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

In the Matter of the Accusation Against: Maurice Moise Levy, M.D. Physician's and Surgeon's Certificate No. A 41579 Respondent.	Case No.: 800-2022-085980

DECISION

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

This Decision shall become effective at 5:00 p.m. on February 6, 2026.

IT IS SO ORDERED: January 7, 2026.

MEDICAL BOARD OF CALIFORNIA

MD.

Veling Tsai, M.D., Chair
Panel A

ROB BONTA
Attorney General of California
EDWARD KIM
Supervising Deputy Attorney General
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BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **MAURICE MOISE LEVY, M.D.** **1125 South Beverly Drive, Suite 601A** **Los Angeles, CA 90035** **Physician's and Surgeon's Certificate No. A 41579,** Respondent.	Case No. 800-2022-085980 OAH No. 2025040655 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

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

2. Respondent Maurice Moise Levy, M.D. (Respondent) is represented in this proceeding by attorney Edward O. Lear of Century Law Group, LLP, located at 5200 West Century Blvd., Suite 345, Los Angeles, California 90045-5922.

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3. On or about March 18, 1985, the Board issued Physician's and Surgeon's Certificate No. A 41579 to Respondent. That Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2022-085980, and will expire on November 30, 2026, unless renewed.

JURISDICTION

4. Accusation No. 800-2022-085980 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 February 12, 2025. Respondent timely filed his Notice of Defense contesting the Accusation. A true and correct copy of Accusation No. 800-2022-085980 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2022-085980. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

8. Respondent acknowledges the fact that, if adopted by the Board, the Board will report this Stipulated Settlement and Disciplinary Order to the National Practitioner Data Bank (NPDB) and Federation of State Medical Boards (FSMB) and publicly post such enforcement action, and Respondent hereby waives any and all objections thereto.

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CULPABILITY

9. Respondent admits the truth of each and every charge and allegation in Accusation No. 800-2022-085980.

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

CONTINGENCY

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

12. 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.

13. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in Accusation No. 800-2022-085980 shall be deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

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 opportunity to be heard by the Respondent, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 41579 issued to Respondent Maurice Moise Levy, M.D. 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 calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

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

A prescribing practices course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board

or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision.

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

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

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

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

4. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment program approved in advance by the Board or its designee. Respondent shall successfully complete the program not later than six (6) months after Respondent's initial enrollment unless the Board or its designee agrees in writing to an extension of that time.

The program shall consist of a comprehensive assessment of Respondent's physical and mental health and the six general domains of clinical competence as defined by the Accreditation Council on Graduate Medical Education and American Board of Medical Specialties pertaining to Respondent's current or intended area of practice. The program shall take into account data obtained from the pre-assessment, self-report forms and interview, and the Decision(s), Accusation(s), and any other information that the Board or its designee deems relevant. The program shall require Respondent's on-site participation as determined by the program for the assessment and clinical education and evaluation. Respondent shall pay all expenses associated with the clinical competence assessment program.

At the end of the evaluation, the program will submit a report to the Board or its designee which unequivocally states whether the Respondent has demonstrated the ability to practice safely and independently. Based on Respondent's performance on the clinical competence assessment, the program will advise the Board or its designee of its recommendation(s) for the scope and length of any additional educational or clinical training, evaluation or treatment for any medical condition or psychological condition, or anything else affecting Respondent's practice of medicine. Respondent shall comply with the program's recommendations.

Determination as to whether Respondent successfully completed the clinical competence assessment program is solely within the program's jurisdiction.

If Respondent fails to enroll, participate in, or successfully complete the clinical competence assessment program within the designated time period, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. The Respondent shall not resume the practice of medicine until enrollment or participation in the outstanding portions of the clinical competence assessment program have been completed. If the Respondent did not successfully complete the clinical competence assessment program, the Respondent shall not resume the practice of medicine until a final decision has been rendered on the accusation and/or a petition to revoke probation. The cessation of practice shall not apply to the reduction of the probationary time period.

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5. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for prior approval as a practice monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose licenses are valid and in good standing, and who are preferably American Board of Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or personal relationship with Respondent, or other relationship that could reasonably be expected to compromise the ability of the monitor to render fair and unbiased reports to the Board, including but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

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

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

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

The monitor(s) shall submit a quarterly written report to the Board or its designee which includes an evaluation of Respondent's performance, indicating whether Respondent's practices are within the standards of practice of medicine, and whether Respondent is practicing medicine

safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure that the monitor submits the quarterly written reports to the Board or its designee within 10 calendar days after the end of the preceding quarter.

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

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

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

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

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

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

9. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement in the amount of $28,459.90 (Twenty-eight thousand four hundred fifty-nine dollars and ninety cents). Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be considered a violation of probation.

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

The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility to repay investigation and enforcement costs.

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

Respondent shall submit quarterly declarations not later than 10 calendar days after the end of the preceding quarter.

11. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

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

Place of Practice

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

License Renewal

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

Travel or Residence Outside California

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

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

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

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

on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-practice.

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

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

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

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

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

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

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

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

18. FUTURE ADMISSIONS CLAUSE. Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2022-085980 shall be deemed to be true, correct, and admitted by

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Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

ACCEPTANCE

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

DATED: 10/09/25

Maurice Levy MD

MAURICE MOISE LEVY, M.D.
Respondent

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

DATED: 10/9/2025

/s/ Edward O. Lear

EDWARD O. LEAR
Attorney for Respondent

ENDORSEMENT

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

DATED: October 9, 2025

Respectfully submitted,

ROB BONTA
Attorney General of California
EDWARD KIM
Supervising Deputy Attorney General

Christine Friar Walton

CHRISTINE FRIAR WALTON
Deputy Attorney General
Attorneys for Complainant

Exhibit A

Accusation No. 800-2022-085980

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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: **Maurice Moise Levy, M.D.** **1125 South Beverly Drive, Suite 601A** **Los Angeles, CA 90035** **Physician's and Surgeon's Certificate No. A 41579,** Respondent.	Case No. 800-2022-085980 **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 March 18, 1985, the Board issued Physician's and Surgeon's Certificate Number A 41579 to Maurice Moise Levy, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on November 30, 2026, unless renewed.

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 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.

5. Section 2220 of the Code states:

Except as otherwise provided by law, the board may take action against all persons guilty of violating this chapter. The board shall enforce and administer this article as to physician and surgeon certificate holders, including those who hold certificates that do not permit them to practice medicine, such as, but not limited to, retired, inactive, or disabled status certificate holders, and the board shall have all the powers granted in this chapter for these purposes including, but not limited to:

(a) Investigating complaints from the public, from other licensees, from health care facilities, or from the board that a physician and surgeon may be guilty of unprofessional conduct. The board shall investigate the circumstances underlying a report received pursuant to Section 805 or 805.01 within 30 days to determine if an interim suspension order or temporary restraining order should be issued. The board shall otherwise provide timely disposition of the reports received pursuant to Section 805 and Section 805.01.

(b) Investigating the circumstances of practice of any physician and surgeon where there have been any judgments, settlements, or arbitration awards requiring the physician and surgeon or his or her professional liability insurer to pay an amount in damages in excess of a cumulative total of thirty thousand dollars ($30,000) with respect to any claim that injury or damage was proximately caused by the physician's and surgeon's error, negligence, or omission.

(c) Investigating the nature and causes of injuries from cases which shall be reported of a high number of judgments, settlements, or arbitration awards against a physician and surgeon.

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 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.

. . .

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

8. Section 2266 of the Code states:

The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct.

COST RECOVERY

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

DEFINITIONS

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

"Alprazolam" (brand name Xanax), a benzodiazepine, is a centrally acting hypnotic-sedative that is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for the management of anxiety disorders.

"Escitalopram" (brand name Lexapro), an antidepressant medication, is a dangerous drug as defined in Code section 4022, which is generally used to treat certain types of depression and anxiety. Antidepressants may have a role in inducing worsening of depression and the emergence of suicidality in certain patients during the early phases of treatment. An increased risk of suicidal thinking and behavior in children, adolescents, and young adults (aged 18 to 24 years) with major depressive disorder (MDD) and other psychiatric disorders has been reported with short-term use of antidepressant drugs

"Lorazepam" (brand name Ativan), a benzodiazepine, is a dangerous drug as defined in Code section 4022 and a Schedule IV controlled substance as defined by section 11057 of the Health and Safety Code. When properly prescribed and indicated, lorazepam is used for anxiety and sedation in the management of anxiety disorder for short-term relief from the symptoms of anxiety or anxiety associated with depressive symptoms.

"Bupropion" (brand name Wellbutrin), an antidepressant medication, is a dangerous drug as defined in Code section 4022, which is generally used to treat major depression and seasonal affective disorder. Possible associated risks include,

but are not limited to, increased restlessness, agitation, anxiety, and insomnia, especially shortly after initiation of treatment; neuropsychiatric signs and symptoms when prescribed for depressed patients, including delusions, hallucinations, psychosis, concentration disturbance, paranoia, and/or confusion (which abate with dose reduction or withdrawal of treatment); precipitation of manic episodes in bipolar disorder patients during a depressed phase and activation of psychosis in susceptible patients; altered appetite and weight; and other concerns more fully in the package inserts for this medication. This medication comes in sustained release (SR) and extended release (XR) form.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

11. Respondent is subject to disciplinary action under sections 2227 and 2234, as defined by section 2334, subdivision (b), of the Code, in that he committed gross negligence in connection with his care and treatment of Patient A,[1] as more particularly alleged hereinafter:

12. On or about May 14, 2021, Patient A, a 25-year-old male, had his initial visit with Respondent with chief complaints of "anxiety, nausea, acid reflux, and stomach issues." As part of his patient intake, Patient A reported, among other things, that his "father's side" of his family had issues with anxiety and depression," that he was experiencing stress and/or emotional issues, and that he suffered from gastrointestinal (GI) problems, including gastroesophageal reflux disease (GERD). He also reported he used marijuana for insomnia.

13. On or about May 19, 2021, Respondent saw Patient A to review laboratory findings and to begin his treatment of Patient A. Respondent documented that there were no changes regarding Patient A's prior review of systems and his physical exam. Respondent prescribed lorazepam 1 mg twice daily (b.i.d.) for anxiety. Respondent also prescribed esomeprazole (Nexium) 40 mg for Patient A's GERD and ondansetron (Zofran) for nausea. Respondent did not record any discussion regarding the benzodiazepine prescription, including its risks of withdrawal, sedation, misuse, or dependency.

14. On or about June 16, 2021, Patient A returned for a follow-up visit and reported depression to Respondent. Respondent noted that the "[patient] appears down compared to last

[1] The patient in this Accusation is identified as Patient A to address privacy concerns. The patient's identity is known to Respondent or will be disclosed to Respondent upon a duly issued request for discovery and in accordance with Government Code section 11507.6.

visit." Respondent's checked boxes on his encounter form for this visit indicating a partial ROS [review of systems] noted to be WNL [within normal limits] and checked "See Note" boxes for GI [gastrointestinal] and "Psych" [psychological or psychiatric issues].[2] Patient A reported that his anxiety had improved after taking lorazepam 1 mg and his GERD had improved after taking esomeprazole (Nexium). A limited physical exam was documented with abbreviated notes for HEENT [head, ears, eyes, nose and throat], PULM [pulmonary], CV [cardiovascular] and ABD [abdomen]. Respondent discussed different antidepressants and started the patient on Wellbutrin (bupropion) XL 150 mg (#30) once a day. Respondent increased the lorazepam dosage to 2 mg (#60) b.i.d.

15. On or about July 15, 2021, Patient A returned for a follow-up visit and reported to Respondent that the lorazepam 2 mg was too sedating. Patient A was also still depressed despite his prescription for Wellbutrin XL 150 mg. Respondent checked boxes indicating a partial ROS noted to be WNL and checked the "See Note" boxes for GI and "Psych." A limited physical exam was documented with abbreviated notes for HEENT, PULM, CV, and ABD. Respondent's assessment and plan included lorazepam "back to" 1 mg (#60) b.i.d., increasing Wellbutrin XL (#90) to 300 mg, and continuing esomeprazole (Nexium) for GERD.

16. On or about July 20, 2021, Patient A called Respondent's office and reported feeling restless and agitated, and Respondent's office staff documented that staff "spoke to Dr - will call back in 2 days." Wellbutrin SR 150 mg (#30) once a day was prescribed two days later with no explanation as to why the XL (extended release) formulation was changed to SR (sustained release), or why the dosage was cut in half. Respondent also decreased the prescription for lorazepam 2 mg (#60) b.i.d. to 1 mg (#120) b.i.d., a two-month supply.

17. On or about September 14, 2021, Patient A returned for a follow-up visit and complained about tonsillitis and reported that his anxiety and depression were stable under the

[2] Respondent's single-page "E/M Visit Encounter Form" used for each visit has, among other things, lines for patient identifying information, vital signs, nurse notes, allergies, current medication, disability status, and boxes to record a review of systems, past, family, and social history, urinalysis information; and chief complaints, [physical] exam, assessment and plan, and physician's signature. The ROS box contains two columns with boxes that can be checked for WNL or "See Note" for details.

current drug regimen. The ROS box was blank and there were abbreviated physical exam notes for HEENT, PULM, and CV. Respondent's assessment and plan included continuing lorazepam 1 mg b.i.d., changing to Wellbutrin XL (instead of the Wellbutrin SR) [without any explanation], and esomeprazole (Nexium) for GERD, and a referral to an ENT specialist (illegible) for the tonsillitis with a notation to "see if related to GERD."

18. On or about October 21, 2021, Respondent's nurse or medical assistant documented "Refill of Wellbutrin" and Respondent documented, under assessment and plan, that he refilled Wellbutrin 300 mg XL (#90) 1 tab daily.

19. On or about December 8, 2021, Patient A returned for a follow-up visit and reported experiencing panic attacks. Respondent checked boxes indicating a partial ROS noted to be WNL and checked "See Note" boxes for ENT/mouth, GI and "Psych" on the form. A limited physical exam was documented with abbreviated notes for HEENT, PULM, CV, and ABD, some of which are difficult to decipher. Respondent's assessment and plan included Xanax 0.5 mg b.i.d. for panic attacks, discontinuing lorazepam and starting Lexapro (escitalopram) 5 mg "for better anxiety control" and continuing esomeprazole for the GI and GERD issues.

20. On or about January 3, 2022, Respondent documented, under assessment and plan, that he refilled Wellbutrin 300 mg XL (#90) 1 tab daily.

21. On or about February 16, 2022, Patient A returned for a follow-up visit and reported experiencing panic attacks and having "to take 2 or 3 pills for full effect," that his "GERD [was] controlled but [he] has to take Nexium [esomeprazole] every day for Nausea." Respondent checked boxes on his patient encounter form indicating a ROS for ENT/Mouth, CV, and "Resp" noted to be WNL and checked "See Note" boxes for GI and "Psych." A limited physical exam was documented with abbreviated notes for HEENT, PULM, CV, ABD, and EXT & MS [extremities and musculoskeletal]. Respondent's assessment and plan included continuing Lexapro 5 mg for anxiety, and Xanax for the panic attacks, consulting with a psychiatrist, continuing Wellbutrin for depression, esomeprazole (Nexium) for GERD and "pt [patient] is ordered to consult GI [illegible] to rule out hiatal hernia."

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22. On or about April 7, 2022, Patient A returned for a follow-up visit with chief complaints listed as anxiety stable with current prescription regimen, depression stable with Wellbutrin 300 mg and GERD improved. Respondent checked boxes on his patient encounter form indicating a ROS for ENT/Mouth, CV, and "Resp" noted to be WNL and checked "See Note" boxes for GI and "Psych." A limited physical exam was documented with abbreviated notes for HEENT, PULM, CV, ABD, and EXT & MS. Respondent's assessment and plan was to continue Lexapro 5 mg, Xanax 2 mg b.i.d., and Wellbutrin XL 300 mg.

23. On or about May 27, 2022, Patient A requested a refill of Xanax 2 mg which Respondent prescribed with a notation that "pt is made aware of risk of dependence" with a partially illegible note about the Wellbutrin XL 300 mg that was being prescribed for depression.

24. On or about June 7, 2022, Respondent documented anxiety in his assessment and plan and Lexapro 5 mg (#90), with the rest of the note difficult to decipher.

25. On or about July 28, 2022, Patient A had a phone consultation with Respondent and requested a refill of the Xanax 2 mg. Respondent's assessment and plan referred to anxiety and continuing the Xanax 2 mg b.i.d., Lexapro 5 mg, and Wellbutrin XL, with a partially illegible note about making an appointment.

26. On or about August 3, 2022, Patient A had a follow-up visit with Respondent for a "checkup/Blood test." Respondent checked boxes on his patient encounter form indicating a ROS for ENT/Mouth, CV, and "Resp" noted to be WNL and checked "See Note" boxes for GI and "Psych." A limited physical exam was documented with abbreviated notes for HEENT, Pulm, CV, ABD and EXT & MS. Anxiety was documented as "stable well controlled lately," depression stable, and GERD better. Respondent's assessment and plan is difficult to read with references to a checkup, labs, and continuing Xanax, Lexapro, Wellbutrin for anxiety and depression.

27. On or about October 26, 2022, Patient A had a follow-up visit with Respondent with no documentation in the vital signs, allergies, and current medications sections of the encounter form. The chief complaints are documented as anxiety "more or less well controlled but Xanax is really helpful," depression is documented as stable, and for GI "Nausea is back & pt no clue why

& no change in diet." Respondent checked boxes on the form indicating a ROS for ENT/Mouth, CV, "Resp," and GU [genitourinary, i.e., genital and urinary] noted to be WNL and checked "See Note" boxes for GI and "Psych." A limited physical exam was documented with abbreviated notes for HEENT, Pulm, CV, ABD, EXT & MS, and "Psy" [psychological or psychiatric issues], some of which are difficult to decipher. The progress note for the psychological exam documents that "pt appears OK." Respondent's assessment and plan includes continuing Xanax for anxiety, Lexapro 5 mg and Wellbutrin 300 mg XL for depression, and prescribing ondansetron HCL for the patient's nausea.

28. On or about December 8, 2022, Respondent documented issuing refills for Patient A for Lexapro 5 mg (#90) daily and Wellbutrin XL 300 mg (#90) daily.

29. On or about April 5, 2023, Patient A requested a refill of Bupropion XL and staff documented the patient "will make [appointment] for [follow-up]." Respondent issued a prescription for Wellbutrin XL 300 mg (#30) 1 tablet daily.

30. On or about April 20, 2023, Patient A had a follow-up visit with Respondent for a "checkup/Blood test." Patient A's chief complaints included GI with a partly illegible notation of GERD but no significant nausea, anxiety "not as bad as before but still need Xanax," and depression stable with Wellbutrin. Respondent checked boxes on the encounter form indicating a ROS for ENT/Mouth, CV, and "Resp" noted to be WNL and checked "See Note" boxes for GI and "Psych." A limited physical exam was documented with abbreviated notes for HEENT, Pulm, CV, ABD, EXT & MS, and PSY, some of which are difficult to decipher. The results of a urine sample were documented. Respondent's assessment and plan included esomeprazole (Nexium) 300 mg XL and continuing Xanax 2 mg (#90) 1 tab twice a day and Wellbutrin XL 300 mg 1 tab daily.

31. On or about July 25, 2023, Patient A had a follow-up visit with Respondent for "Rx [prescription] reevaluation." Patient A's current medications are documented as Wellbutrin 300 mg XL, pantoprazole 40 mg and Xanax 2 mg. Patient A's chief complaints included GI with a partially illegible notation about the pantoprazole prescription and the patient's anxiety and depression being stable when he takes his medications. Respondent checked boxes on the

encounter form indicating a ROS for ENT/Mouth, CV, and "Resp" noted to be WNL and checked "See Note" boxes for GI and "Psych." A limited physical exam was documented with abbreviated notes for HEENT, PULM, CV, ABD, and EXT & MS, some of which are difficult to decipher. Respondent's assessment and plan included taking pantoprazole for GERD and follow-up with a GI specialist, and continuing Xanax 2 mg (#90) 1 tab twice a day for anxiety and Wellbutrin XL 300 mg 1 tab daily for depression.

32. On or about October 24, 2023, Respondent's staff documented "PT [patient] needs his refill." Respondent documented a prescription for pantoprazole 40 mg (#90) 1 tab daily in the assessment and plan section of his encounter form.

33. Respondent's medical record documentation for Patient A, including without limitation on the dates above, was generally perfunctory, lacking in detail, and sometimes difficult to decipher.

34. Respondent committed gross negligence regarding his diagnosis of depression for Patient A which included[3] his failure to adequately consider and/or document subjective or objective information to substantiate the diagnosis, failure to adequately document his medical decision making process for the diagnosis; and failure to adequately consider and/or document possible contributing factors that influenced or potentially could influence the patient's condition and any treatment outcomes.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

35. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2334, subdivision (c), of the Code, in that he committed repeated negligent acts in his care and treatment of Patient A as follows:

36. The allegations of the First Cause for Discipline are incorporated by reference as if fully set forth herein. The acts and/or omissions by Respondent set forth in the First Cause for Discipline, and in paragraphs 37 through 39, below, with respect to Patient A, either collectively

[3] As used herein, the terms "included" and "including" mean without limitation such as including, but not limited to, in context with the subject matter being discussed.

or in any component or combination thereof, constitute repeated negligent acts.

37. Respondent committed negligence regarding his diagnosis of anxiety for Patient A which included his failure to adequately consider and/or document subjective or objective information to substantiate the diagnosis, his failure to adequately document his medical decision making process for the diagnosis, and his failure to adequately consider and/or document possible contributing factors that influenced or potentially could influence Patient A's condition and any treatment outcomes.

38. Respondent committed negligence regarding his treatment and management of Patient A's alleged anxiety which includes failing to conduct and/or document systematic evaluations of the patient's symptomology, response to therapy, ongoing need for the medications, potential side effects, tapering, when appropriate, and failing to utilize and/or adequately document adequate risk management, including adequate informed consent, associated with the medications that were being prescribed.

39. Respondent committed negligence regarding his treatment and management of Patient A's alleged depression which includes failing to conduct and/or document systematic evaluations of the patient's symptomology, response to therapy, ongoing need for the medications, potential side effects, tapering, when appropriate, and failing to utilize and/or adequately document adequate risk management, including adequate informed consent, associated with the medications that were being prescribed.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

40. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that he failed to maintain adequate and accurate records in connection with his care and treatment of Patient A as follows:

41. The allegations of the First and Second Causes for Discipline are incorporated by reference as if fully set forth herein.

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PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 41579, issued to Respondent;

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

3. Ordering Respondent to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and

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

DATED: FEB 12 2025

for

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

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