all times, keep the Board informed of Respondent's business and residence addresses. Changes of such addresses shall be immediately communicated in writing to the Board or its designee. Under no circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code section 2021(b).

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Respondent shall not engage in the practice of podiatric medicine in Respondent's place of residence. Respondent shall maintain a current and renewed California doctor of podiatric medicine's license.

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

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

12. RESIDING OR PRACTICING OUT-OF-STATE In the event Respondent should leave the State of California to reside or to practice, Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of departure and return. Non-practice is defined as any period of time exceeding 30 calendar days in which Respondent is not engaging in any activities defined in section 2472 of the Business and Professions Code.

All time spent in an intensive training program outside the State of California which has been approved by the Board or its designee shall be considered as time spent in the practice of medicine within the State. A Board-ordered suspension of practice shall not be considered as a period of non-practice. Periods of temporary or permanent residence or practice outside California will not apply to the reduction of the probationary term. Periods of temporary or permanent residence or practice outside California will relieve Respondent of the responsibility to comply with the probationary terms and conditions, with the exception of this condition, and the following terms and conditions of probation: Obey All Law; Probation Unit Compliance; and Cost Recovery.

Respondent's license shall be automatically cancelled if Respondent's periods of temporary or permanent residence or practice outside California totals two years. However, Respondent's license shall not be cancelled as long as Respondent is residing and practicing podiatric medicine in another state of the United States and is on active probation with the medical licensing

authority of that state, in which case the two-year period shall begin on the date probation is completed or terminated in that state.

13. FAILURE TO PRACTICE PODIATRIC MEDICINE - CALIFORNIA RESIDENT In the event the Respondent resides in the State of California and for any reason Respondent stops practicing podiatric medicine in California, Respondent shall notify the Board or its designee in writing within 30 calendar days prior to the dates of non-practice and return to practice. Any period of non-practice within California as defined in this condition will not apply to the reduction of the probationary term and does not relieve Respondent of the responsibility to comply with the terms and conditions of probation. Non-practice is defined as any period of time exceeding thirty calendar days in which Respondent is not engaging in any activities defined in section 2472 of the Business and Professions Code.

All time spent in an intensive training program which has been approved by the Board or its designee shall be considered time spent in the practice of medicine. For purposes of this condition, non-practice due to a Board-ordered suspension or in compliance with any other condition of probation shall not be considered a period of non-practice.

Respondent's license shall be automatically cancelled if Respondent resides in California and for a total of two years, fails to engage in California in any of the activities described in Business and Professions Code section 2472.

14. COMPLETION OF PROBATION Respondent shall comply with all financial obligations (e.g., cost recovery, restitution, probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, Respondent's certificate will be fully restored.

15. VIOLATION OF PROBATION If Respondent violates probation in any respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an accusation or petition to revoke probation is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, the period of probation shall be extended until the matter is final, and no petition

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for modification of penalty shall be considered while there is an accusation or petition to revoke probation pending against Respondent.

16. COST RECOVERY Within 90 calendar days from the effective date of the Decision or other period agreed to by the Board or its designee, Respondent shall reimburse the Board the amount of $59,678.25 for its investigative and prosecution costs. The filing of bankruptcy or period of non-practice by Respondent shall not relieve the Respondent of his/her obligation to reimburse the Board for its costs.

17. LICENSE SURRENDER Following the effective date of this Decision, if Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, Respondent may request the voluntary surrender of Respondent's license. The Board reserves the right to evaluate the Respondent's request and to exercise its discretion whether to grant the request or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board, or its designee and Respondent shall no longer practice podiatric medicine. Respondent will no longer be subject to the terms and conditions of probation and the surrender of Respondent's license shall be deemed disciplinary action. If Respondent re-applies for a podiatric medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

18. PROBATION MONITORING COSTS Respondent shall pay the costs associated with probation monitoring each and every year of probation as designated by the Board, which may be adjusted on an annual basis. Such costs shall be payable to the Board of Podiatric Medicine and delivered to the Board or its designee within 60 days after the start of the new fiscal year. Failure to pay costs within 30 calendar days of this date is a violation of probation.

19. NOTICE TO EMPLOYEES Respondent shall, upon or before the effective date of this Decision, post or circulate a notice which actually recites the offenses for which Respondent has been disciplined and the terms and conditions of probation to all employees involved in his practice. Within fifteen (15) days of the effective date of this Decision. Respondent shall cause his employees to report to the Board in writing. acknowledging the employees have read the

Accusation and Decision in the case and understand Respondent's terms and conditions of probation.

20. CHANGES OF EMPLOYMENT Respondent shall notify the Board in writing, through the assigned probation officer, of any and all changes of employment, location, and address within thirty (30) days of such change.

21. COMPLIANCE WITH REQUIRED CONTINUING MEDICAL EDUCATION Respondent shall submit satisfactory proof biennially to the Board of compliance with the requirement to complete fifty hours of approved continuing medical education, and meet continuing competence requirements for re-licensure during each two (2) year renewal period.

22. FUTURE ADMISSIONS CLAUSE If Respondent should petition for early termination or modification of probation, or if an Accusation and/or Petition to Revoke Probation is filed against the Respondent before the Board, or Respondent should ever apply or reapply for a new license or certification, and/or file a petition for reinstatement of a license, before the Board or any other health care licensing action agency in the State of California, all of the charges and allegations contained in the Accusation No. 500-2022-001227 shall be deemed to be true, correct, and fully admitted by Respondent for the purpose of any Statement of Issues or any disciplinary proceeding seeking to deny, restrict, or revoke licensure or any petition proceeding seeking to reinstate licensure or modify probation.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, C. Keith Greer, Esq. I fully understand the stipulation and the effect it will have on my Doctor of Podiatric Medicine License No. E-2628. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Podiatric Medical Board.

DATED: 10/12/25

IVAR EDWARD ROTH, D.P.M.
Respondent

I have read and fully discussed with Respondent Ivar Edward Roth, D.P.M., the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: Oct 10, 2025

C. KEITH GREER, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: Oct. 15, 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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85385530

Exhibit A

Accusation No. 500-2022-001227

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Attorneys for Complainant

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

In the Matter of the Accusation Against: **IVAR EDWARD ROTH, D.P.M.** 485 E. 17th Street, Suite 500 Costa Mesa, CA 92627 Doctor of Podiatric Medicine License No. E-2628, Respondent.	Case No. 500-2022-001227 **A C C U S A T I O N**

Complainant alleges:

PARTIES

1. Brian Naslund (Complainant) brings this Accusation solely in his official capacity as the Executive Officer of the Podiatric Medical Board, Department of Consumer Affairs (Board).

2. On or about June 13, 1980, the Board issued Podiatrist License No. E-2628 to Ivar Edward Roth, D.P.M. (Respondent). That license was in full force and effect at all times relevant to the charges brought herein and will expire on February 28, 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 2222 of the Code states:

> The California Board of Podiatric Medicine shall enforce and administer this article as to doctors of podiatric medicine. Any acts of unprofessional conduct or other violations proscribed by this chapter are applicable to licensed doctors of podiatric medicine and wherever the Medical Quality Hearing Panel established under Section 11371 of the Government Code is vested with the authority to enforce and carry out this chapter as to licensed physicians and surgeons, the Medical Quality Hearing Panel also possesses that same authority as to licensed doctors of podiatric medicine.
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> The California Board of Podiatric Medicine may order the denial of an application or issue a certificate subject to conditions as set forth in Section 2221, or order the revocation, suspension, or other restriction of, or the modification of that penalty, and the reinstatement of any certificate of a doctor of podiatric medicine within its authority as granted by this chapter and in conjunction with the administrative hearing procedures established pursuant to Sections 11371, 11372, 11373, and 11529 of the Government Code. For these purposes, the California Board of Podiatric Medicine shall exercise the powers granted and be governed by the procedures set forth in this chapter.

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.
>
> (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 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.

7. Section 2415 of the Code states, in pertinent part:

> (a) Any physician and surgeon or any doctor of podiatric medicine, as the case may be, who as a sole proprietor, or in a partnership, group, or professional corporation, desires to practice under any name that would otherwise be a violation of Section 2285 may practice under that name if the proprietor, partnership, group, or corporation obtains and maintains in current status a fictitious-name permit issued by the Division of Licensing, or, in the case of doctors of podiatric medicine, the California Board of Podiatric Medicine, under the provisions of this section.
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> ...

COST RECOVERY

8. Section 2497.5 of the Code states:

> (a) The board may request the administrative law judge, under his or her proposed decision in resolution of a disciplinary proceeding before the board, to direct any licensee found guilty of unprofessional conduct to pay to the board a sum not to exceed the actual and reasonable costs of the investigation and prosecution of the case.
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> (b) The costs to be assessed shall be fixed by the administrative law judge and shall not be increased by the board unless the board does not adopt a proposed decision and in making its own decision finds grounds for increasing the costs to be assessed, not to exceed the actual and reasonable costs of the investigation and prosecution of the case.
>
> (c) When the payment directed in the board's order for payment of costs is not made by the licensee, the board may enforce the order for payment by bringing an action in any appropriate court. This right of enforcement shall be in addition to any other rights the board may have as to any licensee directed to pay costs.
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> (d) In any judicial action for the 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.
>
> (e)(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 those unpaid costs.

(f) All costs recovered under this section shall be deposited in the Board of Podiatric Medicine Fund as a reimbursement in either the fiscal year in which the costs are actually recovered or the previous fiscal year, as the board may direct.

FACTUAL ALLEGATIONS

9. On or about February 22, 2023, investigators with the Health Quality Investigation Unit (HQIU) on behalf of the Board visited Respondent's place of business. In the patient seating area, Investigator J.E. observed literature regarding PainCur. The literature featured Respondent and credited Respondent for developing a treatment, trademarked as PainCur. According to the literature, treatment with PainCur is described as involving "several injections of an FDA approved drug" to alleviate pain. The literature quotes Respondent explaining, "There is a neurological connection that exists between the foot and other parts of the body, including the knee, hip, back and sciatic region." Respondent goes on to explain, "The same neurological connection also exists between the hand and upper body parts."

10. During this site visit, Respondent refused to identify the components of PainCur. Respondent indicated he premixed the solution and maintained the solution in a locked cabinet. However, when requested, Respondent refused to unlock the cabinet for HQIU investigators.

11. On or about December 29, 2023, during a subject interview with HQIU Investigator J.E., Respondent described PainCur as a subcutaneous injection in the third interspace, the web space between the third and fourth toe, with a substance similar to an alcohol sclerosing injection used for neuromas. Respondent explained that while the substance was similar, the purpose of the injection of PainCur in the third interspace was different in that the purpose of PainCur was to turn off pain receptors in the upper and lower areas of the body.

12. According to the U.S. Food and Drug Administration (FDA), the ingredients contained in PainCur, bupivacaine and dexamethasone sodium phosphate, are approved by the FDA, however, the combination of the two substances for purposes of injecting into hands and feet to treat pain and identifying the combination as PainCur, PainCur X, PainCur XX, and/or PainCur XXX, are not FDA approved.

13. According to the Board's licensing records, Concierge Podiatry and Spa, operated by Respondent, does not have a past or current fictitious name permit (FNP) on file with the Board.

14. According to the Board's licensing records, Respondent previously had an FNP license for A Foot and Ankle Center, FNP License No. 12749. According to the Board's licensing records, FNP License No. 12749 was issued to Respondent on August 8, 1986, and expired on February 28, 1988.

Patient A[1]

15. On or about July 7, 2021, Patient A, a then 68-year-old female who had been previously diagnosed with fibromyalgia,[2] sought treatment with Respondent for pain management after seeing Respondent's advertisement for PainCur.[3] During Patient A's initial appointment, Respondent explained PainCur treatment consisted of regular injections, twice a week, for four to six weeks. Respondent explained the PainCur solution would be injected into Patient A's hands to address upper body pain and into Patient A's feet to address lower body pain. Respondent did not disclose to Patient A the ingredients of the PainCur solution, rather Respondent informed Patient A that PainCur was FDA approved with a pending patent.

16. According to records, Patient A reported feeling pain throughout her body at varying levels of pain. According to records, Respondent noted three specific areas: Patient A's right neck, Patient A's right elbow and wrist, and Patient A's right knee.

17. From on or about July 2021, through on or about September 2021, Patient A received regular injections of PainCur by Respondent in her hands and feet to address the pain throughout her body. Records for these visits merely indicate the date of the visit and the sequence of injections administered (i.e., "1/7, 2/7, 3/7,...") with minimal and/or no further details or description regarding the solution injected, the location of the injections, or Patient A's response or reaction to the injections.

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[1] To protect the privacy of the patients involved, the patients' names have not been included in this pleading. Respondent is aware of the identities of the patients referred to herein.

[2] Fibromyalgia is a chronic disorder that causes pain and tenderness throughout the body. It is often that characterized by widespread musculoskeletal pain combined with fatigue and sleep issues.

18. Records for Patient A's visit on or about August 12, 2021, indicate PainCur injection "8/7" was administered and noted "improvement" with no further details or description.

19. According to Patient A, the PainCur injections caused her to lose mobility in her hands.

20. On or about August 20, 2021, records for Patient A indicate a partial refund was issued to Patient A for the PainCur injections placed in Patient A's hands.

21. Records for Patient A's visit on or about August 23, 2021, indicate PainCur injection "9/7" was administered and noted a laser procedure was also performed, with no further details or description. According to Patient A, she received laser treatment by Respondent in her hands when the PainCur treatments were not effective.

22. Records for Patient A's visit on or about August 26, 2021, indicate PainCur injection "10/7" was administered and noted the injection was administered to Patient A's "feet only." Records for this visit also indicate a laser treatment was again performed, with no further details or description.

23. Records for Patient A's visit on or about August 30, 2021, indicate PainCur injection "11/7" was administered and that Patient A "saw some improvement in legs".

24. Records for Patient A's visit on or about September 7, 2021, indicate PainCur injection "#13" was administered and that Patient A reported her hands were doing better, but her right and left knees were still sore.

25. Records for Patient A's visit on or about September 10, 2021, indicate PainCur injection "14" was administered and that Patient A reported less pain in her legs.

26. Records for Patient A's visit on or about September 13, 2021, indicate the final PainCur injection "#15" was administered with no further details or description.

27. Patient A developed a mass in her foot and discontinued PainCur treatments.

28. On or about October 9, 2021, Patient A signed an agreement to release all claims against Respondent for all her PainCur treatments received from Respondent. According to the agreement, Patient A was prohibited from discussing her PainCur treatments with anyone. After signing the agreement, Patient A received a full refund from Respondent.

Patient B

29. On or about August 30, 2021, Patient B, a then 70-year-old male who suffered severe hip pain due to arthritis, sought treatment with Respondent for pain management after seeing Respondent's advertisement for PainCur. According to Patient B, Respondent indicated he was working on getting FDA approval for PainCur.

30. According to records, Patient B reported feeling pain in his hip area. No other area of pain was identified by Patient B.

31. From on or about August 2021, through on or about October 2021, Patient B received regular injections of PainCur by Respondent in his feet to address his hip pain. Records for these visits merely indicate the date of the visit and the sequence of injections administered (i.e., "1/7, 2/7, 3/7,...") with minimal and/or no further details or description regarding the solution injected, the location of the injections, or Patient B's response or reaction to the injections.

32. Records for Patient B's visit on or about September 10, 2021, indicate PainCur injection "5/7" was administered and noted a laser procedure was performed, with no further details or description. According to Patient B, he received laser treatment by Respondent on his hips.

33. Records for Patient B's visit on or about September 24, 2021, indicate PainCur injection "10/7" was administered and noted a laser procedure was again performed, with no further details or description.

34. Records for Patient B's visit on October 22, 2021, indicate the final PainCur injection "14/7" was administered with no further details or description.

Patient C

35. On or about April 4, 2019, Patient C, a then 60-year-old male, sought treatment with Respondent for various issues in his feet.

36. In or around July 2021, Patient C underwent a series of PainCur injections provided by Respondent to relieve Patient C's chronic back pain.

37. Records for Patient C provided by Respondent failed to document any treatment records for PainCur injections administered to Patient C.

38. During his subject interview with HQIU investigators, Respondent admitted providing weekly injections of PainCur in Patient C's feet and claimed the PainCur injections successfully relieved Patient C's back pain.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

39. Respondent has subjected his Podiatrist License No. E-2628 to disciplinary action under section 2234, subdivision (b), of the Code, in that Respondent committed gross negligence in his care and treatment of Patients A, B, and C, as more particularly alleged hereinafter.

40. Paragraphs 9 through 38, above, are hereby incorporated by reference and realleged as if fully set forth herein.

Patient A

41. Respondent committed gross negligence in that he failed to clearly inform Patient A that PainCur was not FDA-approved.

42. Respondent committed gross negligence in that he failed to clearly inform Patient A what substances were mixed together to create PainCur and/or that the use of these substances in PainCur was an off-label use in order to obtain proper informed consent.

43. Respondent committed gross negligence in that he administered injections of PainCur to Patient A's hands for the purpose of treating pain in Patient A's upper body caused by fibromyalgia, which is beyond the scope and practice of a podiatrist.

44. Respondent committed gross negligence in that he administered laser treatments to Patient A's hands, which is beyond the scope and practice of a podiatrist.

45. Respondent committed gross negligence in that he administered injections of PainCur to Patient A's feet for the purpose of treating pain in Patient A's lower body caused fibromyalgia, which is beyond the scope and practice of a podiatrist.

46. Respondent committed gross negligence in that he failed to maintain adequate and/or accurate records of his care and treatment of Patient A, including, but not limited to, failing to clearly document an assessment, evaluation, diagnosis, plan, treatment and progress of treatment, throughout his care and treatment of Patient A.

Patient B

47. Respondent committed gross negligence in that he failed to clearly inform Patient B that PainCur was not FDA-approved.

48. Respondent committed gross negligence in that he failed to clearly inform Patient B what substances were mixed together to create PainCur and/or that the use of these substances in PainCur was an off-label use in order to obtain proper informed consent.

49. Respondent committed gross negligence in that he administered injections of PainCur to Patient B's feet for the purpose of treating Patient B's hip pain, which is beyond the scope and practice of a podiatrist.

50. Respondent committed gross negligence in that he administered laser treatments to Patient B's hip area, which is beyond the scope and practice of a podiatrist.

51. Respondent committed gross negligence in that he failed to maintain adequate and/or accurate records of his care and treatment of Patient B, including, but not limited to, failing to clearly document an assessment, evaluation, diagnosis, plan, treatment and progress of treatment, throughout his care and treatment of Patient B.

Patient C

52. Respondent committed gross negligence in that he failed to clearly inform Patient C that PainCur was not FDA-approved.

53. Respondent committed gross negligence in that he failed to clearly inform Patient C what substances were mixed together to create PainCur and/or that the use of these substances in PainCur was an off-label use in order to obtain proper informed consent.

54. Respondent committed gross negligence in that he administered injections of PainCur to Patient C's feet for the purpose of treating Patient C's chronic back pain, which is beyond the scope and practice of a podiatrist.

55. Respondent committed gross negligence in that he failed to maintain adequate and/or accurate records of his care and treatment of Patient C, including, but not limited to, failing to clearly document an assessment, evaluation, diagnosis, plan, treatment and progress of treatment, throughout his care and treatment of Patient C.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

56. Respondent has further subjected his Podiatrist License No. E-2628 to disciplinary action under section 2234, subdivision (c), of the Code, in that Respondent committed repeated negligent acts as more particularly alleged hereinafter.

57. Paragraphs 9 through 55, above, are hereby incorporated by reference and realleged as if fully set forth herein.

58. Respondent committed repeated negligent acts in that he failed to put in place and/or maintain clear protocols and policies for mixing substances into a solution he referred to as PainCur, including, but not limited to, failing to identify solution concentrations, identifying bottles only as PainCur X, PainCur XX, and/or PainCur XXX, failing to clearly label bottles with expiration dates, and failing to maintain clear protocols or policies regarding storage of the various solutions.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and/or Accurate Records)

59. Respondent has further subjected his Podiatrist License No. E-2628 to disciplinary action under section 2266, of the Code, in that Respondent failed to maintain adequate and/or accurate records in his care and treatment of Patients A, B, and C, as more particularly alleged in paragraphs 9 through 58, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

FOURTH CAUSE FOR DISCIPLINE

(Failure to Maintain a Current Fictitious Name Permit)

60. Respondent has further subjected his Podiatrist License No. E-2628 to disciplinary action under section 2415, subdivision (a), of the Code, in that Respondent failed to maintain a current fictious name permit with the Board, as more particularly alleged in paragraphs 9 through 59, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

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FIFTH CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

61. Respondent has further subjected his Podiatrist License No. E-2628 to disciplinary action under section 2234, of the Code, in that Respondent engaged in conduct which breached the rules or ethical code of the medical profession or which was unbecoming of a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine, in his care and treatment of Patients A, B, and C, as more particularly alleged in paragraphs 9 through 60, 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 Board issue a decision:

1. Revoking or suspending Podiatrist License No. E-2628, issued to Respondent Ivar Edward Roth, D.P.M.;

2. Ordering Respondent Ivar Edward Roth, D.P.M., to pay the Board the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 2497.5;

3. Ordering Respondent Ivar Edward Roth, D.P.M., if placed on probation, to pay the costs of probation monitoring; and

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

DATED: OCT 22 2024

BRIAN NASLUND
Executive Officer
Podiatric Medical Board
Department of Consumer Affairs
State of California
Complainant

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