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

In the Matter of the Accusation Against: James H. Song, M.D. Physician's and Surgeon's Certificate No. G 75661 Respondent.	Case No.: 800-2022-086184

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 27, 2026.

IT IS SO ORDERED: January 29, 2026.

MEDICAL BOARD OF CALIFORNIA

Richard E. Thorp, M.D., Chair
Panel B

ROB BONTA
Attorney General of California
EDWARD KIM
Supervising Deputy Attorney General
CHRISTINE FRIAR WALTON
Deputy Attorney General
State Bar No. 228421
300 South Spring Street, Suite 1702
Los Angeles, CA 90013
Telephone: (213) 269-6472
Facsimile: (916) 731-2117
E-mail: Christine.Walton@doj.ca.gov
Attorneys for Complainant

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

In the Matter of the Accusation Against: **JAMES H. SONG, M.D.** **16404 Colima Road Floor 1** **Hacienda Heights, CA 91745-5502** **Physician's and Surgeon's Certificate No. G 75661,** Respondent.	Case No. 800-2022-086184 OAH No. 2025040225 **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 James H. Song, M.D. (Respondent) is represented in this proceeding by attorneys Dennis K. Ames and Pogey Henderson of La Follette Johnson DeHaas Fesler & Ames, located at 2677 North Main Street, Suite 901, Santa Ana, California 92705-6632.

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3. On or about December 2, 1992, the Board issued Physician's and Surgeon's Certificate No. G 75661 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. 800-2022-086184, and will expire on October 31, 2026, unless renewed.

JURISDICTION

4. Accusation No. 800-2022-086184 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 December 19, 2024. Respondent timely filed his Notice of Defense contesting the Accusation. A true and correct copy of Accusation No. 800-2022-086184 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. 800-2022-086184. 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 understands and agrees that the charges and allegations in Accusation No. 800-2022-086184, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate. Respondent hereby gives up his right to contest those charges and allegations.

10. Respondent does not contest that, at an administrative hearing, Complainant could establish a *prima facie* case with respect to the charges and allegations in Accusation No. 800-2022-086184 and that he has thereby subjected his Physician's and Surgeon's Certificate No. G 75661 to disciplinary action.

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

CONTINGENCY

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

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

14. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the

Board, all of the charges and allegations contained in Accusation No. 800-2022-086184 shall be deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

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

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 75661 issued to Respondent James H. Song, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years on the following terms and conditions:

1. CONTROLLED SUBSTANCES - MAINTAIN RECORDS AND ACCESS TO RECORDS AND INVENTORIES. Respondent shall maintain a record of all controlled substances ordered, prescribed, dispensed, administered, or possessed by Respondent, and any recommendation or approval which enables a patient or patient's primary caregiver to possess or cultivate marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5, during probation, showing all of the following: 1) the name and address of the patient; 2) the date; 3) the character and quantity of controlled substances involved; and 4) the indications and diagnosis for which the controlled substances were furnished.

Respondent shall keep these records in a separate file or ledger, in chronological order. All records and any inventories of controlled substances shall be available for immediate inspection and copying on the premises by the Board or its designee at all times during business hours and shall be retained for the entire term of probation.

2. 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.

3. 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.

4. 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.

5. 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.

6. 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.

7. 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.

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 $63,125.80 (Sixty-three thousand one hundred twenty-five dollars and eighty 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

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California and delivered to the Board or its designee no later than January 31 of each calendar year.

18. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2022-086184 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorneys, Dennis K. Ames and Pogey Henderson. 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: 10/31/25

JAMES H. SONG, M.D.
Respondent

I have read and fully discussed with Respondent James H. Song, 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: 10/31/25

DENNIS K. AMES
POGEY HENDERSON
Attorneys for Respondent

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ENDORSEMENT

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

DATED: _____

Respectfully submitted,

ROB BONTA
Attorney General of California
EDWARD KIM
Supervising Deputy Attorney General
Christine Friar Walton
Digitally signed by Christine Friar Walton
Date: 2025.10.31 11:58:20 -07'00'
CHRISTINE FRIAR WALTON
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2022-086184

ROB BONTA
Attorney General of California
EDWARD KIM
Supervising Deputy Attorney General
State Bar No. 195729
300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
Telephone: (213) 269-6000
Facsimile: (916) 731-2117
Attorneys for Complainant

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

In the Matter of the Accusation Against: **James H. Song, M.D.,** **16404 Colima Road** **Hacienda Heights, CA 91745-5502** **Physician's and Surgeon's Certificate No. G 75661,** Respondent.	Case No. 800-2022-086184 **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 December 2, 1992, the Medical Board issued Physician's and Surgeon's Certificate Number G 75661 to James H. Song, 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 October 31, 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 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.

. . .

(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 2242 of the Code states, in pertinent part:

(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022 without an appropriate prior examination and a medical indication, constitutes unprofessional conduct...

9. Section 2266 of the Code states:

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

10. Section 741 of the Code states:

(a) Notwithstanding any other law, when prescribing an opioid or benzodiazepine medication to a patient, a prescriber shall do the following:

(1) Offer the patient a prescription for naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid-induced respiratory depression when one or more of the following conditions are present:

(A) The prescription dosage for the patient is 90 or more morphine milligram equivalents of an opioid medication per day.

(B) An opioid medication is prescribed within a year from the date a prescription for benzodiazepine has been dispensed to the patient.

(C) The patient presents with an increased risk for opioid overdose, including a patient with a history of opioid overdose, a patient with a history of opioid use disorder, or a patient at risk for returning to a high dose of opioid medication to which the patient is no longer tolerant.

(2) Consistent with the existing standard of care, provide education to the patient on opioid overdose prevention and the use of naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid-induced respiratory depression.

(3) Consistent with the existing standard of care, provide education on opioid overdose prevention and the use of naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid-induced respiratory depression to one or more persons designated by the patient, or, for a patient who is a minor, to the minor's parent or guardian.

(b) A prescriber is not required to provide the education specified in paragraphs (2) or (3) of subdivision (a) if the patient receiving the prescription declines the education or has received the education within the past 24 months.

(c) This section does not apply to a prescriber under any of the following circumstances:

(1) When prescribing to an inmate or a youth under the jurisdiction of the Department of Corrections and Rehabilitation or the Division of Juvenile Justice within the Department of Corrections and Rehabilitation.

(2) When ordering medications to be administered to a patient while the patient is in either an inpatient or outpatient setting.

(3) When prescribing medications to a patient who is terminally ill, as defined in subdivision (c) of Section 11159.2 of the Health and Safety Code.

COST RECOVERY

11. 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

12. 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 Code section 4022. When properly prescribed and indicated, it is used for the management of anxiety disorders.

"Carisoprodol" (brand name Soma) is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Code section 4022. When properly prescribed and indicated, it is used for the short-term treatment of acute and painful musculoskeletal conditions.

"Diazepam" (brand name Valium), 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 Code section 4022. When properly prescribed and indicated, it is used for the management of anxiety disorders or for short-term relief of anxiety.

"Fioricet" is the brand name of a combination product that includes acetaminophen, butalbital, and caffeine. Fioricet is not federally scheduled as a controlled substance. However, because Fioricet contains butalbital, a barbiturate, it is a Schedule III controlled substance under Health and Safety Code section 11056, subdivision (c)(3), and a dangerous drug under Code section 4022. When properly prescribed and indicated, Fioricet provides relief for tension headaches.

"Hydrocodone" is a semisynthetic opioid analgesic similar to but more potent than codeine. It is used as a bitartrate salt or polistirex complex, and as an oral analgesic and antitussive. Hydrocodone also has a high potential for abuse. Combining hydrocodone with other drugs or alcohol can be fatal, therefore patients should be cautioned about the simultaneous ingestion of alcohol, benzodiazepines, or other CNS depressant drugs during treatment with hydrocodone. It is marketed, in its varying forms, under a number of brand names, including Vicodin®, Hycodan® (or generically Hydromet®), Lorcet®, Lortab®, Norco®, and Hydrokon®, among others. Hydrocodone is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b)(1)(I), and a dangerous drug pursuant to Code section 4022.

"Hydrocodone with acetaminophen" [APAP] (brand name Norco) is an opioid pain reliever. It has a high potential for abuse. Commencing on October 6, 2014, hydrocodone/APAP was classified as a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b)(1)(I), and a dangerous drug pursuant to Code section 4022. When properly prescribed and indicated, it is used for the treatment of moderate to severe pain.

"including" means including without limitation.

"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.

"Morphine sulfate" (brand name MS Contin), an opioid analgesic, is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (e), and a dangerous drug pursuant to Code section 4022. When properly prescribed and indicated, it is used for the management of pain that is severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate.

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

"Oxycodone" is an opioid analgesic medication that has a high potential for abuse. It is commonly prescribed for moderate to severe chronic pain. It is a semi-synthetic narcotic analgesic with multiple actions quantitatively similar to those of morphine. It changes how you feel pain by blocking pain signals in your body. Oxycodone works by activating opioid receptors in the nervous system, as it is an opioid agonist. Repeated administration of oxycodone may result in psychic and physical dependence. It is sold in its various forms under several brand names, including OxyContin (a time-release formula) and Roxicodone. It is also available in

combination with other drugs and sold under brand names including, acetaminophen (Endocet, Percocet, Roxicet, and Tylox among others); aspirin (Endodan, Percodan and Roxiprin among others); and ibuprofen (Combunox). It is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b)(1)(M), and a dangerous drug as defined in Code section 4022.

"Oxycodone hydrochloride/APAP" (brand name Percocet), an opioid analgesic, is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Code section 4022. When properly prescribed and indicated, it is used for the management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate.

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

"Zolpidem tartrate" (brand name Ambien), a centrally acting hypnotic-sedative, is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Code section 4022. When properly prescribed and indicated, it is used for the short-term treatment of insomnia characterized by difficulties with sleep initiation.

FIRST CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

13. Respondent is 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 connection with his care and treatment of Patients 1 through 7,[1] as more particularly alleged hereinafter:

Patient 1

14. On or about September 26, 2018, Respondent began treating Patient 1, a 57-year-old male with a reported history of low back pain with self-reported symptoms that included "leg shakes, pain down lateral thighs, and shortness of breath." Patient 1 reported pain of 10 on a scale of 10 and he "came in wearing a back brace to help alleviate symptoms." Respondent's assessment was bilateral back pain with sciatica with Respondent noting Patient 1 "showed discomfort being in a seated position for too long" and "[t]ightness was palpated on trunk flexion." Respondent's plan was to follow-up with Patient 1's low back recovery progress with a

[1] The patients are identified by numbers in this Accusation to address privacy concerns. The patients' identities are 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.

recommendation of no lifting for two weeks. Respondent prescribed hydrocodone with acetaminophen [APAP] (Norco) 10/325 mg, 1 tab every 8 hours as needed for pain; carisoprodol (Soma) 350 mg, 1 tab daily as needed for pain; and other medications for non-pain related issues.

15. During the period beginning on or about September 27, 2018, through November 29, 2019, Respondent had six additional visits with Patient 1 on or about each of the following dates: November 1, 2018, February 25, 2019, April 5, 2019, May 9, 2019, July 2, 2019, and November 29, 2019. During this period of time, Respondent referenced Patient 1's low back pain (but failed to adequately document a detailed back examination) and continued prescribing hydrocodone/APAP (Norco) 10/325 mg [daily Morphine Milligram Equivalency (MME)[2] of approximately 30 mg until November 29, 2021 when daily MME was increased to 60 mg] and carisoprodol (Soma) 350 mg, in varying amounts, on a near monthly basis.

16. On or about December 8, 2019, Patient 1 died from a heroin overdose according to his certified death certificate.

17. Respondent committed negligence in his care and management of Patient 1, including when he, among other things, failed to adequately continually assess and monitor Patient 1 including through more in-person visits, failed to refer out to pain management or other specialists for pain related issues and/or consider surgical intervention; and failed to maintain adequate and accurate medical records to justify the controlled substances being prescribed by Respondent, including Patient 1's monthly refills.

Patient 2

18. On or about January 9, 2019, Respondent had a follow up visit with Patient 2, a 54-year-old female who presented for abdominal pain and urine retention. According to Respondent, Patient 2 had chronic pain, anxiety, and other comorbidities. During his subject interview, Respondent generally referenced that Patient 2 also suffered from persistent pain, spinal stenosis, and her history of at least two cervical spine surgeries, which was not well documented in his

[2] Morphine milligram equivalency dosage (MME) represents the potency of any opioid doses relative to morphine. The daily cumulative MME for any prescribed opioids is the metric that is typically used to help clinicians make safe and appropriate decisions concerning changes to opioid regimens and can also be used by law enforcement, regulatory agencies, and internal reviewers as a "red flag" indicator for possible excessive and/or improper prescribing of opioids.

medical records. Respondent prescribed controlled substances to Patient 2 on a near monthly basis which included hydrocodone/APAP (Norco) 10/325 mg [daily MME approximately 30 mg], carisoprodol (Soma) 350 mg (#90) and alprazolam (Xanax) 0.5 mg (#90).

19. During the period beginning on or about January 10, 2019 through December 5, 2019, Respondent had four additional documented visits with Patient 2 which occurred on or about each of the following dates: April 11, 2019, May 22, 2019, September 12, 2019, and December 5, 2019. During this period of time, Respondent continued to treat Patient 2, including for, among other things, her persistent pain and anxiety, and continued prescribing controlled substances to Patient 2 on a near monthly basis which included hydrocodone/APAP (Norco) 10/325 mg [daily MME approximately 30 mg], carisoprodol (Soma) 350 mg (#90) and alprazolam (Xanax) 0.5 mg (#90). For the visits after January 1, 2019, Respondent failed to offer to Patient 2, a prescription for naloxone (Narcan), which is required since Patient 2 was being prescribed opiates (hydrocodone/APAP) and a benzodiazepine (alprazolam) and/or document such discussion.[3]

20. During the period beginning on or about December 6, 2019, through November 19, 2021, Respondent continued to prescribe controlled substances to Patient 2, including hydrocodone/APAP (Norco) 10/325 mg [daily MME approximately 30 mg] which was switched to oxycodone hydrochloride/APAP (Percocet) 10/325 mg on or about June 18, 2021 [daily MME approximately 43-46 mg], carisoprodol (Soma) 350 mg (#90) and alprazolam (Xanax) 0.5 mg (#90) on a near monthly basis. Respondent failed to document his care and treatment of Patient 2 during this period of time.

21. Respondent committed negligence in his care and management of Patient 2, including when he, among other things, wrote prescriptions for controlled substances and failed to maintain adequate and accurate medical records to justify the controlled substances being prescribed by Respondent for Patient 2, including prescriptions for narcotics, muscle relaxants and benzodiazepines. Such records should have included clear assessments and plans.

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[3] Business and Professions Code section 741 provides that naloxone should be offered to a patient when "[a]n opioid medication is prescribed within a year from the date a prescription for benzodiazepine had been dispensed to the patient." (Bus. & Prof. Code, § 741(a) (1) (B) [effective January 1, 2019].)

Patient 3

22. On or about February 27, 2018, Respondent had a follow up office visit with Patient 3, a 65-year-old female, who presented with her daughter to discuss pain medications and knee pain. The daughter wanted Patient 3's medications, "including her antidepressant meds, to be evaluated to know if she should keep taking them." The documented "Problem List (Chronic)" included anxiety, osteoarthritis and rheumatoid arthritis, osteoporosis, and Vitamin B deficiency. Shortly before this visit, Respondent prescribed Patient 3 controlled substances which included morphine sulfate (MS Contin) 50 mg [1 tab twice a day PRN pain] (#60) and oxycodone/APAP (Percocet) 7.5/325 mg [1 tab twice a day PRN pain] (#30) along with other medications.[4]

23. During the period beginning on or about February 28, 2018 through January 28, 2020, Respondent had eight additional documented visits with Patient 3 on or about each of the following dates: October 24, 2018, April 2, 2019, April 24, 2019, May 15, 2019, June 20, 2019, July 15, 2019, November 27, 2019, and January 28, 2020. During this period of time, Respondent continued to treat Patient 3 for her pain, anxiety, and other issues, and issued prescriptions for controlled substances, some of which were not actually being filled by Patient 3, including MS Contin (OxyContin) 30 mg [1 tab twice a day PRN pain] (daily MME 60 mg) and oxycodone/APAP (Percocet) 10/325 mg [1 tab twice a day PRN pain] (daily MME 30 mg), and diazepam (Valium) 10 mg [beginning December 31, 2019]. Respondent's progress notes, among other things, contained inaccuracies making it difficult to discern what actual medications and controlled substances were being prescribed to Patient 3 based on the progress notes.[5] For those

[4] The progress note for this visit indicates, "The pt takes many medications daily, per daughter, including Morphine and Percocet for her pain as well as Ibuprofen." The medical records contain a copy of a prescription slip dated February 23, 2018 for MS Contin and Percocet which is somewhat illegible. The "Medications (Added, Continued or Stopped this visit)" section of the progress note do not identify morphine or Percocet as one of the patient's medications.

[5] During his subject interview of September 12, 2024, Respondent acknowledged it was difficult to tell what current medications, including controlled substances, Patient 3 was taking when reviewing his progress notes and ultimately stated, "it's really just messed up here." Additionally, the progress notes indicated breast and gynecological exams were done which Respondent admitted was inaccurate and there was contradictory information regarding the patient allegedly requesting a refill on medications prescriptions she was not filling which should

visits occurring after January 1, 2019, Respondent also failed to offer prescriptions for naloxone (Narcan) as required when opiates are being prescribed in combination with benzodiazepines such as diazepam, and/or failed to document such discussion.[6]

24. During the period beginning on or about January 29, 2020, through June 24, 2021, Respondent continued to prescribe controlled substances to Patient 3, including oxycodone/APAP (Percocet) 10/325 mg (daily MME 30 mg), diazepam (Valium) 10 mg, morphine sulfate (MS Contin) 30 mg (daily MME 60 mg) and codeine phosphate, Promethazine HCL 30 mg (beginning July 14, 2020). Respondent failed to document his care and treatment of Patient 3 during this period of time.

25. Respondent committed negligence in his care and management of Patient 3, including when he, among other things, failed to conduct adequate ongoing patient assessments with Patient 3 and failed to maintain adequate and accurate medical records to justify the controlled substances prescribed by Respondent for Patient 3. Such records should have included clear assessments and plans.

Patient 4

26. On or about November 14, 2019, Respondent began treating Patient 4, a 47-year-old female with a reported history of depression, DVT (blood clots), GERD (acid reflux), high blood pressure, pulmonary embolism and stroke. The purpose of the initial visit was for follow up after a hospital admission for E.coli urinary tract infection (UTI). According to other consultation reports, Patient 4 was also receiving chemotherapy and being treated for IGA nephropathy, polyarthritis, diffuse musculoskeletal pain, and other comorbidities. The progress note for this visit contains no medications list to determine any current or past medications.

27. During the period beginning on or about November 20, 2019 through March 10, 2020, Respondent had two additional documented visits with Patient 4 on or about each of the

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have been discovered when Respondent checked CURES as he indicated that he had done on April 2, 2018.

[6] Respondent was also asked during his subject interview of September 12, 2024, whether he discussed prescribing Narcan with the patient or prescribed Narcan to the patient and he answered, "No." (Certified transcript, at p. 73.)

following dates: December 6, 2019 (for new onset swelling or bilateral lower extremities and residual CVA tenderness) and March 10, 2020 (for medication refill, disability paper work and follow up of pain). During this time, Respondent prescribed hydrocodone/APAP (Norco) in the range of 5/325 mg to 10/325 mg (daily MME 15-30 mg); morphine sulfate (MS Contin) (daily MME 30 mg); lorazepam (Ativan) 0.5 mg; and butalbital/APAP/caffeine (Fioricet). For those visits after January 1, 2019, Respondent failed to offer Patient 4, a prescription for naloxone (Narcan), as required since Patient 4 was being prescribed opiates (hydrocodone/APAP and morphine sulfate) and a benzodiazepine (lorazepam), and/or failed to document such discussion.

28. During the period of on or about March 11, 2020, through March 7, 2022, Respondent continued to prescribe controlled substances to Patient 4 which included hydrocodone/APAP (Norco) 7.5/325 mg to 10/325 mg; morphine sulfate (MS Contin) 15 mg; lorazepam (Ativan) 0.5 mg; butalbital/APAP/caffeine (Fioricet); and carisoprodol (Soma) 350 mg. Respondent failed to document his care and treatment of Patient 4 during this period of time.

29. Respondent committed negligence in his care and management of Patient 4, including when he, among other things, failed to maintain adequate and accurate medical records to justify the controlled substances being prescribed by Respondent for Patient 4. Such records should have included clear assessments and plans.

Patient 5

30. On or about February 27, 2018 through January 28, 2019, Respondent had seven documented visits with Patient 5, a 76-year-old-male (as of February 27, 2018), who was being treated for DJD (degenerative joint disease), kyphoscoliosis (abnormal curvature of the spine), associated pain, and other comorbidities. The documented visits occurred on or about each of the following dates: February 27, 2018, September 27, 2018, January 28, 2019, February 27, 2019, April 4, 2019, April 30, 2019, and June 3, 2019. During this time, Respondent maintained Patient 5 on prescriptions of hydrocodone/APAP (Norco) 10/325 mg (daily MME 30 mg) on nearly a monthly basis.

31. During the period beginning on or about January 29, 2019 through December 31, 2021, Respondent continued to maintain Patient 5 on near monthly prescriptions of

hydrocodone/APAP (Norco) 10/325 mg (daily MME 30 mg). Respondent failed to document his care and treatment of Patient 5 during this period of time.

32. On or about May 17, 2022, Patient 5 died from "opiates intoxication" according to his certified death certificate.

33. Respondent committed negligence in his care and management of Patient 5, including when he, among other things, failed to maintain adequate and accurate medical records to justify the controlled substances being prescribed by Respondent to Patient 5. Such records should have included clear assessments and plans.

Patient 6

34. On or about September 23, 2020, Respondent, through his physician assistant, assumed care for Patient 6, a 63-year-old male nursing home patient with a history of cerebrovascular accident-stroke (CVA), schizophrenia, chronic obstructive pulmonary disease (COPD), coronary artery disease (CAD), dementia, left leg cellulitis, and hemiplegia (near or total paralysis on one side of body). At the time Respondent cared for Patient 6, Patient 6 was being maintained on tramadol HCL, but that is not documented in the history and physical, nor the cursory progress note for September 23, 2020.

35. During the period beginning on or about September 24, 2020 through October 26, 2021, Patient 6 was seen by one of Respondent's physician assistants on a regular basis. During this time, Respondent continued to maintain Patient 6 on tramadol HCL 50 mg #60 (daily MME 30 mg). Respondent failed to document any progress notes that Respondent reviewed CURES or his narcotic prescriptions or approved or signed for the tramadol prescriptions which are not adequately documented in the progress notes.[7]

36. Respondent committed negligence in his care and management of Patient 6, including, when he, among other things, failed to maintain adequate and accurate medical records which clearly identified that tramadol was being prescribed and failed to adequately document that Respondent approved of and confirmed the controlled substances (tramadol) being prescribed

[7] Nearly all of the progress notes fail to document that tramadol was being prescribed to Patient 6 with the exception of the progress note dated May 17, 2021, which indicates "A/P: Pain: cont[inue] Tramadol PRN [as needed]." The earlier notes merely state "same Rx."

to Patient 6.

Patient 7

37. On or about August 20, 2020, Respondent, through his physician assistant, assumed care for Patient 7, a 57-year-old male nursing home patient with a history of cachexia (weight and muscle loss), prior drug use, anemia, wound care for various abscesses, and other comorbidities.

38. During the period beginning on or about August 21, 2020 through November 4, 2021, Patient 7 was seen by one of Respondent's physician assistants or nurse practitioners approximately every two to three weeks. During this time, Respondent regularly prescribed hydrocodone/APAP (Norco) 5/325 mg (daily MME range 5-20 mg which was eventually increased to daily MME of 60 mg) and occasional prescriptions of zolpidem tartrate (Ambien) 5 mg (approximately one per day). Respondent failed to document any progress notes that Respondent reviewed CURES or his narcotic prescriptions.

39. Respondent committed negligence, including when he failed to maintain adequate and/or accurate medical records in connection with his care and treatment of Patient 7, including when he, among other things, failed to maintain adequate and accurate medical records which adequately document that Respondent approved of and confirmed the controlled substances being prescribed to Patient 7.

SECOND 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 Patients 1 through 7. The circumstances are as follows:

41. The allegations of the First Cause for Discipline are incorporated herein by reference.

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THIRD CAUSE FOR DISCIPLINE

(Failure to Offer Prescription of Naloxone Hydrochloride or Equivalent)

42. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 741, of the Code, in that he failed to offer prescriptions for Naloxone Hydrochloride or an equivalent in connection with his care and treatment of Patients 2, 3, and 4. The circumstances are as follows:

43. The allegations of the First and Second Causes for Discipline are incorporated herein by reference.

FOURTH CAUSE FOR DISCIPLINE

(Prescribing of Controlled Substances without Medical Indication)

44. Respondent is further subject to disciplinary action under sections 2242 and 2234, subdivision (a) of the Code, in that Respondent prescribed controlled substances without medical indication. The circumstances are as follows:

45. The allegations of the First, Second and Third Causes for Discipline are incorporated herein by reference.

FIFTH CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

46. Respondent is further subject to disciplinary action under section 2234 of the Code, in that Respondent committed general unprofessional conduct, which breaches the rules or ethical code of the medical profession or conduct which is unbecoming to a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine. The circumstances are as follows:

47. The allegations of the First, Second, Third, and Fourth Causes for Discipline, inclusive, are incorporated herein by reference as if fully set forth.

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PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number G 75661, issued to Respondent James H. Song, M.D.;

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

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

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

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

DATED: DEC 19 2024

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

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