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

In the Matter of the Accusation Against: Aurelio Campos, M.D. Physician's and Surgeon's Certificate No. A 82660 Respondent.	Case No.: 800-2022-087460

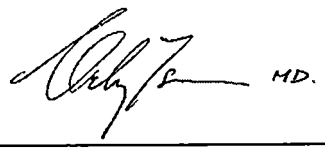
DECISION

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 March 11, 2026.

IT IS SO ORDERED: February 9, 2026.

MEDICAL BOARD OF CALIFORNIA



Veling Tsai, M.D., Chair
Panel A

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

In the Matter of the Accusation Against: **AURELIO CAMPOS, M.D.** **3443 Villa Lane, Suite 9** **Napa, CA 94558-6417** **Physician's and Surgeon's Certificate No. A 82660** Respondent.	Case No. 800-2022-087460 OAH No. 2025060636 **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 Christopher M. Young, Deputy Attorney General.

2. Respondent Aurelio Campos, M.D. (Respondent) is represented in this proceeding by attorney Ann H. Larson, Esq., whose address is: 12677 Alcosta Blvd., Suite 375, San Ramon, CA 94583-4202.

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3. On or about April 11, 2003, the Board issued Physician's and Surgeon's Certificate No. A 82660 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2022-087460, and will expire on March 31, 2027, unless renewed.

JURISDICTION

4. Accusation No. 800-2022-087460 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 January 21, 2025. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2022-087460 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2022-087460. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

9. 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.

CULPABILITY

10. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2022-087460, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

11. Respondent agrees that, at a hearing, Complainant could establish a prima facie case or factual basis for the charges in the Accusation, and that Respondent hereby gives up his right to contest those charges.

12. 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. 800-2022-087460, a true and correct copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate, No. A 82660, to disciplinary action.

13. 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

14. 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.

15. 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.

16. 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. 800-2022-087460 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.

17. 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.

18. 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 82660 issued to Respondent AURELIO CAMPOS, 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. 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. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a professionalism program, that meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1. Respondent shall participate in and successfully complete that program. Respondent shall provide any information and documents that the program may deem pertinent. Respondent shall successfully complete the classroom component of the program not later than six (6) months after Respondent's initial enrollment, and the longitudinal component of the program not later than the time specified by the program, but no later than one (1) year after attending the classroom component. The professionalism program shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A professionalism program 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 program would have been approved by the Board or its designee had the program 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 program or not later than 15 calendar days after the effective date of the Decision, whichever is later.

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, 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. 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, including, but not limited to, expert review, amended accusations, legal reviews, investigation(s), and subpoena enforcement, as applicable, in the amount of $45,481.20 (forty-five thousand four hundred

eighty-one dollars and twenty 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, including expert review costs (if applicable).

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' 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. 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. 800-2022-087460 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 attorney, Ann H. Larson, Esq. 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: 12-11-2025

AURELIO CAMPOS, M.D.
Respondent

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I have read and fully discussed with Respondent Aurelio Campos, 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: 12/11/2025

ANN H. LARSON, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: January 15, 2026

Respectfully submitted,

ROB BONTA
Attorney General of California
GREG W. CHAMBERS
Supervising Deputy Attorney General

CHRISTOPHER M. YOUNG
Deputy Attorney General
Attorneys for Complainant

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44895706

Exhibit A

Accusation No. 800-2022-087460

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

In the Matter of the Accusation Against: **Aurelio Campos, M.D.** **3443 Villa Lane, Suite 9** **Napa, CA 94558-6417** **Physician's and Surgeon's Certificate No. A 82660,** Respondent.	Case No. 800-2022-087460 **ACCUSATION**

Complainant alleges:

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 April 11, 2003, the Medical Board issued Physician's and Surgeon's Certificate Number A 82660 to Aurelio Campos, 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 March 31, 2025, unless renewed.

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JURISDICTION

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

4. Section 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 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

6. Section 2234 of the Code states:

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

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

(b) Gross negligence.

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

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

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

(d) Incompetence.

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

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

(g) The failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board.

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7. Section 2238 of the Code states:

> A violation of any federal statute or federal regulation or any of the statutes or regulations of this state regulating dangerous drugs or controlled substances constitutes unprofessional conduct.

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. Oxycodone with acetaminophen and oxycodone with aspirin both contain oxycodone, a white odorless crystalline powder derived from the opium alkaloid, thebaine. Oxycodone is a semisynthetic narcotic analgesic with multiple actions qualitatively similar to those of morphine. It is a dangerous drug as defined in section 4022 of the Code and a Schedule II controlled substance and narcotic as defined by section 11055, subdivision (b)(1) of the Health and Safety Code. Oxycodone can produce drug dependence of the morphine type and, therefore, has the potential for being abused.

11. Oxycontin is a trade name for oxycodone hydrochloride controlled-release tablets. Respiratory depression is the chief hazard from all opioid agonist preparations. Oxycontin should be used with caution and started in a reduced dosage (1/3 to 1/2 of the usual dosage) in patients who are concurrently receiving other central nervous system depressants including sedatives or hypnotics, general anesthetics, phenothiazines, other tranquilizers, and alcohol. Interactive effects resulting in a respiratory depression, hypotension, profound sedation or coma may result if these drugs are taken in combination with the usual doses of Oxycontin. Oxycontin is a mu-

antagonist opioid with an abuse liability similar to morphine. Delayed absorption, as provided by Oxycontin tablets, is believed to reduce the abuse liability of a drug.

12. Hydrocodone w/APAP (hydrocodone with acetaminophen) tablets are produced by several drug manufacturers under trade names such as Vicodin, Norco or Lortab. Hydrocodone bitartrate is a semisynthetic narcotic analgesic, a dangerous drug as defined in Code section 4022, and a Schedule II controlled substance and narcotic as defined by section 11055, subdivision (e) of the Health and Safety Code. Repeated administration of hydrocodone over a course of several weeks may result in psychic and physical dependence. The usual adult dosage is one tablet every four to six hours as needed for pain. The total 24 hour dose should not exceed 6 tablets.

13. Ultram, a trade name for tramadol hydrochloride, is a centrally acting synthetic analgesic compound. It is a dangerous drug as defined in section 4022 of the Code, and a Schedule II controlled substance as defined by section 11057 of the Health and Safety Code. Ultram is indicated for the management of moderate to moderately severe pain.

14. Xanax is a trade name for alprazolam tablets. Alprazolam (trade name Xanax) is a psychotropic triazolo analogue of the 1,4 benzodiazepine class of central nervous system-active compounds. Xanax is used for the management of anxiety disorders or for the short-term relief of the symptoms of anxiety. It is a dangerous drug as defined in section 4022 of the Code and a Schedule IV controlled substance and narcotic as defined by section 11057, subdivision (d) of the Health and Safety Code. Xanax has a central nervous system depressant effect and patients should be cautioned about the simultaneous ingestion of alcohol and other CNS depressant drugs during treatment with Xanax. Addiction-prone individuals (such as drug addicts or alcoholics) should be under careful surveillance when receiving alprazolam because of the predisposition of such patients to habituation and dependence. The usual starting dose of Xanax is 0.25 to 0.5 mg three times per day.

15. Lorazepam (Ativan) 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. It is a dangerous drug as defined in section 4022 of the Code and a Schedule IV controlled substance as defined by section 11057 of the Health and Safety Code. Lorazepam is

not recommended for use in patients with primary depressive disorders. The initial dose of this drug for elderly patients should not exceed 2 milligrams per day. Sudden withdrawal from Lorazepam can produce withdrawal symptoms including seizures. The usual dosage range is 2 to 6 mg a day given in divided doses, the largest dose being taken before bedtime, but the daily dosage may vary from 1 to 10 mg a day.

16. Lyrica, a trade name for pregabalin, an antiepileptic medication, is a dangerous drug as defined in section 4022 of the Code and a Schedule V controlled substance and narcotic as defined by section 11058 of the Health and Safety Code. Lyrica is indicated for management of neuropathic pain associated with diabetic peripheral neuropathy, management of postherpetic neuralgia, adjunctive therapy for adult patients with partial onset seizures, and management of fibromyalgia. If Lyrica is discontinued, it should be tapered gradually over a minimum of one week. Stopping Lyrica suddenly may cause headaches, nausea, diarrhea, or trouble sleeping.

17. Methadone hydrochloride is a synthetic narcotic analgesic with multiple actions quantitatively similar to those of morphine. It also goes by the trade names Methadose and Dolophine. It is a dangerous drug as defined in section 4022 of the Code and a Schedule II controlled substance and narcotic as defined by section 11055, subdivision (c) of the Health and Safety Code. Methadone can produce drug dependence of the morphine type and, therefore, has the potential for being abused. Psychic dependence, physical dependence, and tolerance may develop upon repeated administration of methadone, and it should be prescribed and administered with the same degree of caution appropriate to the use of morphine. Methadone should be used with caution and in reduced dosage in patients who are concurrently receiving other narcotic analgesics. The usual adult dosage is 2.5 mg to 10 mg every three to four hours as necessary for severe acute pain.

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FACTUAL ALLEGATIONS

18. Patient 1[1]

Patient 1, a now 44-year old male, was a complex patient who received many controlled substance prescriptions from Respondent over a period of multiple years. Patient 1's diagnoses included severe pain following injuries suffered during a motor vehicle accident which resulted in the eventual amputation of his left leg between the hip and knee joint. Patient 1 suffered from post-concussion syndrome, obesity, vitamin D deficiency, major depressive disorder, anxiety disorder, hypertension, cardiomegaly, gastroesophageal reflux disease (GERD), knee pain, right ankle and foot pain, muscle wasting, rotator cuff tear or rupture (right shoulder), and substance use disorder. Patient 1 received many controlled substance prescriptions from Respondent, putting Patient 1 at significantly higher risk for harm, including addiction, overdose, and/or death.

Summary of Appointment Progress Notes with Respondent

19. Respondent did not routinely obtain informed consent from Patient 1 relating to the prescribing of multiple controlled substances at high dosages, and in dangerous combinations. Respondent also prescribed opiates and benzodiazepine in combination, which resulted in increased risk to Patient 1 without any documentation regarding the informed consent and warning of risk. Moreover, Respondent rarely if ever used pain scores when evaluating Patient 1, and/or did not document the evaluation of pain scores, before prescribing multiple controlled substances.

20. Respondent saw Patient 1 in the Fall of 2019, at which time Patient 1 was involved in a motor vehicle accident and was admitted for surgical care to UC Davis Hospital. Medications listed by Respondent on August 27, 2019, included: hydrocodone-acetaminophen 10-325mg (once every 6 hours), trazadone 100mg (once a day at bedtime), tramadol 50mg (every six hours), venlafaxine 75mg (with food twice daily), alprazolam 1mg twice daily, and Lexapro 10mg (once

[1] For patient privacy purposes, the patients' true names have not been used in this Accusation to maintain confidentiality. The patients' identities are known to Respondent or will be disclosed to Respondent upon receipt of a duly issued request for discovery in accordance with Government Code section 11507.6.

daily). Similar medications were listed in September and November 2019 by Respondent with the exception of tramadol, which was discontinued in those months.

21. On or about December 4, 2019, Respondent prescribed Patient 1 oxycodone 5mg (as needed every six hours) and naloxone (intranasally as directed). In addition, Patient 1 was prescribed protonix and the antibiotic cephalexin. Patient 1 was referred to Kindred Home Care for post-surgical wound care. Patient 1 was seen by orthopedic sports medicine, orthopedics, wound care with wound debridement, and multiple other treatments to address the traumatic injuries sustained in the vehicle accident.

22. In or about February 2020, Patient 1 was seen for shoulder lower extremity pain. Upon exam, Respondent noted no acute distress. Musculoskeletal exam was limited showing tenderness over the acromio-clavicular joint and painful range of motion of the foot. Respondent's progress notes list refills of oxycodone 20mg (two capsules as needed every four hours, maximum 12 capsules per day, amounting to 360 pills prescribed for a 30-day period).

23. On or about April 17, May 1, May 15, and June 8, 2020, Patient 1 had a series of telephone visits with Respondent, indicating his pain was not controlled with the current regimen. Respondent consulted the CURES report, as noted in the progress notes for each of the above dates. Controlled substance medications listed include tramadol 50mg (every six hours), oxycodone 20mg (three times a day), oxycodone 60mg Extended Release (every 12 hours), oxycodone 20mg (every four hours for pain), and alprazolam 1mg (twice daily). Narcan was also listed.

24. On or about July 7, 2020, Patient 1 had an in-person visit with Respondent, and reported that his pain was still not well controlled. Patient 1's blood pressure was 144/76, and his foot pain was listed at 8/10. Patient 1 complained of shoulder pain (post surgery) and ankle pain at a level of 8/10. Controlled substance medications listed include tramadol 50mg (every six hours), oxycodone 20mg (three times a day), oxycodone 20mg (every four hours) oxycodone 60mg Extended Release (every 12 hours), oxycodone 30mg (every four hours for pain), and alprazolam 1mg (twice daily). Narcan was also listed.

25. On or about August 27 and September 8, 2020, Patient 1 had telephone visits with Respondent, and reported that his pain was still not well controlled. Respondent noted that he reviewed the CURES report on both occasions. Respondent noted the medical history of anxiety, alcoholism, fractured ankle, and rotator cuff tear or rupture of right shoulder. Controlled substance medications listed include OxyContin 60mg (twice daily), tramadol 50mg (every four hours), oxycodone 20mg (every four hours), oxycodone 30mg (every four hours for pain), and alprazolam 1mg (twice daily). If Patient 1 was using all the prescribed opioids, the MME (morphine equivalent) would be greater than 600mg per day.

26. On or about October 27, 2020, Patient 1 had a visit with Respondent, and reported that his pain was still not well controlled, and that he was having issues with his wound healing. Respondent did not note Patient 1's medical history, and no exam was conducted. There were no findings of acute distress, normal neuro exam, and/or musculoskeletal exams documented. Controlled substance medications listed include OxyContin 60mg (twice daily), tramadol 50mg (every four hours), oxycodone 20mg (every four hours), oxycodone 30mg (every four hours for pain), and alprazolam 1mg (twice daily). If Patient 1 was using all the prescribed opioids, the MME would be greater than 600mg per day.

27. On or about November 20, 2020, Patient 1 had a telephone visit with Respondent, and reported that his pain was well controlled. Respondent noted that he reviewed the CURES report. Controlled substance medications listed include OxyContin 60mg (twice daily), tramadol 50mg (every four hours), oxycodone 20mg (every four hours), oxycodone 30mg (every four hours for pain), and alprazolam 1mg (twice daily). If Patient 1 was using all the prescribed opioids, the MME would be greater than 600mg per day.

28. On or about February 11, 2021, Patient 1 had a follow-up visit with Respondent, and reported that his pain was well controlled. Respondent did not document a musculoskeletal exam; an extremity exam notes "no clubbing, cyanosis, or edema," and neurological and psychiatric exams without abnormalities were listed, although Patient 1 reportedly was still anxious and depressed. Patient 1's left leg wound was open with delayed healing. Pain medication was added to include oxycodone/acetaminophen 10 – 325mg (every six hours for 15

days). Controlled substance medications continued to be listed including OxyContin 60mg (twice daily), tramadol 50mg (every four hours), oxycodone 20mg (every four hours), oxycodone 30mg (every four hours for pain), and alprazolam 1mg (twice daily). If Patient 1 was using all the prescribed opioids, the MME would be greater than 600mg per day.

29. On or about March 11, June 9, and August 13, 2021, Patient 1 had follow-up telephone visits with Respondent, and reported that his pain was well controlled. Respondent documented that he consulted the CURES report for the March 11 and August 13 telephone appointments. Patient 1's left-leg wound was open with delayed healing. Pain medication included oxycodone/acetaminophen 10 – 325mg (every six hours as needed), OxyContin 60mg (twice daily), tramadol 50mg (every four hours), oxycodone 20mg (every four hours), oxycodone 30mg (every four hours for pain), and alprazolam 1mg (twice daily). If Patient 1 was using all the prescribed opioids, the MME would be greater than 600mg per day.

30. On or about November 9, 2021, Patient 1 was seen, the opioid drug contract was renewed, and routine drug testing was performed. Respondent listed a diagnosis of unspecified rotator cuff tear or rupture (right shoulder), although no shoulder exam was documented. There was likewise no evaluation of Patient 1's left-leg condition. Pain medication included oxycodone/acetaminophen 10 – 325mg (every six hours as needed), OxyContin 60mg (twice daily), tramadol 50mg (every four hours), oxycodone 20mg (every four hours), oxycodone 30mg (every four hours for pain), and alprazolam 1mg (twice daily). If Patient 1 was using all the prescribed opioids, the MME would be greater than 600mg per day.

31. On or about February 8, 2022, Patient 1 was seen and an exam was "deferred due to pain." Pain medication included oxycodone/acetaminophen 10 – 325mg (every six hours as needed), OxyContin 60mg (twice daily), tramadol 50mg (every four hours), oxycodone 20mg (every four hours), oxycodone 30mg (every four hours for pain), and alprazolam 1mg (twice daily). If Patient 1 was using all the prescribed opioids, the MME would be greater than 600mg per day.

32. On or about June 21, 2022, Patient 1 had a telephone visit, and reported that his pain was well-controlled. Respondent indicated in the progress note that he consulted the CURES

report, and also noted in the progress note that Patient 1 had a "complete traumatic amputation at level between the left hip and knee." Pain medication included oxycodone/acetaminophen 10 – 325mg (every six hours as needed), OxyContin 60mg (twice daily), tramadol 50mg (every four hours), oxycodone 20mg (every four hours), oxycodone 30mg (every four hours for pain), and alprazolam 1mg (twice daily). If Patient 1 was using all the prescribed opioids, the MME would be greater than 600mg per day.

33. On or about November 8, 2022, Patient 1 was seen for a follow up visit, and Respondent noted that Patient 1 had been "recently incarcerated," although there are no details to discern whether incarceration was drug-related. Patient 1 reported that pain was severe, and that he had detoxed from opioid medications (he was taking gabapentin for pain). Progress notes indicate that frequent urine screens were required as a condition of release. Respondent conducted an exam, and noted "no acute distress." There was no documentation relating to musculoskeletal issues relating to the shoulder or leg. An extremity exam was conducted which indicated "no clubbing, cyanosis, or edema," and that peripheral pulses were "normal." The progress notes indicate oxycodone 20mg (every eight hours) and oxycodone-acetaminophen 10-225 (2 tablets every eight hours), but in the treatment section, the drug dosages are listed as oxycodone 10mg (every eight hours) and also lists Narcan nasal spray to be used as needed for overdose symptoms.

34. On or about February 7, 2023, Respondent documented his last visit with Patient 1. Controlled substance medications were listed as oxycodone 20mg (one-half tablet every eight hours), or an MME of 45 mg/day. Respondent also listed additional medications including clonidine, Narcan, trazodone, Celebrex, and Lyrica.

High-Dose Opiate Prescribing

35. Over extended periods of time, Respondent prescribed Patient 1 an MME over 200mg a day. Based on progress notes, as summarized above, the MME could have been over 600mg a day for extended periods of time. The ongoing risk was not documented and/or addressed with Patient 1, and the prescribing of controlled substances as detailed above put Patient 1 at significantly higher risk for harm, including addiction, overdose, and/or death.

Urine Screens for Prescribed Drugs

36. Urine drug screening was conducted by Respondent to monitor whether Patient 1 was taking prescription medications as prescribed. No documentation of discussions with Patient 1 relating to the multiple aberrant urine drug testing results, detailed below, was present in Respondent's notes. Respondent did not change controlled substance prescribing in response to the aberrant drug screen results.

(a) In March 2020, Patient 1 tested positive for opiates and hydrocodone, and negative for oxycodone and tramadol. Respondent's progress notes indicate that Patient 1 was prescribed oxycodone and tramadol during this period, but the tramadol prescription does not appear on the CURES report for this period.

(b) In November 2021, all prescribed drugs tested negative, despite active prescriptions for oxycodone and alprazolam.

(c) In December 2021, Patient 1 tested positive for methamphetamine, positive for marijuana, positive for opiates, but negative for oxycodone and alprazolam. Patient 1's urine screened showed that he was using illicit drugs, and not taking the oxycodone and alprazolam that Respondent prescribed during this time period.

(d) In February 2022, Patient 1 tested positive for alcohol metabolites, positive for marijuana, and negative for opiates, tramadol, and oxycodone, the medications which he was prescribed during this time period.

(e) In January 2023, Patient 1 was negative for all drugs tested, despite his prescription for oxycodone that was prescribed by Respondent during this time period.

37. Progress notes indicated that Patient 1 had tested positive for alcohol and illicit substances, and that Patient 1 had alcohol use disorder and/or substance use disorder. Patient 1 should have been closely monitored to prevent the worsening of these problems when Respondent prescribed controlled substances. Respondent did not closely manage and/or document the prescription of multiple controlled substances.

38. Respondent's documentation was inadequate, in that the medication documentation was often inconsistent with CURES controlled substance medication listing. Some visits by

Patient 1 involved the refill of opioids without any documentation of specific exams which would support the refill of the pain medications.

39. Patient 2

Patient 2, a now 55-year-old female, was a complex patient who received many controlled substance prescriptions from Respondent over a period of multiple years. Patient 2's diagnoses included hypothyroidism, diabetes mellitus type II, major depressive disorder, anxiety disorder, migraine headaches, insomnia, right ear tinnitus, cerebral infarction, peripheral vascular disease, non-pyrogenic thrombosis of the intracranial venous system, varicose veins, asthma, poly-osteoarthritis, left knee pain, overactive bladder, and arteriovenous malformation of the cerebral vessels. Patient 2 received many controlled substance prescriptions from Respondent, putting Patient 2 at significantly higher risk for harm, including addiction, overdose, and/or death.

40. Respondent failed to adequately monitor the controlled substance medications he prescribed to Patient 2, putting Patient 2 at risk of harm. Respondent specifically failed to conduct any routine urine drug testing of Patient 2, and moreover only checked CURES reporting once, in 2022, despite long-standing prescribing of controlled substances. Respondent didn't document any discussion of the potential serious risks of controlled substances prescribed and/or document whether Patient 2's informed consent of the risks was obtained. As noted below, Respondent prescribed opiates along with benzodiazepines in combination, significantly increasing the potential risk of harm, without documenting any discussion of the risk or obtaining informed consent. Finally, Respondent failed to document any pain/functional scores in the progress notes in association with his prescribing of controlled substances to Patient 2.

41. In or about June 2020, Patient 2 was prescribed oxycodone 10mg (three times daily) for persistent migraine headaches, which Respondent routinely refilled without documenting any adequate assessments of Patient 2's condition. In or about September 2021, in addition to the oxycodone prescription, Respondent prescribed lorazepam, a benzodiazepine, to be taken (every eight hours), along with Prozac 25mg (three times daily).

42. In August 2022, Respondent prescribed an additional controlled substance of trazodone 100mg (taken at bedtime). In August 2023, Patient 2 was prescribed Lyrica (pregabalin) (three times a day).

FIRST CAUSE FOR DISCIPLINE

(Repeated Negligence—Patients 1 & 2)

43. Respondent has subjected his license to disciplinary action under section 2234, subdivision (c), [repeated negligent acts] of the Code in that he committed repeated negligent acts during the care and treatment of Patients 1 & 2.

44. Complainant realleges paragraphs 18 through 42, and those paragraphs are incorporated by reference as if fully set forth herein.

45. Respondent committed the following negligent acts during the care and treatment of Patients 1 and 2:

a) By improperly prescribing excessive opiates to Patient 1, including by not limited to a combined MME of greater than 600mg per day for an extended period;

b) By regularly prescribing benzodiazepines to Patients 1 & 2, in combination with long-term opiate therapy, which can lead to a risk of increased sedation;

c) By failing to adequately document Patient 1 & 2's medical records with adequate monitoring following the prescription of controlled substances, including by listing pain scores, examination findings, discussions relating to risk of harm from controlled substances and/or documentation of informed consent from either Patient 1 or 2;

d) By failing to conduct urine drug screens for Patient 2;

e) By failing to document and/or address irregular drug screen results from Patient 1 including findings of illicit drug use by Patient 1, and by failing to adequately document the examination and treatment of Patient 1 through the prescribing of controlled substances;

f) By improperly prescribing excessive opiates to Patient 1;

g) By improperly prescribing dangerous combinations of controlled substances to Patients 1 & 2.

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SECOND CAUSE FOR DISCIPLINE

(Gross Negligence—Patient 1)

46. Respondent has subjected his license to disciplinary action under section 2234, subdivision (b), [gross negligence] of the Code in that Respondent was grossly negligent in his prescribing to and treatment and monitoring of Patient 1. The circumstances are as follows:

47. Complainant realleges paragraphs 18 through 38, and those paragraphs are incorporated by reference as if fully set forth herein.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records—Patient 1)

48. Respondent has subjected his license to disciplinary action under section 2266 [inadequate medical records] of the Code, for failure to maintain adequate and accurate medical records regarding his care and treatment of Patient 1. The circumstances are as follows:

49. Complainant realleges paragraphs 18 through 38, and those paragraphs are incorporated by reference as if fully set forth herein.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 82660, issued to Respondent Aurelio Campos, M.D.;

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

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

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

DATED: JAN 2 1 2025

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

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