

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

**In the Matter of the Accusation)
Against:)**

JOANNA ROBERTA LOUIS, M.D.)

Case No. 13-2013-231099

**Physician's and Surgeon's)
Certificate No. G 43299)**

Respondent)

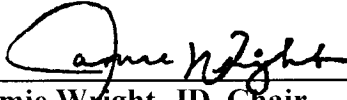
DECISION

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 24, 2017.

IT IS SO ORDERED: February 23, 2017.

MEDICAL BOARD OF CALIFORNIA



**Jamie Wright, JD, Chair
Panel A**

1 KAMALA D. HARRIS
Attorney General of California
2 MATTHEW M. DAVIS
Supervising Deputy Attorney General
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8 *Attorneys for Complainant*

10 **BEFORE THE**
11 **MEDICAL BOARD OF CALIFORNIA**
12 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

13 In the Matter of the Accusation Against:

Case No. 13-2013-231099
OAH No. 2016031243

14 **JOANNA LOUIS, M.D.**
15 **1853 N VULCAN AVE # 5**
LEUCADIA, CA 92024

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

16 **Physician's and Surgeon's Certificate No.**
17 **G43299**

18 Respondent.

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

21 **PARTIES**

22 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board
23 of California (Board). She brought this action solely in her official capacity and is represented in
24 this matter by Kamala D. Harris, Attorney General of the State of California, by Martin W.
25 Hagan, Deputy Attorney General.

26 2. Respondent Joanna Louis, M.D. ("Respondent") is represented in this proceeding by
27 attorney David M. Balfour Esq., of DiCaro, Coppo & Popcke, whose address is: 2780 Gateway
28 Road, Carlsbad, CA 92009.

3. On or about September 8, 1980, the Board issued Physician's and Surgeon's Certificate No. G43299 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. 13-2013-231099, and will expire on April 30, 2018, unless renewed.

JURISDICTION

4. On January 21, 2016, Accusation No. 13-2013-231099 was filed before the Board, and is currently pending against Respondent. A true and correct copy of the Accusation and all other statutorily required documents were properly served on Respondent on January 21, 2016. Respondent timely filed her Notice of Defense contesting the Accusation. A true and correct copy of Accusation No. 13-2013-231099 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. 13-2013-231099. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

CULPABILITY

8. Respondent agrees that, at an administrative hearing, complainant could establish a *prima facie* case with respect to the charges and allegations contained in Accusation No. 13-2013-231099, and that she has thereby subjected his Physician's and Surgeon's Certificate No. G43299

1 to disciplinary action. Respondent further agrees to be bound by the Board's imposition of
2 discipline as set forth in the Disciplinary Order below.

3 9. Respondent further agrees that if she ever petitions for early termination or
4 modification of probation, or if an accusation and/or petition for revocation of probation is filed
5 against her before the Medical Board of California, all of the charges and allegations contained in
6 Accusation No. 13-2013-231099 shall be deemed true, correct and fully admitted by respondent
7 for purposes of that proceeding or any other licensing proceeding involving respondent in the
8 State of California or elsewhere.

9 10. Respondent agrees that her Physician's and Surgeon's Certificate No. G43299 is
10 subject to discipline and she agrees to be bound by the Board's imposition of discipline as set
11 forth in the Disciplinary Order below.

12 CONTINGENCY

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

23 12. The parties agree that this Stipulated Settlement and Disciplinary Order shall be null and
24 void and not binding upon the parties unless approved and adopted by the Board, except for this
25 paragraph, which shall remain in full force and effect. Respondent fully understands and agrees
26 that in deciding whether or not to approve and adopt this Stipulated Settlement and Disciplinary
27 Order, the Board may receive oral and written communications from its staff and/or the Attorney
28 General's Office. Communications pursuant to this paragraph shall not disqualify the Board, any

1 member thereof, and/or any other person from future participation in this or any other matter
2 affecting or involving respondent. In the event that the Board does not, in its discretion, approve
3 and adopt this Stipulated Settlement and Disciplinary Order, with the exception of this paragraph,
4 it shall not become effective, shall be of no evidentiary value whatsoever, and shall not be relied
5 upon or introduced in any disciplinary action by either party hereto. Respondent further agrees
6 that should this Stipulated Settlement and Disciplinary Order be rejected for any reason by the
7 Board, respondent will assert no claim that the Board, or any member thereof, was prejudiced by
8 its/his/her review, discussion and/or consideration of this Stipulated Settlement and Disciplinary
9 Order or of any matter or matters related hereto.

10 **ADDITIONAL PROVISIONS**

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

14 14. The parties agree that copies of this Stipulated Settlement and Disciplinary Order,
15 including copies of the signatures of the parties, may be used in lieu of original documents and
16 signatures and, further, that such copies shall have the same force and effect as originals.

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

20 **DISCIPLINARY ORDER**

21 **IT IS HEREBY ORDERED** that Physician's and Surgeon's Certificate No. G43299
22 issued to Respondent Joanna Louis, M.D. is revoked. However, the revocation stayed and
23 Respondent is placed on probation for five (5) years on the following terms and conditions.

24 1. **CONTROLLED SUBSTANCES - PARTIAL RESTRICTION.** Respondent shall
25 not order, prescribe, dispense, administer, furnish, or possess any controlled substances as defined
26 by the California Uniform Controlled Substances Act, except for those drugs listed in Schedules
27 IV and V of the Act. The partial restriction discussed herein shall terminate upon Respondent
28 fulfilling, and successfully completing, the terms and conditions of the required Clinical Training

1 Program, as set forth more fully below in probationary condition number 6.

2 Respondent shall not issue an oral or written recommendation or approval to a patient or a
3 patient's primary caregiver for the possession or cultivation of marijuana for the personal medical
4 purposes of the patient within the meaning of Health and Safety Code section 11362.5. If
5 Respondent forms the medical opinion, after an appropriate prior examination and medical
6 indication, that a patient's medical condition may benefit from the use of marijuana, Respondent
7 shall so inform the patient and shall refer the patient to another physician who, following an
8 appropriate prior examination and medical indication, may independently issue a medically
9 appropriate recommendation or approval for the possession or cultivation of marijuana for the
10 personal medical purposes of the patient within the meaning of Health and Safety Code section
11 11362.5. In addition, Respondent shall inform the patient or the patient's primary caregiver that
12 Respondent is prohibited from issuing a recommendation or approval for the possession or
13 cultivation of marijuana for the personal medical purposes of the patient and that the patient or
14 the patient's primary caregiver may not rely on Respondent's statements to legally possess or
15 cultivate marijuana for the personal medical purposes of the patient. Respondent shall fully
16 document in the patient's chart that the patient or the patient's primary caregiver was so
17 informed. Nothing in this condition prohibits Respondent from providing the patient or the
18 patient's primary caregiver information about the possible medical benefits resulting from the use
19 of marijuana.

20 Respondent shall immediately surrender Respondent's current DEA permit to the Drug
21 Enforcement Administration for cancellation and reapply for a new DEA permit limited to those
22 Schedules authorized by this order. Within 15 calendar days after the effective date of this
23 Decision, Respondent shall submit proof that Respondent has surrendered Respondent's DEA
24 permit to the Drug Enforcement Administration for cancellation and re-issuance. Within 15
25 calendar days after the effective date of issuance of a new DEA permit, Respondent shall submit a
26 true copy of the permit to the Board or its designee.

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

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

13 3. **PRESCRIBING PRACTICES COURSE.** Within 60 calendar days of the effective
14 date of this Decision, Respondent shall enroll in a course in prescribing practices equivalent to the
15 Prescribing Practices Course at the Physician Assessment and Clinical Education Program,
16 University of California, San Diego School of Medicine (Program), approved in advance by the
17 Board or its designee. Respondent shall provide the program with any information and documents
18 that the Program may deem pertinent. Respondent shall participate in and successfully complete
19 the classroom component of the course not later than six (6) months after Respondent's initial
20 enrollment. Respondent shall successfully complete any other component of the course within
21 one (1) year of enrollment. The prescribing practices course shall be at Respondent's expense
22 and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of
23 licensure. A prescribing practices course taken after the acts that gave rise to the charges in the
24 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
25 or its designee, be accepted towards the fulfillment of this condition if the course would have
26 been approved by the Board or its designee had the course been taken after the effective date of
27 this Decision. Respondent shall submit a certification of successful completion to the Board or its
28 designee not later than 15 calendar days after successfully completing the course, or not later than

1 15 calendar days after the effective date of the Decision, whichever is later.

2 4. **MEDICAL RECORD KEEPING COURSE.** Within 60 calendar days of the
3 effective date of this Decision, Respondent shall enroll in a course in medical record keeping
4 equivalent to the Medical Record Keeping Course offered by the Physician Assessment and
5 Clinical Education Program, University of California, San Diego School of Medicine (Program),
6 approved in advance by the Board or its designee. Respondent shall provide the program with any
7 information and documents that the Program may deem pertinent. Respondent shall participate in
8 and successfully complete the classroom component of the course not later than six (6) months
9 after Respondent's initial enrollment. Respondent shall successfully complete any other
10 component of the course within one (1) year of enrollment. The medical record keeping course
11 shall be at Respondent's expense and shall be in addition to the Continuing Medical Education
12 (CME) requirements for renewal of licensure. A medical record keeping course taken after the
13 acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision
14 may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this
15 condition if the course would have been approved by the Board or its designee had the course
16 been taken after the effective date of this Decision. Respondent shall submit a certification of
17 successful completion to the Board or its designee not later than 15 calendar days after
18 successfully completing the course, or not later than 15 calendar days after the effective date of
19 the Decision, whichever is later.

20 5. **PROFESSIONAL BOUNDARIES PROGRAM.** Within 60 calendar days from the
21 effective date of this Decision, Respondent shall enroll in a professional boundaries program
22 equivalent to the Professional Boundaries Program offered by the Physician Assessment and
23 Clinical Education Program at the University of California, San Diego School of Medicine
24 ("Program"). Respondent, at the Program's discretion, shall undergo and complete the Program's
25 assessment of Respondent's competency, mental health and/or neuropsychological performance,
26 and at minimum, a 24 hour program of interactive education and training in the area of
27 boundaries, which takes into account data obtained from the assessment and from the Decision(s),
28 Accusation(s) and any other information that the Board or its designee deems relevant. The

1 Program shall evaluate Respondent at the end of the training and the Program shall provide any
2 data from the assessment and training as well as the results of the evaluation to the Board or its
3 designee.

4 Failure to complete the entire Program not later than six (6) months after Respondent's
5 initial enrollment shall constitute a violation of probation unless the Board or its designee agrees
6 in writing to a later time for completion. Based on Respondent's performance in and evaluations
7 from the assessment, education, and training, the Program shall advise the Board or its designee
8 of its recommendation(s) for additional education, training, psychotherapy and other measures
9 necessary to ensure that Respondent can practice medicine safely. Respondent shall comply with
10 Program recommendations. At the completion of the Program, Respondent shall submit to a final
11 evaluation. The Program shall provide the results of the evaluation to the Board or its designee.
12 The professional boundaries program shall be at Respondent's expense and shall be in addition to
13 the Continuing Medical Education (CME) requirements for renewal of licensure.

14 The Program has the authority to determine whether or not Respondent successfully
15 completed the Program. A professional boundaries course taken after the acts that gave rise to the
16 charges in the Accusation, but prior to the effective date of the Decision may, in the sole
17 discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the
18 course would have been approved by the Board or its designee had the course been taken after the
19 effective date of this Decision. If Respondent fails to complete the Program within the designated
20 time period, Respondent shall cease the practice of medicine within three (3) calendar days after
21 being notified by the Board or its designee that Respondent failed to complete the Program.

22 6. **CLINICAL TRAINING PROGRAM.** Within 60 calendar days of the effective
23 date of this Decision, Respondent shall enroll in a clinical training or educational program
24 equivalent to the Physician Assessment and Clinical Education Program (PACE) offered at the
25 University of California - San Diego School of Medicine ("Program"). Respondent shall
26 successfully complete the Program not later than six (6) months after Respondent's initial
27 enrollment unless the Board or its designee agrees in writing to an extension of that time.

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1 The Program shall consist of a Comprehensive Assessment program comprised of a two-
2 day assessment of Respondent's physical and mental health; basic clinical and communication
3 skills common to all clinicians; and medical knowledge, skill and judgment pertaining to
4 Respondent's area of practice in which Respondent was alleged to be deficient, and at minimum,
5 a 40 hour program of clinical education in the area of practice in which Respondent was alleged
6 to be deficient and which takes into account data obtained from the assessment, Decision(s),
7 Accusation(s), and any other information that the Board or its designee deems relevant.
8 Respondent shall pay all expenses associated with the clinical training program.

9 Based on Respondent's performance and test results in the assessment and clinical
10 education, the Program will advise the Board or its designee of its recommendation(s) for the
11 scope and length of any additional educational or clinical training, treatment for any medical
12 condition, treatment for any psychological condition, or anything else affecting Respondent's
13 practice of medicine. Respondent shall comply with Program recommendations. At the
14 completion of any additional educational or clinical training, Respondent shall submit to and pass
15 an examination. Determination as to whether Respondent successfully completed the
16 examination or successfully completed the program is solely within the program's jurisdiction. If
17 Respondent fails to enroll, participate in, or successfully complete the clinical training program
18 within the designated time period, Respondent shall receive a notification from the Board or its
19 designee to cease the practice of medicine within three (3) calendar days after being so notified.
20 The Respondent shall not resume the practice of medicine until enrollment or participation in the
21 outstanding portions of the clinical training program have been completed. If the Respondent did
22 not successfully complete the clinical training program, the Respondent shall not resume the
23 practice of medicine until a final decision has been rendered on the accusation and/or a petition to
24 revoke probation. The cessation of practice shall not apply to the reduction of the probationary
25 time period.

26 7. **PSYCHIATRIC EVALUATION.** Within 30 calendar days of the effective date of
27 this Decision, and on whatever periodic basis thereafter may be required by the Board or its
28 designee, Respondent shall undergo and complete a psychiatric evaluation (and psychological

1 testing, if deemed necessary) by a Board-appointed board certified psychiatrist, who has not
2 previously evaluated Respondent. The Board-appointed board certified psychiatrist shall consider
3 any information provided by the Board or designee and any other information the psychiatrist
4 deems relevant, and shall furnish a written evaluation report to the Board or its designee.
5 Psychiatric evaluations conducted prior to the effective date of the Decision shall not be accepted
6 towards the fulfillment of this requirement. Respondent shall pay the cost of all psychiatric
7 evaluations and psychological testing. Respondent shall comply with all restrictions or conditions
8 recommended by the evaluating psychiatrist within 15 calendar days after being notified by the
9 Board or its designee.

10 8. **PSYCHOTHERAPY.** Within 60 calendar days of the effective date of this
11 Decision, Respondent shall submit to the Board or its designee for prior approval the name and
12 qualifications of a California-licensed board certified psychiatrist or a licensed psychologist who
13 has a doctoral degree in psychology and at least five years of postgraduate experience in the
14 diagnosis and treatment of emotional and mental disorders. Upon approval, Respondent shall
15 undergo and continue psychotherapy treatment, including any modifications to the frequency of
16 psychotherapy, until the Board or its designee deems that no further psychotherapy is necessary.

17 The psychotherapist shall consider any information provided by the Board or its designee
18 and any other information the psychotherapist deems relevant and shall furnish a written
19 evaluation report to the Board or its designee. Respondent shall cooperate in providing the
20 psychotherapist any information and documents that the psychotherapist may deem pertinent.

21 Respondent shall have the treating psychotherapist submit quarterly status reports to the
22 Board or its designee. The Board or its designee may require Respondent to undergo psychiatric
23 evaluations by a Board-appointed board certified psychiatrist. If, prior to the completion of
24 probation, Respondent is found to be mentally unfit to resume the practice of medicine without
25 restrictions, the Board shall retain continuing jurisdiction over Respondent's license and the
26 period of probation shall be extended until the Board determines that Respondent is mentally fit
27 to resume the practice of medicine without restrictions. Respondent shall pay the cost of all
28 psychotherapy and psychiatric evaluations.

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

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

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

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

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

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

4 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
5 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
6 name and qualifications of a replacement monitor who will be assuming that responsibility within
7 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
8 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
9 notification from the Board or its designee to cease the practice of medicine within three (3)
10 calendar days after being so notified Respondent shall cease the practice of medicine until a
11 replacement monitor is approved and assumes monitoring responsibility.

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

18 10. **PROHIBITED PRACTICE.** During probation, Respondent is prohibited from
19 providing any treatments or prescriptions, including opiate-based prescriptions, to any patient for
20 the purpose of treating his or her pain. Any new patients must be provided this notification at the
21 time of their initial appointment. Respondent shall maintain a log of all patients to whom the
22 required oral notification was made. The log shall contain the: 1) patient's name, address and
23 phone number; patient's medical record number, if available; 3) the full name of the person
24 making the notification; 4) the date the notification was made; and 5) a description of the
25 notification given. Respondent shall keep this log in a separate file or ledger, in chronological
26 order, shall make the log available for immediate inspection and copying on the premises at all
27 times during business hours by the Board or its designee, and shall retain the log for the entire
28 term of probation.

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

10 12. **SUPERVISION OF PHYSICIAN ASSISTANTS.** During probation, Respondent
11 is prohibited from supervising physician assistants.

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

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

19 15. **GENERAL PROBATION REQUIREMENTS.**

20 **Compliance with Probation Unit:** Respondent shall comply with the Board's probation
21 unit and all terms and conditions of this Decision.

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

27 **Place of Practice:** Respondent shall not engage in the practice of medicine in Respondent's
28 or patient's place of residence, unless the patient resides in a skilled nursing facility or other

1 similar licensed facility.

2 **License Renewal:** Respondent shall maintain a current and renewed California physician's
3 and surgeon's license.

4 **Travel or Residence Outside California:** Respondent shall immediately inform the Board
5 or its designee, in writing, of travel to any areas outside the jurisdiction of California which lasts,
6 or is contemplated to last, more than thirty (30) calendar days. In the event Respondent should
7 leave the State of California to reside or to practice Respondent shall notify the Board or its
8 designee in writing 30 calendar days prior to the dates of departure and return.

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

12 17. **NON-PRACTICE WHILE ON PROBATION.** Respondent shall notify the Board
13 or its designee in writing within 15 calendar days of any periods of non-practice lasting more than
14 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
15 defined as any period of time Respondent is not practicing medicine in California as defined in
16 Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month
17 in direct patient care, clinical activity or teaching, or other activity as approved by the Board. All
18 time spent in an intensive training program which has been approved by the Board or its designee
19 shall not be considered non-practice. Practicing medicine in another state of the United States or
20 Federal jurisdiction while on probation with the medical licensing authority of that state or
21 jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall
22 not be considered as a period of non-practice.

23 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
24 months, Respondent shall successfully complete a clinical training program that meets the criteria
25 of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and
26 Disciplinary Guidelines" prior to resuming the practice of medicine. Respondent's period of non-
27 practice while on probation shall not exceed two (2) years. Periods of non-practice will not apply
28 to the reduction of the probationary term. Periods of non-practice 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; and General Probation Requirements.

18. **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. Upon successful completion of probation, Respondent's certificate shall be fully restored.

19. **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.

20. **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.

21. **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

1 year.

2 ACCEPTANCE

3 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
4 discussed it with my attorney, David M. Balfour Esq. I understand the stipulation and the effect it
5 will have on my Physician's and Surgeon's Certificate No. G43299. I enter into this Stipulated
6 Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be
7 bound by the Decision and Disciplinary Order of the Medical Board of California.

8
9 DATED: 12/21/16

Joanna Louis M.D.
JOANNA LOUIS, M.D.
Respondent

11 I have read and fully discussed with Respondent Joanna Louis, M.D., the terms and
12 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
13 I approve of its form and content.

14 DATED: 12/21/16

David M. Balfour
DAVID M. BALFOUR ESQ.
Attorney for Respondent

17 ENDORSEMENT

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

20 Dated: 12/27/2016

Respectfully submitted,

KAMALA D. HARRIS
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General

Martin W. Hagan
MARTIN W. HAGAN
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 13-2013-231099

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9
10 **BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

11
12 **In the Matter of the Accusation Against:**

13 **JOANNA LOUIS, M.D.
1853 N Vulcan Avenue # 5
14 Leucadia, CA 92024**

15 **Physician's and Surgeon's Certificate
No. G43299,**

16 **Respondent.**

Case No. 13-2013-231099

A C C U S A T I O N

17
18
19 Complainant alleges:

20 **PARTIES**

21 1. Kimberly Kirchmeyer (complainant) brings this Accusation solely in her official
22 capacity as the Executive Director of the Medical Board of California, Department of Consumer
23 Affairs (Board).

24 2. On or about September 8, 1980, the Board issued Physician's and Surgeon's
25 Certificate No. G43299 to Joanna Louis, M.D. (respondent). The Physician's and Surgeon's
26 Certificate was in full force and effect at all times relevant to the charges and allegations brought
27 herein and will expire on April 30, 2016, unless renewed.

28 ///

**FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO January 21, 2016
BY: [Signature] ANALYST**

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4. Section 2227 of the Code states:

“(1) Have his or her license revoked 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.

“(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.

///

///

1 5. Section 2234 of the Code, states:

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

5 “ . . .

6 “(b) Gross negligence.

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

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

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

17 “(d) Incompetence.

18 “ . . . ”

19 6. Section 2242 of the Code states:

20 “(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section
21 4022 without an appropriate prior examination and a medical indication, constitutes
22 unprofessional conduct.

23 “(b) No licensee shall be found to have committed unprofessional conduct within the
24 meaning of this section if, at the time the drugs were prescribed, dispensed, or furnished,
25 any of the following applies:

26 “(1) The licensee was a designated physician and surgeon or podiatrist serving in the
27 absence of the patient’s physician and surgeon or podiatrist, as the case may be, and if the
28 drugs were prescribed, dispensed, or furnished only as necessary to maintain the patient

1 until the return of his or her practitioner, but in any case no longer than 72 hours.

2 “(2) The licensee transmitted the order for the drugs to a registered nurse or to a
3 licensed vocational nurse in an inpatient facility, and if both of the following conditions
4 exist:

5 “(A) The practitioner had consulted with the registered nurse or licensed vocational
6 nurse who had reviewed the patient's records.

7 “(B) The practitioner was designated as the practitioner to serve in the absence of the
8 patient's physician and surgeon or podiatrist, as the case may be.

9 “(3) The licensee was a designated practitioner serving in the absence of the patient's
10 physician and surgeon or podiatrist, as the case may be, and was in possession of or had
11 utilized the patient's records and ordered the renewal of a medically indicated prescription
12 for an amount not exceeding the original prescription in strength or amount or for more
13 than one refill.

14 “(4) The licensee was acting in accordance with Section 120582 of the Health and
15 Safety Code.”

16 7. Section 2266 of the Code states:

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

19 8. Section 725 of the Code states:

20 “(a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or
21 administering of drugs or treatment, repeated acts of clearly excessive use of diagnostic
22 procedures, or repeated acts of clearly excessive use of diagnostic or treatment facilities as
23 determined by the standard of the community of licensees is unprofessional conduct for a
24 physician and surgeon, dentist, podiatrist, psychologist, physical therapist, chiropractor,
25 optometrist, speech-language pathologist, or audiologist.

26 “(b) Any person who engages in repeated acts of clearly excessive prescribing or
27 administering of drugs or treatment is guilty of a misdemeanor and shall be punished by a
28 fine of not less than one hundred dollars (\$100) nor more than six hundred dollars (\$600),

1 or by imprisonment for a term of not less than 60 days nor more than 180 days, or by both
2 that fine and imprisonment.

3 “(c) A practitioner who has a medical basis for prescribing, furnishing, dispensing, or
4 administering dangerous drugs or prescription controlled substances shall not be subject to
5 disciplinary action or prosecution under this section.

6 “(d) No physician and surgeon shall be subject to disciplinary action pursuant to this
7 section for treating intractable pain in compliance with Section 2241.5.”

8 **FIRST CAUSE FOR DISCIPLINE**

9 **(Gross Negligence)**

10 9. Respondent is subject to disciplinary action under sections 2227 and 2234, as defined
11 by section 2234, subdivision (b), of the Code, in that she committed gross negligence in her care
12 and treatment of patients A.A., C.H., and G.O., as more particularly alleged hereinafter:

13 **Patient A.A.**

14 10. On or about April 2, 2007, respondent began providing care and treatment to patient
15 A.A., then fifty-one years old. Patient A.A., who had a history of alcohol abuse, cocaine abuse,
16 and anorexia nervosa, presented with complaints of chronic pain as a result of cervical spine
17 degenerative joint disease, chronic anxiety, and depressive symptoms without suicidal ideation
18 Patient A.A. was noted to be taking Cymbalta¹ 60 mg, Buprenorphine², Imitrex³ prn, Naprosyn⁴
19 prn, and Alprazolam.⁵

21 ¹ Cymbalta is a brand name for duloxetine, a selective serotonin and norepinephrine reuptake
22 inhibitor antidepressant (SSNRI) that affects chemicals in the brain that may be unbalanced in people with
23 depression. It is used to treat major depressive disorder and general anxiety disorder in adults. Cymbalta
is also used in adults to treat fibromyalgia (a chronic pain disorder), or chronic muscle or joint pain (such
as low back pain and osteoarthritis pain).

24 ² Buprenorphine is an opioid medication used to treat narcotic addiction. It is a Schedule III
25 controlled substance pursuant to Health and Safety Code section 11056, subdivision (d), and a dangerous
drug pursuant to Business and Professions Code section 4022.

26 ³ Imitrex is a brand name for sumatriptan succinate and is a headache and migraine medicine that
27 narrows blood vessels around the brain and reduces substances in the body that can trigger headache pain,
nausea, sensitivity to light and sound, and other migraine symptoms.

1 11. Respondent conducted an initial psychiatric evaluation of patient A.A. Patient A.A.
2 was noted to have a "normal" cognitive exam, was alert with full range affect and no psychotic
3 symptoms. Respondent's diagnoses for patient A.A. were Axis I 296.33 (major depressive
4 disorder, recurrent, severe) and 314.00 (Attention Deficit Disorder, predominately inattentive
5 type); panic disorder with agoraphobia, alcohol dependence in remission, history of
6 polysubstance dependence, and post traumatic stress disorder. Respondent's treatment plan for
7 patient A.A. was to increase Cymbalta to 90 mg per day, check labs and follow-up in two weeks.

8 12. From on or about April 17, 2007 and continuing through December 31, 2008,
9 respondent saw patient A.A. approximately thirty-three times. During this time, respondent
10 documented that patient A.A. had suicidal ideation, relapse with substance abuse, significant
11 financial and social stressors. Respondent gave patient A.A. a referral for therapists.
12 Respondent's plan was to follow-up with patient A.A. in two weeks. Respondent never
13 conducted and/or documented a full mental status exam at any of these follow-up visits.
14 Respondent failed to document the severity of patient A.A.'s symptoms and current disorder.
15 Respondent did not document a standard suicide risk assessment.

16 13. On or about January 23, 2009, respondent noted that patient A.A. continued to be
17 ruminative, and was taking Wellbutrin⁶ 75 mg/day, Cymbalta 120 mg/day, Adderall⁷ 120 mg/day,
18
19

20 (...continued)

21 ⁴ Naproxen is a nonsteroidal anti-inflammatory drug (NSAID). It works by reducing hormones
22 that cause inflammation and pain in the body. Naproxen is used to treat pain or inflammation caused by
conditions such as arthritis, ankylosing spondylitis, tendinitis, bursitis, gout, or menstrual cramps.

23 ⁵ Alprazolam, a benzodiazepine, is a Schedule IV controlled substance pursuant to Health and
24 Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions
Code section 4022.

25 ⁶ Wellbutrin is a brand name for bupropion which is an antidepressant medication used to treat
major depressive disorder and seasonal affective disorder.

26 ⁷ Adderall is a brand name for dextroamphetamine and amphetamine, a Schedule II controlled
27 substance pursuant to Health and Safety Code section 11055, subdivision (d), and a dangerous drug
28 pursuant to Business and Professions Code section 4022. It is an amphetamine salts used for attention-
deficit hyperactivity disorder and narcolepsy.

1 and Adderall XR⁸ 30 mg bid (twice a day). Respondent did not document a mental status exam at
2 this visit.

3 14. On or about February 7, 2009, patient A.A. was seen for a follow-up visit.
4 Respondent noted that patient A.A. reported that her insurance company did not approve the
5 prescription for Adderall XR. Respondent did not document a mental status exam at this visit.
6 Respondent prescribed Ritalin ER⁹ 20 mg po (by mouth or orally) TID (three times a day) and
7 Adderall 60 mg/day to patient A.A.

8 15. On or about February 20, 2009, patient A.A. was seen for a follow-up visit.
9 Respondent noted that patient A.A. was "doing ok" on methylin ER.¹⁰ Patient A.A. was noted to
10 have a flat affect and stable mood. Patient A.A. reported having increased headaches.
11 Respondent did not document a mental status exam at this visit. Respondent prescribed methylin
12 ER 20 mg TID #90, and Adderall 120 mg po TID #240 (30 mg tabs) to patient A.A. The plan
13 was for patient A.A. to follow-up in one (1) month.

14 16. On or about March 6, 2009, patient A.A. was seen for a follow-up visit. Respondent
15 noted that patient A.A. "needs rewrite of Rx for methylin ER." Respondent did not document a
16 mental status exam at this visit. Respondent prescribed methylin ER 20 mg TID #90, and
17 Adderall 120 mg po TID #240 (30 mg tabs) to patient A.A. The plan was for patient A.A. to
18 follow-up in one (1) month.

19 17. On or about March 30, 2009, patient A.A. was seen for a follow-up visit. Respondent
20 noted that patient A.A. appeared "mildly depressed...weepiness...affect ok." Respondent did not

21 ⁸ Adderall XR is a brand name for dextroamphetamine and amphetamine, a Schedule II
22 controlled substance pursuant to Health and Safety Code section 11055, subdivision (d), and a dangerous
23 drug pursuant to Business and Professions Code section 4022. It is indicated for the treatment of attention
24 deficit hyperactivity disorder (ADHD) and is an extended release medication.

25 ⁹ Ritalin is a brand name for methylphenidate, a Schedule II controlled substance pursuant to
26 Health and Safety Code section 11055, subdivision (d), and a dangerous drug pursuant to Business and
27 Professions Code section 4022. It is a central nervous system stimulant that affects chemicals in the brain
28 and nerves that contribute to hyperactivity and impulse control. Ritalin is used to treat attention deficit
disorder (ADD).

¹⁰ Methylin refers to methylphenidate, the generic name for Ritalin.

1 document a mental status exam at this visit. Respondent prescribed methylin ER 20 mg TID #90,
2 and Adderall 120 mg po TID #240 (30 mg tabs) to patient A.A. The plan was for patient A.A. to
3 follow-up in two (2) weeks.

4 18. On or about April 14, 2009, patient A.A. was seen for a follow-up visit. Patient A.A.
5 complained of fatigue and insomnia, and reported running out of Adderall. Respondent did not
6 document a mental status exam at this visit. Respondent prescribed Adderall XR 30 mg BID #60
7 to patient A.A. Respondent decreased the methylin ER dosage because patient A.A. reported that
8 it was not working well, and told patient A.A. to "continue meds at current doses." The plan was
9 for patient A.A. to follow-up in two (2) weeks.

10 19. On or about April 27, 2009, patient A.A. was seen for a follow-up visit. Patient A.A.
11 reported having a migraine headache for two (2) days. Respondent did not document a mental
12 status exam at this visit. Respondent prescribed Adderall XR 30 mg BID #60, and Adderall 30
13 mg 2/d and 60 mg 3/d to patient A.A. The plan was for patient A.A. to follow-up in two (2)
14 weeks.

15 20. On or about May 12, 2009, patient A.A. was seen for a follow-up visit. Patient A.A.
16 reported continuing migraine headaches. Respondent noted "Dx 296.33, 314.00, 300.02."
17 Respondent further noted "f/u 2 weeks, stockpile Imitrex, continue all meds." Respondent did not
18 document a mental status exam at this visit. The plan was for patient A.A. to follow-up in two (2)
19 weeks.

20 21. On or about May 26, 2009, patient A.A. was seen for a follow-up visit. Respondent
21 noted that patient A.A. reported sleeping excessively and increased sadness. Respondent did not
22 document a mental status exam at this visit. Respondent prescribed Adderall XR 30 mg BID #60
23 and 60 mg BID #240 to patient A.A. The plan was for patient A.A. to follow-up in two (2)
24 weeks.

25 22. On or about June 8, 2009, patient A.A. was seen for a follow-up visit. Respondent
26 noted that patient A.A. was not seeing her therapist and had continuing migraine headaches that
27 required Imitrex for relief. Respondent did not document a mental status exam at this visit. The
28 plan was for patient A.A. to follow-up in two (2) weeks.

1 23. On or about June 22, 2009, patient A.A. was seen for a follow-up visit. Patient A.A.
2 complained of two (2) migraine headaches per month. Patient A.A. was provided information
3 about support groups. Respondent did not document a mental status exam at this visit.
4 Respondent prescribed Adderall XR 30 mg BID #60, Adderall 60 mg BID #240, and Imitrex 100
5 mg #9 to patient A.A. The plan was for patient A.A. to follow-up in two (2) weeks.

6 24. On or about July 6, 2009, patient A.A. was seen for a follow-up visit. Respondent
7 noted that patient A.A. lost the prescription for Adderall and a new one was provided. Patient
8 A.A. was provided information about support groups. Respondent did not document a mental
9 status exam at this visit. The plan was for patient A.A. to follow-up in two (2) weeks.

10 25. On or about July 20, 2009, patient A.A. was seen for a follow-up visit. Patient A.A.
11 complained of excessive sleep and fatigue and reported ongoing financial and home stressors.
12 Respondent documented that patient A.A. was "sleeping well." Respondent did not document a
13 mental status exam at this visit. Respondent prescribed Adderall 30 mg BID #60, and Adderall
14 60 mg BID #240 to patient A.A. The plan was for patient A.A. to follow-up on August 17, 2009.

15 26. On or about August 17, 2009, patient A.A. did not show-up for or call to cancel her
16 appointment with respondent.

17 27. On or about August 24, 2009, patient A.A. was seen for a follow-up visit after failing
18 to keep the appointment for August 17, 2009. Patient A.A. reported having ongoing home and
19 financial stressors, and migraine headache. Respondent did not document a mental status exam at
20 this visit. Respondent prescribed Compazine¹¹ 10 mg #30, Adderall XR 30 mg BID #60, and
21 Adderall 60 mg BID #240 to patient A.A. The plan was for patient A.A. to follow-up in one (1)
22 month.

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26 _____
27 ¹¹ Compazine is the brand name for prochlorperazine, a dopamine receptor antagonist that is used
28 for the antiemetic treatment of nausea and vertigo. It is also a highly potent typical antipsychotic and is
also used to treat migraine headaches.

1 28. On or about September 15, 2009, patient A.A. was seen for a follow-up visit. Patient
2 A.A. again reported family stressors. Respondent did not document a mental status exam at this
3 visit. Respondent prescribed Adderall XR 30 mg BID #60, and Adderall 60 mg BID #240 to
4 patient A.A.

5 29. On or about October 12, 2009, patient A.A. was seen for a follow-up visit. Patient
6 A.A. reported family stressors, the death of the family dog, and having nightmares and dysphoria.
7 Respondent did not document a mental status exam at this visit. Respondent prescribed Adderall
8 XR 30 mg BID #60, and Adderall 60 mg BID #240, and Imitrex 100 mg #9 to patient A.A. The
9 plan was for patient A.A. to follow-up in one (1) month.

10 30. On or about November 9, 2009, patient A.A. was seen for a follow-up visit. Patient
11 A.A. reported ongoing stressors at home. Patient A.A. also reported being upset about
12 relationship with therapist. Respondent did not document a mental status exam at this visit.
13 Respondent prescribed Adderall XR 30 mg BID #60, and Adderall 60 mg BID #240 to patient
14 A.A. The plan was for patient A.A. to follow-up in one (1) month.

15 31. On or about December 7, 2009, patient A.A. was seen for a follow-up visit. Patient
16 A.A. reported that her mother had been hospitalized, feeling overwhelmed, and sleeping well.
17 Respondent did not document a mental status exam at this visit. Respondent prescribed Adderall
18 XR 30 mg BID #60, and Adderall 60 mg BID #240 to patient A.A. The plan was for patient A.A.
19 to follow-up in one (1) month.

20 32. On or about January 4, 2010, patient A.A. was seen for a follow-up visit. Patient
21 A.A. reported home and financial stressors, feeling hopeless, and sleeping "ok." Patient A.A.
22 denied suicidal ideation. Respondent did not document a mental status exam at this visit.
23 Respondent prescribed Adderall XR 30 mg BID #60, and Adderall 60 mg BID #240 to patient
24 A.A. The plan was for patient A.A. to follow-up in one (1) month.

25 33. On or about February 1, 2010, patient A.A. was seen for a follow-up visit. Patient
26 A.A. reported feeling severely depressed, sleeping well and spending an increased amount of time
27 in bed, and continuing home stressors. Respondent did not document a mental status exam at this
28 visit. Respondent prescribed Adderall XR 30 mg BID #60, and Adderall 60 mg BID #240 to

1 patient A.A. The plan was for patient A.A. to follow-up in two (2) weeks.

2 34. On or about February 15, 2010, patient A.A. was seen for a follow-up visit. Patient
3 A.A. reported feeling severely depressed and increase in sleep. Respondent did not document a
4 mental status exam at this visit. Respondent prescribed Ambien¹² 10 mg daily #30 to patient A.A.
5 The plan was for patient A.A. to follow-up in two (2) weeks.

6 35. On or about March 1, 2010, patient A.A. was seen for a follow-up visit. Patient A.A.
7 reported having lost or thrown away her prescriptions. Respondent noted that patient A.A.
8 appeared lethargic and confused and questioned whether patient A.A. was experiencing "SSRI"¹³
9 withdrawal. Respondent did not document a mental status exam at this visit. Respondent
10 prescribed Adderall XR 30 mg BID #60, and Adderall 60 mg BID #240 to patient A.A. The plan
11 was for patient A.A. to follow-up in two (2) weeks.

12 36. On or about March 15, 2010, patient A.A. was seen for a follow-up visit. Respondent
13 did not document a mental status exam at this visit. Respondent prescribed Cymbalta 60 mg #60,
14 Adderall XR 30 mg BID #60, and Adderall 60 mg BID #240 to patient A.A. The plan was for
15 patient A.A. to follow-up in one (1) month.

16 37. On or about April 12, 2010, patient A.A. was seen for a follow-up visit. Patient A.A.
17 reported "inadvertently continued on Celexa and Cymbalta" instead of just Cymbalta.
18 Respondent did not document a mental status exam at this visit. Respondent prescribed Adderall
19 XR 30 mg BID #60, and Adderall 60 mg BID #240 to patient A.A. The plan was for patient A.A.
20 to follow-up in one (1) month.

21 38. On or about May 10, 2010, patient A.A. was seen for a follow-up visit. Patient A.A.
22 reported seeing a therapist. Respondent did not document a mental status exam at this visit.
23 Respondent prescribed Adderall XR 30 mg BID #60 and Adderall 60 mg BID #240 to patient
24 A.A. The plan was for patient A.A. to follow-up in one (1) month.

25
26 ¹² Ambien is the brand name for zolpidem and is a Schedule IV controlled substance pursuant to
27 Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and
Professions Code section 4022. It is used for the treatment of insomnia and some brain disorders.

28 ¹³ SSRI stands for selective serotonin reuptake inhibitors, which are antidepressants.

1 39. On or about June 7, 2010, patient A.A. was seen for a follow-up visit. Patient A.A.
2 reported continuing stressors at home, and attending a support group and individual therapy.
3 Respondent did not document a mental status exam at this visit. Respondent prescribed Adderall
4 XR 30 mg BID #60, and Adderall 60 mg BID #240 to patient A.A. The plan was for patient A.A.
5 to follow-up in one (1) month.

6 40. On of about July 5, 2010, patient A.A. was seen for a follow-up visit. Respondent
7 prescribed Adderall XR 30 mg BID #60, and Adderall 60 mg BID #240 to patient A.A. Patient
8 A.A. was to continue taking Cymbalta, which reportedly helped patient A.A. with migraine
9 symptoms. Respondent did not document a mental status exam at this visit. The plan was for
10 patient A.A. to follow-up in two (2) weeks.

11 41. On or about July 19, 2010, patient A.A. was seen for a follow-up visit. Patient A.A.
12 reported that her son was arrested for possession of marijuana, her migraines were better, and she
13 saw an unidentified flying object (UFO). Respondent did not document a mental status exam at
14 this visit. Respondent's plan was to continue patient A.A. on current medications. The plan was
15 for patient A.A. to follow-up in two (2) weeks.

16 42. On or about August 2, 2010, patient A.A. was seen for a follow-up visit. Patient A.A.
17 reported difficulty sustaining relationships with men and a therapist. Respondent did not
18 document a mental status exam at this visit. Respondent prescribed Adderall XR 30 mg BID #60,
19 and Adderall 60 mg BID #240 to patient A.A. Respondent also provided patient A.A. with
20 samples of Lexapro¹⁴ 10 mg for patient A.A.'s son. The plan was for patient A.A. to follow-up in
21 two (2) weeks.

22 43. On or about August 16, 2010 patient A.A. was seen for a follow-up visit. Patient
23 A.A. reported that son had body dysmorphic disorder. Respondent did not document a mental
24 status exam at this visit. Respondent provided patient A.A. with samples of Lexapro 20 mg for
25 patient A.A.'s son. The plan was for patient A.A. to follow-up in two (2) weeks.

26 _____
27 ¹⁴ Lexapro is the brand name for escitalopram, and is an antidepressant of the selective serotonin
28 reuptake inhibitor (SSRI) class. It is used for the treatment of major depressive disorder (MDD) and
generalized anxiety disorder (GAD).

1 44. On or about August 30, 2010, patient A.A. was seen for a follow-up visit. Patient
2 A.A. stated that she was trying to terminate care with her therapist. Respondent did not document
3 a mental status exam at this visit. Respondent prescribed Adderall XR 30 mg BID #60, and
4 Adderall 60 mg BID #240 to patient A.A.

5 45. On or about September 8, 2010, patient A.A. was seen for a follow-up visit. Patient
6 A.A. reported home stressors. Respondent did not document a mental status exam at this visit.
7 Respondent did not document any prescriptions provided to patient A.A. at this visit.

8 46. On or about September 27, 2010, patient A.A. was seen for a follow-up visit. Patient
9 A.A. reported that she had not been seeing her therapist and continuing home stressors.
10 Respondent did not document a mental status exam at this visit. Respondent prescribed Adderall
11 XR 30 mg BID #60, and Adderall 60 mg BID #240 to patient A.A. The plan was for patient A.A.
12 to follow-up in two (2) weeks.

13 47. On or about October 25, 2010, patient A.A. was seen for a follow-up visit. Patient
14 A.A. reported being fatigued. Respondent did not document a mental status exam at this visit.
15 Respondent prescribed Adderall XR 30 mg BID #60, and Adderall 60 mg BID #240 to patient
16 A.A. The plan was for patient A.A. to follow-up in two (2) weeks.

17 48. On or about November 22, 2010, patient A.A. was seen for a follow-up visit. Patient
18 A.A. had missed an appointment due to illness. Respondent noted that patient A.A.'s affect was
19 "down." Respondent did not document a mental status exam at this visit. Respondent prescribed
20 Adderall XR 30 mg BID #60, and Adderall 60 mg BID #240 to patient A.A. The plan was for
21 patient A.A. to follow-up in one (1) month.

22 49. On or about December 20, 2010, patient A.A. was seen for a follow-up visit. Patient
23 A.A.'s mother had passed away the previous day. Respondent did not document a mental status
24 exam at this visit. Respondent prescribed Adderall XR 30 mg BID #60, and Adderall 60 mg BID
25 #240 to patient A.A. The plan was for patient A.A. to follow-up in two (2) weeks.

26 50. On or about January 17, 2011, patient A.A. was seen for a follow-up visit. Patient
27 A.A. was attending Alcoholics Anonymous (AA) meetings, working on assertiveness and
28 appeared sad and worried. Respondent did not document a mental status exam at this visit.

1 Respondent prescribed Adderall XR 30 mg BID #60, and Adderall 60 mg BID #240 to patient
2 A.A. The plan was for patient A.A. to follow-up in one (1) month.

3 51. On or about February 14, 2011, patient A.A. was seen for a follow-up visit. Patient
4 A.A. had increased anxiety and appeared sad and worried. Respondent did not document a
5 mental status exam at this visit. Respondent prescribed Adderall XR 30 mg BID #60, and
6 Adderall 60 mg BID #240 to patient A.A. The plan was for patient A.A. to follow-up in one (1)
7 month.

8 52. On or about March 4, 2011, patient A.A. was seen for a follow-up visit. Patient A.A.
9 reported attending AA meetings, and appeared sad and worried. Respondent did not document a
10 mental status exam at this visit. Respondent prescribed Adderall XR 30 mg BID #60, and
11 Adderall 60 mg BID #240 to patient A.A. The plan was for patient A.A. to follow-up in two (2)
12 weeks.

13 53. On or about March 14, 2011, patient A.A. was seen for a follow-up visit. Patient
14 A.A. reported having difficulty in getting prescription for Adderall XR filled. Respondent noted
15 patient A.A.'s affect as "upset" and mood as "mildly depressed." Respondent did not document a
16 mental status exam at this visit. Respondent prescribed Adderall XR 30 mg #60 to patient A.A.

17 54. On or about March 28, 2011, patient A.A. was seen for a follow-up visit. Patient
18 A.A. was noted to be upset and dysphoric. Patient A.A. reported having not taken Cymbalta for
19 ten (10) days. Respondent did not document a mental status exam at this visit. Respondent
20 prescribed Adderall XR 30 mg BID #60, and Adderall 60 mg BID #240 to patient A.A. The plan
21 was for patient A.A. to follow-up in two (2) weeks.

22 55. On or about April 13, 2011, patient A.A. did not show-up for or call to cancel her
23 appointment with respondent. Respondent noted that patient A.A. had been contacted and had
24 forgotten about the appointment. The plan was for patient A.A. to follow-up in two (2) weeks.

25 56. On or about April 25, 2011, patient A.A. was seen for a follow-up visit. Patient A.A.
26 was noted to have a brighter affect. Respondent did not document a mental status exam at this
27 visit. Respondent prescribed Adderall XR 30 mg BID #60, and Adderall 60 mg BID #240 to
28 patient A.A. The plan was for patient A.A. to follow-up in one (1) month.

1 57. On or about May 23, 2011, patient A.A. was seen for a follow-up visit. Patient A.A.
2 was noted to still be grieving her mother's death and seeing a therapist. Respondent did not
3 document a mental status exam at this visit. Respondent prescribed Adderall XR 30 mg BID #60,
4 and Adderall 60 mg BID #240 to patient A.A. The plan was for patient A.A. to follow-up in one
5 (1) month.

6 58. On or about June 13, 2011, patient A.A. was seen for a follow-up visit. Patient A.A.
7 reported feeling better and her mood was noted as being "a little sad." Patient A.A. was trying to
8 get her son into a support group. Patient A.A. also reported that her son was not taking the
9 previously prescribed Lexapro properly. Respondent did not document a mental status exam at
10 this visit. Respondent prescribed Adderall XR 30 mg BID #60, and Adderall 60 mg BID #240 to
11 patient A.A. The plan was for patient A.A. to follow-up in one (1) month.

12 59. On or about July 11, 2011, patient A.A. was seen for a follow-up visit. Patient A.A.
13 complained of dental pain and respondent advised her to seek treatment. Patient A.A. was trying
14 to get her son into a support group. Respondent did not document a mental status exam at this
15 visit. Respondent prescribed Adderall XR 30 mg BID #60, and Adderall 60 mg BID #240 to
16 patient A.A. The plan was for patient A.A. to follow-up in one (1) month.

17 60. On or about August 2, 2011, patient A.A. was seen for a follow-up visit. Patient A.A.
18 reported having been assaulted by her boyfriend, who was arrested after she pressed charges
19 against him. Respondent did not document a mental status exam at this visit. Respondent
20 prescribed Vicodin¹⁵ #60 for tooth pain and Adderall 30 mg as directed (6/day and BID) #240.
21 The plan was for patient A.A. to follow-up in one (1) month.

22 61. On or about August 29, 2011, patient A.A. was seen for a follow-up visit. Patient
23 A.A. was noted to be "upset about a lot of things." Respondent did not document a mental status
24 exam at this visit. Respondent prescribed Adderall XR 30 mg BID #90, and Adderall 60 mg TID
25 #240 to patient A.A. The plan was for patient A.A. to follow-up on two (2) weeks.

26
27 ¹⁵ Vicodin is the brand name for a Hydrocodone combination product and is a Schedule III
28 controlled substance pursuant to Health and Safety Code section 11056, subdivision (e), and a dangerous
drug pursuant to Business and Professions Code section 4022. It is used to treat moderate to severe pain.

1 62. On or about September 12, 2011, patient A.A. was seen for a follow-up visit. Patient
2 A.A. reported difficulty getting her prescriptions filled. Respondent did not document a mental
3 status exam at this visit. Respondent prescribed Adderall XR 60/30 mg BID #90, and Adderall
4 90/60/90 mg TID #240 to patient A.A. The plan was for patient A.A. to follow-up in one (1)
5 month.

6 63. On or about October 10, 2011, patient A.A. did not show-up for or call to cancel her
7 appointment with respondent. Respondent noted that patient A.A. "thought it was a Sunday."
8 The appointment was changed to October 12, 2011.

9 64. On or about October 12, 2011, patient A.A. was seen for a follow-up visit. Patient
10 A.A. reported having nosebleed, feeling overwhelmed, and having sex with a neighbor who
11 assaulted her. Patient A.A. again reported having difficulty in getting her prescriptions filled.
12 Respondent did not document a mental status exam at this visit. Respondent prescribed Adderall
13 XR 60/30 mg BID #90, and Adderall 90/60/90 mg TID #240 to patient A.A. The plan was for
14 patient A.A. to follow-up in one (1) month.

15 65. On or about October 31, 2011, patient A.A. was seen for a follow-up visit. Patient
16 A.A. reported having lost her prescription for Adderall XR and was worried about running out of
17 her medication. Respondent did not document a mental status exam at this visit. Respondent
18 prescribed Adderall XR 30 mg #60 to patient A.A. The plan was for patient A.A. to follow-up in
19 two (2) weeks.

20 66. On or about November 14, 2011, patient A.A. was seen for a follow-up visit. Patient
21 A.A. reported feeling "adrift" without "friends to hang with" and sexual abuse of her son by her
22 sister. Patient A.A.'s mood was "very down," her affect was "sad," and she denied any suicidal
23 ideation. Respondent did not document a mental status exam at this visit. Respondent prescribed
24 Cymbalta 120 mg/d, Prozac¹⁶ 20 mg, Adderall XR 60/30 mg BID #90, and Adderall 90/60/90 mg
25 TID #240 to patient A.A.

26 ///

27 ¹⁶ Prozac is the brand name for fluoxetine and is a selective serotonin reuptake inhibitors (SSRI)
28 antidepressant.

1 67. On or about December 12, 2011, patient A.A. was seen for a follow-up visit. Patient
2 A.A. reported ongoing stressors related to her son and that she was seeing a man who had
3 assaulted her. Respondent did not document a mental status exam at this visit. Respondent
4 prescribed Cymbalta 120 mg/d, Prozac 20 mg, Adderall XR 60/30 mg BID #90, and Adderall
5 90/60/90 mg TID #240 to patient A.A. The plan was for patient A.A. to follow-up in one (1)
6 month.

7 68. On or about January 9, 2012, patient A.A. was seen for a follow-up visit. Patient
8 A.A. reported financial stressors and compulsive shopping. Respondent continued all
9 medications at current doses and prescribed Adderall XR 60/30 mg BID #90, and Adderall
10 90/60/90 mg TID #240 to patient A.A. The plan was for patient A.A. to follow-up in one (1)
11 month.

12 69. On or about January 30, 2012, patient A.A. was seen for a follow-up visit. Patient
13 A.A. reported having difficulty getting prescriptions filled. Respondent did not document a
14 mental status exam at this visit. Respondent prescribed Adderall 30 mg 8/day for 7 days #56 to
15 patient A.A. The plan was for patient A.A. to follow-up in one (1) week.

16 70. On or about February 6, 2012, patient A.A. was seen for a follow-up visit. Patient
17 A.A. again reported difficulty getting prescriptions filled. Respondent did not document a mental
18 status exam at this visit. Respondent prescribed Adderall XR 60/30 mg BID #90, and Adderall
19 30 mg (6/day and BID) #240 to patient A.A. The plan was for patient A.A. to follow-up in two
20 (2) weeks.

21 71. On or about February 20, 2012, patient A.A. was seen for a follow-up visit. Patient
22 A.A. reported having lost her prescription for Adderall XR. Respondent did not document a
23 mental status exam at this visit. Respondent prescribed Adderall XR 60/30 mg BID #90 to
24 patient A.A. The plan was for patient A.A. to follow-up in two (2) weeks.

25 72. On or about March 5, 2012, patient A.A. was seen for a follow-up visit. Patient A.A.
26 appeared confused and reported difficulty getting the Adderall prescription filled. Respondent
27 did not document a mental status exam at this visit. Respondent prescribed Adderall XR 60/30
28 mg BID #90, and Adderall 30 mg (6/day and BID) #240 to patient A.A.

1 73. On or about April 2, 2012, patient A.A. was seen for a follow-up visit. Patient A.A.
2 reported that she had difficulty getting the Adderall prescription filled, stopping all her
3 prescriptions, and breaking-up with her abusive boyfriend. Patient A.A. was noted as having a
4 sad affect and depressed mood, but no suicidal ideation. Respondent did not document a mental
5 status exam at this visit. Respondent prescribed Adderall XR 30 mg TID #90, Adderall 30 mg
6 (8/day) #240, and Cymbalta 160 mg/day to patient A.A. The plan was for patient A.A. to follow-
7 up in two (2) weeks.

8 74. On or about April 10, 2012, patient A.A. was seen for a follow-up visit. Patient A.A.
9 reported ongoing difficulty getting the Adderall prescriptions filled. Respondent did not
10 document a mental status exam at this visit. Respondent prescribed Adderall XR 30 mg TID #90
11 and Adderall 30 mg (8/day) #60 to patient A.A. The plan was for patient A.A. to follow-up in
12 two (2) weeks.

13 75. On or about April 23, 2012, patient A.A. was seen for a follow-up visit. Patient A.A.
14 reported that she was working on getting Adderall prescriptions filled, but was not taking
15 Adderall XR or Cymbalta due to an inability to pay the co-pay. Respondent advised patient A.A.
16 to take her medication as directed. Respondent did not document a mental status exam at this
17 visit. The plan was for patient A.A. to follow-up in two (2) weeks.

18 76. On or about May 7, 2012, patient A.A. was seen for a follow-up visit. Patient A.A.
19 reported pain from an elbow injury and not sleeping well. Respondent noted that patient A.A.
20 looked tired and in pain. Respondent did not document a mental status exam at this visit.
21 Respondent prescribed Adderall XR 30 mg TID #90, and Adderall 30 mg (6/day and BID) #240
22 to patient A.A. The plan was for patient A.A. to follow-up in two (2) weeks.

23 77. On or about May 23, 2012, patient A.A. called in for a follow-up visit. Patient A.A.
24 reported not sleeping well and, according to respondent, was "all scrambled."

25 78. On or about June 4, 2012, patient A.A. was seen for a follow-up visit. Patient A.A.
26 reported being upset about her recent break-up with her boyfriend and being anxious.
27 Respondent did not document a mental status exam at this visit. Respondent prescribed Adderall
28 XR 30 mg TID #90, and Adderall 30 mg (6/day and BID) #240 to patient A.A. The plan was for

1 patient A.A. to follow-up in one (1) month.

2 79. On or about July 2, 2012, patient A.A. was seen for a follow-up visit. Patient A.A.
3 reported being upset about her break-up with her boyfriend, anxiety, and being depressed.
4 Respondent did not document a mental status exam at this visit. Respondent prescribed Adderall
5 XR 30 mg TID #90, and Adderall 30 mg (6/day and BID) #240 to patient A.A. The plan was for
6 patient A.A. to follow-up in one (1) month.

7 80. On or about July 11, 2012, patient A.A. called in to respondent to report problems
8 with her son. Patient A.A. had tried to have her son placed on a psychiatric hold pursuant to
9 Welfares and Institutions Code section 5150, but was unsuccessful. Respondent advised patient
10 A.A. to continue her medications and come-in for her follow-up visit. Patient A.A. was
11 scheduled for a follow-up visit on July 15, 2012.

12 81. On or about July 15, 2012, patient A.A. called in for a follow-up visit. Patient A.A.
13 reported that she was upset about her recent break-up and was not seeing a therapist. Respondent
14 advised patient A.A. to have no contact with her former boyfriend, to immediately make an
15 appointment to see her therapist, and to continue her medication. Patient A.A. was scheduled for
16 a follow-up visit on July 18, 2012 for management of medications.

17 82. On or about July 18, 2012, patient A.A. was seen for a follow-up visit. Patient A.A.
18 reported having ongoing difficulty having prescriptions filled and agreed to start seeing a
19 therapist again. Respondent noted that she had located a compounding pharmacy that would fill
20 patient A.A.'s prescription and an increase in the dose of Adderall was being made due to
21 "inadequate coverage with 6/day BID #180." Patient A.A. was going to see a therapist and had
22 attended Alcoholics Anonymous meetings. Respondent did not document a mental status exam at
23 this visit. The plan was for patient A.A. to follow-up in two (2) weeks.

24 83. On or about July 30, 2012, patient A.A. was seen for a follow-up visit. Patient A.A.
25 was noted to be angry and very upset. Patient A.A. was also noted to be doing better on an
26 increased dose of Adderall (8/d of IR form). Respondent did not document a mental status exam
27 at this visit. Respondent prescribed Adderall XR 30 mg TID #90, Adderall 30 mg (90/90/60 TID)

28

1 #240, Norco¹⁷ 10/325 mg 120, and Ibuprofen 800 mg QID (four times a day) prn pain to patient
2 A.A. The plan was for patient A.A. to follow-up in two (2) weeks.

3 84. On or about August 27, 2012, patient A.A. was seen for a follow-up visit. Patient
4 A.A. reported that she was not seeing a therapist, but was attending AA meetings. Patient A.A.
5 was noted to be "very scrambled" and "sad and mad." Respondent did not document a mental
6 status exam at this visit. Respondent prescribed Adderall XR 30 mg TID, and Adderall 30 mg
7 (90/90/60 TID) #240 to patient A.A. The plan was for patient A.A. to follow-up in two (2)
8 weeks.

9 85. On or about September 10, 2012, patient A.A. did not call in for a telephonic
10 appointment, nor did she answer respondent's calls.

11 86. On or about September 24, 2012, patient A.A. was seen for a follow-up visit. Patient
12 A.A.'s affect was noted to be "much better" with flat mood. Patient A.A. was going to schedule
13 an appointment with a therapist. Respondent did not document a mental status exam at this visit.
14 Respondent prescribed Adderall XR 30 mg TID #90, and Adderall 30 mg (90/90/60 TID) #240 to
15 patient A.A. The plan was for patient A.A. to follow-up in two (2) weeks.

16 87. On or about October 8, 2012, patient A.A. was seen for a follow-up visit. Patient
17 A.A. had not yet met with the therapist. Patient A.A.'s mood was noted to be "OK" with "mixed
18 but appropriate" affect. Respondent did not document a mental status exam at this visit. The plan
19 was for patient A.A. to follow-up in two (2) weeks.

20 88. On or about October 22, 2012, patient A.A. was seen for a follow-up visit. Patient
21 A.A. was noted to be doing better with increased dose of Adderall (8/d of IR form). Respondent
22 did not document a mental status exam at this visit. Respondent prescribed Adderall XR 30 mg
23 TID #90, Adderall 30 mg (90/90/60 TID) #240, and Cymbalta 120 mg/d. The plan was for
24 patient A.A. to follow-up in two (2) weeks.

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26
27 ¹⁷ Norco is a brand name for acetaminophen and hydrocodone bitartrate, a Schedule III controlled
28 substance pursuant to Health and Safety Code section 11056, subdivision (c), and a dangerous drug
pursuant to Business and Professions Code section 4022. It is used to treat moderate to severe pain.

1 89. On or about November 5, 2012, patient A.A. was seen for a follow-up visit. Patient
2 A.A. was noted to have mood fluctuating dysphoria, not exercising, sleeping excessively, and not
3 attending AA meetings regularly. Respondent did not document a mental status exam at this
4 visit. Respondent's plan was to continue patient A.A.'s medications at follow-up doses. The plan
5 was for patient A.A. to follow-up in two (2) weeks.

6 90. On or about November 19, 2012, patient A.A. was seen for a follow-up visit.
7 Respondent noted that patient A.A. was "no longer able to get Adderall RX's." Respondent did
8 not document a mental status exam at this visit. Respondent gave patient A.A. eight (8) boxes of
9 Cymbalta and prescribed Adderall XR 30 mg TID #90, and Adderall 30 mg (90/90/60 TID) #240
10 to patient A.A. The plan was for patient A.A. to follow-up in two (2) weeks.

11 91. On or about December 7, 2012, patient A.A. was seen for a follow-up visit. Patient
12 A.A. was noted to be "preoccupied and frustrated" and reported being upset with financial
13 stressors. Respondent did not document a mental status exam at this visit. Respondent's plan
14 was to continue patient A.A.'s medications at current doses. The plan was for patient A.A. to
15 follow-up in two (2) weeks.

16 92. On or about December 17, 2012, patient A.A. was seen for a follow-up visit. Patient
17 A.A.'s mood was noted to be "up & down." Respondent did not document a mental status exam
18 at this visit. Respondent prescribed Adderall XR 30 mg TID #90 and Adderall 30 mg #240 to
19 patient A.A. The plan was for patient A.A. to follow-up in two (2) weeks.

20 93. On or about sometime in January 2013, patient A.A. was seen for a follow-up visit.
21 Patient A.A. was noted to be labile and dysphoric, and denied suicidal ideation. Respondent's
22 plan was to "check labs." Respondent did not document a mental status exam at this visit.
23 Respondent prescribed Adderall XR 30 mg TID #90, and Adderall 30 mg #240 to patient A.A.
24 The plan was for patient A.A. to follow-up in two (2) weeks.

25 94. On or about January 29, 2013, patient A.A. was seen for a follow-up visit. Patient
26 A.A. reported being worried about financial stressors. Respondent did not document a mental
27 status exam at this visit. Respondent's plan was to continue patient A.A.'s medications at current
28 doses. The plan was for patient A.A. to follow-up in two (2) weeks.

1 95. On or about February 11, 2013, patient did not show-up for or call to cancel her
2 appointment with respondent. Respondent noted "[w]ent back to sleep!" in patient A.A.'s chart.
3 The appointment was re-scheduled for February 18, 2013.

4 96. On or about February 18, 2013, patient A.A. was seen for a follow-up visit. Patient
5 A.A. reported having severe migraine headache and sleeping okay. Respondent did not document
6 a mental status exam at this visit. Respondent prescribed Zofran¹⁸ 4 mg (1-2 prn nausea),
7 Adderall 30 mg #240, and Adderall XR 30 mg #90 to patient A.A. The plan was for patient A.A.
8 to follow-up in one (1) month.

9 97. On or about March 18, 2013, patient A.A. was seen for a follow-up visit. Patient
10 A.A. reported attending AA meetings and difficulty in getting prescriptions filled. Respondent
11 noted that she reminded patient A.A. "about getting established with a single pharmacy." Patient
12 A.A. also reported some impulses to drink alcohol. Respondent did not document a mental status
13 exam at this visit. Respondent provided patient A.A. with Cymbalta samples for one (1) month
14 given 120 mg/day and prescribed Adderall XR 30 mg TID #90, and Adderall 30 mg (90/90/60)
15 #240 to patient A.A. The plan was for patient A.A. to follow-up in two (2) weeks.

16 98. On or about April 2, 2013, patient called in for a telephone appointment. Patient A.A.
17 reported many financial stressors, increased social withdrawal, and possibly seeing the man who
18 had allegedly abused her.

19 99. On or about April 15, 2013, patient A.A. was noted to be doing better.

20 100. On or about April 30, 2013, patient A.A. was seen for a follow-up visit. Patient A.A.
21 reported ongoing stressors. Patient A.A. was noted as having a sad affect and unhappy mood.
22 Respondent's plan was to check labs. Respondent did not document a mental status exam at this
23 visit. The plan was for patient A.A. to follow-up in two (2) weeks.

24 101. On or about May 13, 2013, patient A.A. was seen for a follow-up visit. Patient A.A.
25 reported difficulty keeping appointments, feeling distractible, and not scheduling appointments
26 with the therapist. Respondent did not document a mental status exam at this visit. Respondent

27 ¹⁸ Zofran is the brand name for ondansetron and is used to prevent nausea and vomiting caused by
28 surgery or cancer medicines.

1 prescribed Adderall XR 30 mg TID #90, and Adderall 30 mg (90/90/60) #240 to patient A.A.
2 The plan was for patient A.A. to follow-up in two (2) weeks.

3 102. Respondent committed gross negligence in her care and treatment of patient A.A.
4 including, but not limited to, the following:

5 a. Respondent failed to document a full mental status examination of patient A.A.
6 at any follow-up visit;

7 b. Respondent failed to document the severity of patient A.A.'s symptoms and
8 current disorder;

9 c. Respondent failed to document a standard suicide risk assessment of patient
10 A.A.;

11 d. Respondent prescribed opiate medication to patient A.A. without documenting
12 a clear indication for prescribing the opiate medication used and the dosages prescribed;

13 e. Respondent failed to monitor the acetaminophen and opiate medications
14 prescribed, including documentation of doses of opiates and acetaminophen prescribed for
15 patient A.A., labs, vital signs, risk factors and contraindications, possible drug interactions,
16 and signs of possible misuse of medications;

17 f. Respondent wrote multiple prescriptions for patient A.A. without a clear reason
18 to do so;

19 g. Respondent failed to document any discussions of the risks and benefits of the
20 high dose acetaminophen containing opiate medications prescribed with patient A.A. and/or
21 informed consent regarding the treatment;

22 h. Respondent prescribed psycho-stimulant medications to patient A.A. without
23 documenting the medical indication /rationale for the prescriptions and/or keeping track of
24 the dosages and combinations used;

25 i. Respondent failed to monitor the psycho-stimulant medications prescribed to
26 patient A.A., including documentation of doses of drugs prescribed for patient A.A., labs,
27 vital signs, risk factors and contraindications, possible drug interactions, and signs of
28 possible misuse of medications;

1 j. Respondent engaged in inappropriate polypharmacy of opioid medications and
2 psycho-stimulants to patient A.A.;

3 k. Respondent failed to document the rationale for high dose psycho-stimulant
4 treatment for patient A.A.;

5 l. Respondent failed to document any discussions of the risks and benefits of
6 psycho-stimulant treatment with patient A.A. and/or informed consent regarding the
7 treatment; and

8 m. Respondent failed to document the criteria for the psychiatric diagnoses given
9 to patient A.A. and the psychiatric diagnoses being treated.

10 **Patient C.H.¹⁹**

11 103. On or about October 27, 2009, respondent began providing care and treatment to
12 patient C.H., then twenty-one years old. Patient C.H., had a history of involuntary psychiatric
13 hospitalization, chronic back pain from bilateral ulnar neuropathy, rapid-cycling bipolar disorder,
14 bulimia, physical abuse by mother, sexual abuse, and post-traumatic stress disorder. Patient C.H.
15 reported chronic anxiety, impulsive behavior, depressive symptoms, prior cutting behaviors and
16 multiple overdoses, and suicidal ideation as recently as two days earlier. Patient C.H. had
17 discontinued all psychiatric medications that had been previously prescribed. Patient was taking
18 Seroquel²⁰ 25 mg/day and clonazepam²¹ 0.5 mg BID. Respondent did not obtain a complete
19 medical and psychiatric history at this visit, including patient C.H.'s history of substance abuse,
20 impulsivity and suicidal behavior. Respondent did not obtain medical records for patient C.H.
21 from other providers or a history of patient C.H.'s chronic pain condition.

22 ///

23 ¹⁹ The medical records for patient C.H. are out of order and many of the dates of treatment are
24 indeterminable. Where dates of treatment are known they have been referenced.

25 ²⁰ Seroquel is the brand name for quetiapine and is an atypical antipsychotic approved for the
26 treatment of schizophrenia, bipolar disorder, and along with an antidepressant to treat major depressive
disorder.

27 ²¹ Clonazepam (brand name Klonopin or Clonopin) is an anti-anxiety medication in the
28 benzodiazepine family and a Schedule IV controlled substance pursuant to Health and Safety Code section
11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

1 104. On or about October 27, 2009, respondent conducted a mental status examination of
2 patient C.H. Patient C.H. was noted to have normal cognition, insight and judgment, attitude and
3 speech, and affect. Respondent's diagnoses for patient C.H. were Axis I bipolar disorder, rapid
4 cycling, manic psychosis, bulimia nervosa, panic disorder without agoraphobia, alcohol abuse, in
5 remission, and attention deficit hyper-activity disorder (ADHD). Respondent did not give patient
6 C.H. an Axis 2 diagnosis. Respondent's Axis 3 diagnosis for patient C.H. was "probable right
7 cervical radiculopathy (ulnar nerve)," which is not a neurologic diagnosis. Respondent
8 prescribed Topamax²² 25 mg HS (at bedtime), to be increased to 100 mg HS over three (3) weeks,
9 and clonazepam 1 mg q 4-6 hours prn #120 to patient C.H.

10 105. On or about November 2, 2009, patient C.H. was seen for a follow-up visit. Patient
11 C.H. reported improvement on Topamax. Respondent noted that patient C.H. appeared
12 "hypomanic." Patient C.H. reported having a new boyfriend and having had an altercation with a
13 teacher at school. It was noted that patient C.H. had taken some clonazepam and Seroquel 12.5
14 mg to help with sleep. An ADD self-report screen was indicative of possible attention deficit
15 disorder (ADD). Respondent did not conduct further assessment's to corroborate this finding.
16 Respondent did not document a mental status exam at this visit. Respondent's plan was to
17 continue the same medication and follow-up in one (1) week.

18 106. On or about November 9, 2009, patient C.H. was seen for a follow-up visit. Patient
19 C.H. reported having broken up with her new boyfriend. Patient C.H. was also noted to be taking
20 Topamax 50 mg HS. Respondent did not document a mental status exam at this visit.
21 Respondent's plan was to continue same medication and follow-up in two (2) weeks.

22 107. On or about November 23, 2009, patient C.H. was seen for a follow-up visit. Patient
23 C.H. reported doing well on Topamax. A mental status examination was noted to be normal.
24 Respondent's plan was to continue same medication and follow-up in three (3) weeks.

25 108. On or about December 7, 2009, patient C.H. was seen for a follow-up visit. Patient
26 C.H. reported panic attacks for which clonazepam was not helpful. A mental status examination

27 ²² Topamax is the brand name for topiramate and is an anticonvulsant (antiepilepsy) drug.
28

1 was noted to be normal. Respondent provided patient C.H. with a refill for Topamax and also
2 prescribed Ativan²³ 0.5 #120 (1-4/d) prn to patient C.H. Respondent's plan was to follow-up with
3 patient C.H. in two (2) weeks.

4 109. On or about December 28, 2009, patient C.H. was seen for a follow-up visit. Patient
5 C.H. reported getting intoxicated and experiencing intermittent, recurrent episodes of facial
6 paresthesia after increasing her dose of Topamax to 100 mg. Respondent did not document a
7 mental status exam at this visit. Respondent prescribed Vicodin ES 60 mg #60 to patient C.H.
8 and planned to follow-up with patient C.H. in two (2) weeks.

9 110. On or about sometime in January 2010, patient C.H. was seen for a follow-up visit.
10 Patient C.H. reported feeling "shitty and lonely," unmotivated, and "very depressed." Patient
11 C.H. denied having suicidal ideation. Respondent did not document a mental status exam at this
12 visit. Respondent increased the dose of Topamax to 125 mg HS and prescribed Topamax #90
13 100 mg, with three (3) refills, to patient C.H. The plan was for patient C.H. to follow-up in two
14 (2) weeks.

15 111. On or about January 25, 2010, patient C.H. was seen for a follow-up visit. Patient
16 reported continued back pain and worries about finances. It was noted that patient C.H.'s mood
17 had improved since the Topamax dose was increased to 125 mg. Respondent did not document a
18 mental status exam at this visit. Respondent prescribed Vicodin ES #180 (1-2 q 3-4 hours prn) to
19 patient C.H. The plan was for patient C.H. to follow-up in two (2) weeks.

20 112. On or about February 8, 2010, patient C.H. was seen for a follow-up visit. Patient
21 C.H. was noted to appear tired, was feeling sad and worried, and having difficulty sleeping.
22 Respondent noted that patient C.H. preferred clonazepam over Ativan, and was taking 2 mg of
23 clonazepam at a time. Respondent did not document a mental status exam at this visit.
24 Respondent's plan was to continue medications and decrease clonazepam to 1.5 mg at a time.
25 The plan was for patient C.H. to follow-up in two (2) weeks.

26 ²³ Ativan is the brand name for Lorazepam and is a Schedule IV controlled substance pursuant to
27 Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and
28 Professions Code section 4022. It is a benzodiazepine used to treat anxiety disorders or anxiety associated
with depression.

1 113. On or about February 22, 2010, patient C.H. was seen for a follow-up visit. Patient
2 C.H. was noted to be having difficulty focusing due to untreated attention deficit disorder (ADD).
3 Respondent also noted that patient C.H.'s affect was bright and animated and mood was
4 "stabilized on current meds." Respondent did not document a mental status exam at this visit.
5 Respondent's plan was to continue medications and follow-up in one (1) month. Patient C.H.
6 was told to call if she "starts to de-stabilize."

7 114. On or about an undeterminable date in 2010, patient C.H. was seen by respondent.
8 Patient C.H. had graduated from school and was working. Patient C.H.'s mood was noted to be
9 euthymic and her affect bright and animated. Patient C.H. reported having a lot of back pain.
10 Respondent did not document a mental status exam at this visit. Respondent prescribed Vicodin
11 ES #120 prn, with five (5) refills, and Topamax 23 mg #60 to patient C.H. Patient C.H. was to
12 follow-up in one (1) month.

13 115. On or about an undeterminable date in 2010, patient C.H. was seen for a follow-up
14 visit. Patient C.H. was noted to be upset about work situation and getting "screwed over July
15 4th!" Patient C.H.'s mood was noted to be "stable" and her affect as "bright and bubbly."
16 Respondent did not document a mental status exam at this visit. The plan was to continue current
17 medications and follow-up in one (1) month.

18 116. On or about August 17, 2010, patient C.H. was seen for a follow-up visit. Patient
19 C.H. reported that she had had a problem with too much Tylenol in prescription of Vicodin and
20 requested change to Norco and a muscle relaxant for pain related to a coccyx injury. Respondent
21 did not document a mental status exam at this visit. Respondent prescribed Norco 10/325 #150,
22 with five (5) refills, and Robaxin 750 mg 1 TID #90 with five (5) refills to patient C.H. The plan
23 was for patient C.H. to follow-up in one (1) month.

24 117. On or about an undeterminable date in 2010, patient C.H. did not show-up for or call
25 to cancel a follow-up appointment with respondent.

26 118. On or about an undeterminable date in late 2010, patient C.H. was seen for a follow-
27 up visit by respondent. Patient C.H. reported that she had moved to Escondido and having
28 significant financial problems. Patient C.H.'s affect was noted to be worried and upset and her

1 mood was euthymic. Respondent noted that patient C.H.'s mood was stable, and her last
2 instability was in July-August, 2010, however respondent had not been contacted. Patient C.H.
3 denied panic attacks and reported unspecified pain. Respondent did not document a mental status
4 exam at this visit. Respondent prescribed Norco 10/325 #150, Vicodin ES #90, Topamax 100 mg
5 #30, and Topamax 25 mg #180. The plan was for patient C.H. to follow-up in one (1) month.

6 119. On or about January 21, 2011, patient C.H. did not show-up for or call to cancel her
7 appointment with respondent.

8 120. On or about February 21, 2011, patient C.H. was seen by respondent. Patient C.H.
9 reported significant financial problems and worsened back pain, which respondent noted might be
10 sciatica. This was not a neurologic diagnosis and respondent did not consider other treatments or
11 therapies for patient C.H. related to her ongoing back pain. Respondent noted patient C.H.'s
12 mood as being stable. Respondent further noted that patient C.H. had previously gone to a
13 physical therapist and her condition had worsened, and that the Norco was not being effective.
14 Respondent did not document a mental status exam at this visit. Respondent's plan was to
15 continue medications in current doses and follow-up in two (2) months.

16 121. On or about April 18, 2011, patient C.H. did not show-up for or call to cancel her
17 follow-up visit.

18 122. On or about May 16, 2011, patient C.H. was seen for a follow-up appointment.
19 Patient C.H. was noted to be very irritable and not sleeping well, with affect and mood being
20 worried. Respondent noted that patient C.H. was going to see an orthopedist for chronic back
21 pain problems and should get an MRI. There is nothing in the record to indicate that respondent
22 followed-up with this recommendation. Respondent did not document a mental status exam at
23 this visit. Respondent prescribed Norco 10/325 #180 (6/day prn pain) with five (5) refills,
24 Vicodin ES #90, 1 TID prn pain, Topamax 100 mg QHS (every night at bedtime) #30, with five
25 (5) refills, and 25 mg take 6 per day (150 mg) #180 with five (5) refills to patient C.H. The plan
26 was for patient C.H. to follow-up in two (2) months.

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1 123. On or about July 15, 2011, patient C.H. was seen for a follow-up visit. Patient C.H.
2 reported worsening back pain, increased irritability and crying spells. Respondent noted that
3 patient C.H. was "now having sx of Radiculopathy" which was worsening and required an MRI.
4 Patient C.H. further reported that she was having tremendous muscle spasm in neck, that Vicodin
5 had been ineffective but that Percocet²⁴ had helped with the pain. Respondent noted patient
6 C.H.'s affect to be "sad, anxious, weepy" and her mood as "sad, mild acute depression."
7 Respondent did not document a mental status exam at this visit. Respondent prescribed Norco
8 10/325 #180, Percocet 5 mg #120, Topamax 100 mg QAM (every morning), Topamax 200 mg
9 qhs #60 with five (5) refills, and Topamax 75 mg QAM (150 mg) with five (5) refills to patient
10 C.H. The plan was for patient C.H. to follow-up in two (2) weeks.

11 124. On or about July 27, 2011, patient C.H. did not show-up for or call to cancel her
12 appointment with respondent.

13 125. On or about August 24, 2011, patient C.H. was seen for a follow-up visit. Patient
14 C.H. reported having lost her job at the hair salon and working on her resume. Respondent noted
15 patient C.H.'s mood and affect to be "sad, worried." Respondent further noted that patient C.H.
16 had not slept the previous night and found Flexeril to be too sedating. Respondent did not
17 document a mental status exam at this visit. Respondent prescribed Norco 10/325 #180 and
18 Percocet 5 mg #120 to patient C.H. The plan was for patient C.H. to follow-up in one (1) month.

19 126. On or about September 21 or 22, 2011, patient C.H. was seen for a follow-up visit.
20 Respondent noted that patient C.H. still had her bar job but recently broke up with boyfriend.
21 Patient C.H. was trying to find a new job with a hair salon and was looking for a place to live.
22 Respondent did not document a mental status exam at this visit. Respondent prescribed Topamax
23 25 mg #90, with five (5) refills, Norco 10/325 #180, and Percocet 5 mg #120 to patient C.H. The
24 plan was for patient C.H. to follow-up in one (1) month.

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26 ²⁴ Percocet is a brand name for oxycodone and acetaminophen, a Schedule II controlled substance
27 pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to
28 Business and Professions Code section 4022.

1 127. On or about October 18, 2011, patient C.H. reported feeling ill with fever and
2 vomiting. Patient C.H. requested refills for Percocet and Norco. The plan was to schedule an
3 appointment when patient C.H. was feeling better.

4 128. On or about November 7, 2011, patient C.H. was seen for a follow-up visit. Patient
5 C.H. reported being fired from her job on October 19. Patient C.H. denied suicidal ideation,
6 reported that she was sleeping poorly, had high anxiety, and continued to have substantial pain in
7 her back. Respondent did not document a mental status exam at this visit. Respondent prescribed
8 Norco 10/325 #180, and Percocet 5 mg #120 to patient C.H. The plan was for patient C.H. to
9 follow-up in two (2) weeks.

10 129. On or about November 21, 2011, patient C.H. was seen for a follow-up visit. Patient
11 C.H. had gotten a job and started dating a tattoo artist. Respondent noted that patient C.H.'s
12 mood and affect were "happier." Respondent did not document a mental status exam at this visit.
13 The plan was for patient C.H. to continue medications and follow-up in two (2) weeks.

14 130. On or about an undeterminable date in late 2011, patient C.H. was seen for a follow-
15 up visit. Patient C.H. reported increased back pain. Respondent noted that patient C.H.'s affect
16 was brighter and mood was euthymic. Patient C.H. reported that she would be having dinner with
17 her father, whom she had not seen since August. Respondent did not document a mental status
18 exam at this visit. Respondent prescribed Norco 10/325 #150, Vicodin ES #90 and #120, and
19 Topamax to patient C.H. The plan was for patient C.H. to follow-up in one (1) month.

20 131. On or about sometime in early 2012, patient C.H. was seen for a follow-up visit.
21 Patient C.H. reported having moved to be with new boyfriend, recently renewing a relationship
22 with her step-mother, and having had a fight with her biological mother before Christmas.
23 Respondent did not document a mental status exam at this visit. Respondent prescribed Percocet
24 5/325 #300, and Norco 10/325 #180 to patient C.H. The plan was for patient C.H. to follow-up in
25 one (1) month.

26 132. On or about an undeterminable date in early 2012, patient C.H. did not show-up for or
27 call to cancel a follow-up appointment with respondent.

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1 133. On or about February 20, 2012, patient C.H. was seen for a follow-up visit.
2 Respondent noted patient C.H. stating "I'm not fulfilled" with current boyfriend and spending
3 time with another person. It was noted that patient C.H. was sleeping well and that her
4 medications were "OK." Respondent did not document a mental status exam at this visit.
5 Respondent prescribed Norco 10/325 #180 with five (5) refills and Percocet 5 mg #240 to patient
6 C.H. The plan was for patient C.H. to follow-up in one (1) month.

7 134. On or about April 19, 2012, patient C.H. was seen for a follow-up visit. Patient C.H.
8 was noted to "... feel that I'm not attractive in any way." Respondent noted that patient C.H.
9 possibly had body dysmorphic disorder (BDD). Respondent further noted that patient C.H. had
10 depression and irritability, poor self-image, and dreams of suicidal issues and cutting self, but not
11 killing self. Respondent did not document a mental status exam at this visit. Respondent
12 prescribed Valium 10 mg, Topamax 150 mg HS, with plan to increase dose to 175 mg over 2
13 weeks, and Percocet 5 mg #300 to patient C.H. The plan was for patient C.H. to follow-up in one
14 (1) week.

15 135. On or about April 26, 2012, patient C.H. did not show-up for or call to cancel her
16 follow-up appointment with respondent.

17 136. On or about May 1, 2012, patient C.H. was seen for a follow-up visit. Patient C.H.
18 reported multiple stressors, including living situation. Respondent noted patient C.H.'s affect to
19 be irritable and mood "ok." Respondent did not document a mental status exam at this visit.
20 Respondent prescribed Percocet 5 mg #300 (1-2 tabs q 2-3 hrs prn for nighttime pain), Valium 5
21 mg #120 (1-2 q 4-6 hrs prn for spasm), with five (5) refills, Ativan 0.5 mg #180 (1-2 prn for panic
22 attack or stress, q 3-4 hrs, mr x 1, NTE 6 tabs/day, with five (5) refills. The plan was for patient
23 C.H. to continue all medications, stay at other people's homes as much as possible and to follow-
24 up in two (2) weeks.

25 137. On or about May 15, 2012, patient C.H. did not show-up for or call to cancel a
26 follow-up visit with respondent.

27 138. On or about June 3, 2012, patient C.H. was seen for a follow-up visit. Patient C.H.
28 reported that she was having unprotected sex with a "band guy," planned to break up with her

1 boyfriend, and had to find a place to live. Patient C.H. was noted to be sleeping better with affect
2 and mood mixed and anxiety as high. Patient C.H. was taking clonazepam 4 mg/day.
3 Respondent did not document a mental status exam at this visit. Respondent prescribed Topamax
4 75 mg/day with five (5) refills, clonazepam 1 mg #120 (1-4/day for panic attacks) with five (5)
5 refills, and Percocet 5/325 #300 (1-2 tabs q 2-3 hrs prn for pain). The plan was for patient C.H. to
6 follow-up in six (6) weeks.

7 139. On or about July 18, 2012, patient C.H. did not come for her follow-up visit or call
8 respondent to cancel and/or reschedule the appointment.

9 140. On or about August 1, 2012, respondent noted prescribing Percocet 5 mg/325 #300
10 (1-2 q 2-3 hrs prn) to patient C.H., and that patient C.H. was to be seen in one (1) week.

11 141. On or about August 6, 2012, respondent noted that patient C.H. "got mixed-up re apt
12 time will re-schedule later."

13 142. On or about August 12, 2012, patient C.H. was seen for a follow-up visit. Patient
14 C.H. reported having had a "TERRIFIC B-d celebration!" Patient C.H. had a new boyfriend who
15 was ten (10) years older. Patient C.H. reported that her primary care physician was continuing to
16 give her the "runaround." Respondent noted that patient C.H. had anxiety, poor sleep, and pain
17 during night. Respondent noted that patient C.H. was having unprotected sex and had a high
18 level of anxiety. Patient C.H. was planning to live with her boyfriend. Respondent did not
19 document a mental status exam at this visit. Respondent prescribed Oxycodone 10 mg #300 (1-2
20 tabs q 2-3 hrs prn for pain), and Norco 10/325 #180 (6/day prn for pain), with five (5) refills to
21 patient C.H. The plan was for patient C.H. to follow-up in one (1) month.

22 143. On or about September 24, 2012, patient C.H. was seen for a follow-up visit. Patient
23 C.H. reported multiple stressors, "catastrophic thinking" and being "very scared." Patient C.H.
24 was noted to be irritable, had lost fifteen (15) pounds, and had consumed some alcohol. Patient
25 C.H. was noted to be "eagerly awaiting 'BF' to officially propose." Respondent did not
26 document a mental status exam at this visit. Respondent prescribed Topamax 200 mg HS #60,
27 with five (5) refills, Valium 5 mg #120 with four (4) refills, Baclofen 10 mg #120 (1-2 BID), with
28 five (5) refills, and Percocet 5 mg #300 (2 tabs 5x/day. The plan was for patient C.H. to follow-

1 up in one (1) month.

2 144. On or about an October 3, 2012, patient C.H. was seen for a follow-up visit. Patient
3 C.H. reported that she was getting married and that her relationship with her step-mom, Rhonda,
4 was "ok." Respondent noted that the Oxycodone was not effective and was causing patient C.H.
5 to have migraines and would be discontinued. Patient C.H. also reported that the Robaxin was
6 not effective. Respondent noted that patient C.H. was using Valium, but had agreed not to use it
7 with the muscle relaxant. Respondent did not document a mental status exam at this visit.
8 Respondent prescribed Percocet 5/325 #300, and Baclofen 10 mg #30 to patient C.H. The plan
9 was for patient C.H. to follow-up in three (3) weeks.

10 145. On or about October 22, 2012, patient C.H. was seen for a follow-up visit. Patient
11 C.H. reported that she was planning on getting married. Patient C.H.'s weight loss remained at
12 fifteen (15) pounds. Respondent noted that patient C.H. had lots of problems with her back and
13 had "not yet had MRI" and that she had gotten some relief from meloxicam²⁵ that she got from a
14 friend. Respondent noted patient C.H.'s affect to be tired and mood to be euthymic. Respondent
15 did not document a mental status exam at this visit. Neither did respondent make a referral for
16 patient C.H. to see a specialist regarding her ongoing back pain. Respondent prescribed
17 meloxicam 15 mg #30, Percocet 5/325 #300, and Norco 10/325 #180 to patient C.H. The plan
18 was for patient C.H. to follow-up in one (1) month.

19 146. On or about November 21, 2012, patient C.H. was seen for a follow-up visit.
20 Respondent noted that patient C.H. did not want ADHD medications and that caffeine was
21 enough. Patient C.H. reported that she and her boyfriend would be moving at the end of the year
22 to live with Rhonda. Patient C.H. reported that she was going to a friend's house for
23 Thanksgiving Day and was looking forward to the event. Respondent noted patient C.H.'s mood
24 to be "OK" and affect "uncomfortable." Respondent did not document a mental status exam at
25 this visit. Respondent prescribed meloxicam 15 mg #30 with eleven (11) refills, and Percocet
26 5/325 #300 to patient C.H. The plan was for patient C.H. to follow-up in one (1) month.

27 _____
28 ²⁵ Meloxicam is a nonsteroidal anti-inflammatory drug with analgesic and fever reducer effects.

1 147. On or about sometime in December in 2012, patient C.H. was seen by respondent.
2 Patient C.H. reported that she had recently been having trouble sleeping and was now taking her
3 medications earlier and "chewing" them. Patient C.H. had recently moved in with "Rhonda."
4 Respondent noted patient C.H. to have "mixed" mood and affect. Respondent did not document a
5 mental status exam at this visit. Respondent prescribed Percocet 5/325 #300, Valium 5 mg #120,
6 with five (5) refills, Baclofen 10 mg #120, Ibuprofen 800 mg #120, Topamax 100 mg #60 and
7 Klonopin 1 mg #120 to patient C.H. The plan was for patient C.H. to follow-up in one (1) month.

8 148. On or about January 20, 2013, patient C.H. saw respondent for refills of Percocet and
9 Baclofen. Respondent noted patient C.H.'s affect to be bright and animated. Respondent did not
10 document a mental status exam at this visit. Respondent prescribed Baclofen 10 mg #120 (1-
11 4/day) with five (5) refills, and Percocet 5 mg #300 (2 tabs 5x/day) to patient C.H. Patient C.H.
12 was to call respondent for a follow-up visit.

13 149. On or about February 15, 2013, patient C.H. was seen for a follow-up visit. Patient
14 C.H. was noted to be "very sad and weepy about lots of distressing things in her life." Patient
15 C.H. was having financial problems and difficulty with her job. Respondent noted that patient
16 C.H. was "sad...but not depressed...looks to be in pain." Respondent did not document a mental
17 status exam at this visit. Respondent prescribed Topamax 25 mg at HS (8/day) #240, with eleven
18 (11) refills, OxyContin 10 mg #90 (1 TID prn for severe pain) #90, Baclofen 10 mg #120 (1-2
19 BID) with five (5) refills, Percocet 5 mg #300 (2 tabs 5x/day), Norco 10/325 #180 (2 tabs TID),
20 Neurontin 100 mg #90 (1 qhs x 2 weeks then per MD), and clonazepam 1 mg #120 (1-4/day) with
21 four (4) refills. The plan was for patient C.H. to follow-up in one (1) week.

22 150. On or about February 20, 2013, patient C.H. was seen for a follow-up visit. Patient
23 C.H. was noted to be "doing ok with most of new meds." Respondent noted that patient C.H. was
24 using OxyContin three times per day and using less Percocet; had a "paradoxical effect" with
25 Neurontin; and, would use extra Topamax as needed. Respondent did not document a mental
26 status exam at this visit. Respondent's plan was for patient C.H. to discontinue Neurontin and
27 continue other medications. The plan was for patient C.H. to follow-up in three (3) weeks.

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1 151. On or about March 11, 2013, patient C.H. did not show-up for or call to cancel her
2 appointment with respondent.

3 152. On or about March 20, 2013, patient C.H. was seen for a follow-up visit. Patient
4 C.H. reported having "extreme panic episodes," fight with boyfriend, variable sleep, and working
5 very little. Respondent did not document a mental status exam at this visit. Respondent
6 prescribed OxyContin 10 mg #90 (1 TID prn for severe pain), Percocet 5/325 mg #300 (2 tabs
7 5x/day), Norco 10/325 #180 (2 tabs TID), and Valium 5 mg #120 (1-4/day), with four (4) refills.
8 The plan was for patient C.H. to follow-up in two (2) weeks.

9 153. On or about April 3, 2013, patient C.H. was seen for a follow-up visit. Patient C.H.
10 reported having broken-up with her boyfriend, cutting herself, and violent behavior in home.
11 Patient C.H. was noted to "not [be] keeping straight on her meds," having financial stressors, no
12 suicidal ideation, depressed mood, and tired affect. Respondent did not document a mental status
13 exam at this visit. Respondent prescribed OxyContin 10 mg #90 (1 TID prn, and Percocet 5/325
14 mg #300 (2 tabs 5x/day) to patient C.H. The plan was for patient C.H. to follow-up in two (2)
15 weeks.

16 154. On or about April 29, 2013, patient C.H. was seen for a follow-up visit. Patient C.H.
17 reported continued social stressors. Respondent noted patient C.H.'s mood and affect as being
18 good/better. Respondent did not document a mental status exam at this visit. Respondent
19 prescribed OxyContin 10 mg #90 (1 TID), Percocet 5/325 mg #300 (2 tabs 5x/day), and Norco
20 10/325 #180 (2 tabs TID), with four (4) refills. The plan was for patient C.H. to follow-up in one
21 (1) month.

22 155. On or about June 3, 2013, respondent wrote to patient C.H. to inform her that
23 respondent would no longer prescribe any non-psychiatric medications, in particular narcotics, to
24 patient C.H. That is the last visit note contained in patient C.H.'s medical record.

25 156. Respondent committed gross negligence in her care and treatment of patient C.H.
26 including, but not limited to, the following:

- 27 a. Respondent failed to complete a medical and psychiatric history of patient C.H.
28 at the initial visit;

- 1 b. Respondent provided opioid treatment to patient C.H. when there were
2 numerous contraindications for such treatment for patient C.H.;
- 3 c. Respondent failed to obtain relevant medical records for patient C.H. from
4 outside providers, communicate about patient C.H. with them, or refer patient C.H. to
5 appropriate specialists;
- 6 d. Respondent failed to monitor patient C.H.'s opiate dosages used or medication
7 levels;
- 8 e. Respondent failed to perform a standard psychiatric evaluation of patient C.H.,
9 and/or document clinical symptoms and diagnostic criteria on follow-up visits;
- 10 f. Respondent failed to document a reasoned treatment plan and/or informed
11 consent for patient C.H.;
- 12 g. Respondent failed to consider alternative mood stabilizing treatments for
13 patient C.H.;
- 14 h. Respondent failed to document a complete mental status exam for patient C.H.
15 at any follow-up visit;
- 16 i. Respondent prescribed a polypharmacy regimen with no clear clinical
17 indication and consideration of side-effects for patient C.H.;
- 18 j. Respondent prescribed opiate medication to patient C.H. without documenting
19 a clear indication for prescribing the opiate medication used and the dosages prescribed;
- 20 k. Respondent failed to monitor the acetaminophen and opiate medications
21 prescribed, including documentation of doses of opiates and acetaminophen prescribed for
22 patient C.H., labs, vital signs, risk factors and contraindications, possible drug interactions,
23 and signs of possible misuse of medications;
- 24 l. Respondent wrote multiple prescriptions for patient C.H. without a clear reason
25 to do so;
- 26 m. Respondent failed to document any discussions of the risks and benefits of the
27 high dose acetaminophen containing opiate medications prescribed with patient C.H. and/or
28 informed consent regarding the treatment;

1 n. Respondent prescribed psycho-stimulant medications to patient C.H. without
2 documenting the medical indication /rationale for the prescriptions and/or keeping track of
3 the dosages and combinations used;

4 o. Respondent failed to monitor the psycho-stimulant medications prescribed to
5 patient C.H., including documentation of doses of drugs prescribed for patient C.H., labs,
6 vital signs, risk factors and contraindications, possible drug interactions, and signs of
7 possible misuse of medications;

8 p. Respondent engaged in inappropriate polypharmacy of opioid medications and
9 psycho-stimulants to patient C.H.;

10 q. Respondent failed to document the rationale for high dose psycho-stimulant
11 treatment for patient C.H.;

12 r. Respondent failed to document any discussions of the risks and benefits of
13 psycho-stimulant treatment with patient C.H. and/or informed consent regarding the
14 treatment; and

15 s. Respondent failed to document the criteria for the psychiatric diagnoses given
16 to patient C.H. and the psychiatric diagnoses being treated.

17 **Patient G.O.**

18 157. On or about July 14, 2008,²⁶ patient G.O. saw respondent for an initial visit. Patient
19 G.O. had multiple medical problems including fibromyalgia, ankylosing spondylitis, radial nerve
20 radiculopathy of left arm, carpal tunnel syndrome, and attention deficit hyperactivity disorder
21 (ADHD). Patient G.O. reported that she had run out of her medicine and was sleeping poorly.
22 Respondent noted that patient G.O. appeared sad, fearful, frequently tearful, and psychomotor
23 retarded. Respondent further noted that patient G.O. was alert and oriented but with
24 “significantly impaired” memory and concentration, with fair judgment. Patient G.O. was noted
25 to be taking Adderall 30 mg po TID, Alivan 1 mg po BID, methylin ER 20 mg po BID, Cymbalta
26 120 mg po daily, and Norco 10/325 #6/day. Respondent did not take steps to corroborate patient

27 ²⁶ Although the first note in patient G.O.’s medical records is dated July 14, 2008, the medical
28 record provided by respondent for patient G.O. was for 2011 through 2013.

1 G.O.'s diagnoses of fibromyalgia and ankylosing spondylitis or refer patient G.O. to a specialist
2 for evaluation and management of these conditions.

3 158. On or about January 11, 2011, patient G.O. was seen for a follow-up visit. Patient
4 G.O. reported that she had lost all of her medications and had contused the front of her mouth on
5 a piece of wood. Respondent did not document a mental status exam at this visit. Respondent
6 prescribed Cymbalta 120 mg/day, Adderall 30 mg po TID #90, and Adderall XR 20 mg BID #60
7 to patient G.O. The plan was for patient G.O. to follow-up in one (1) month.

8 159. On or about February 5, 2011 patient G.O. was seen for a follow-up visit. Patient
9 G.O. reported that she could no longer afford Adderall RX, the recent death of her mother, and
10 lack of emotional support. Respondent did not document a mental status exam at this visit.
11 Respondent prescribed methlyn ER 10 mg BID #60, and Adderall 30 mg po TID #90. The plan
12 was for patient G.O. to follow-up in one (1) month.

13 160. On or about March 17, 2011, patient G.O. was seen for a follow-up visit. Patient
14 G.O. reported numerous social stressors and a denial of her Social Security Administration
15 Disability Application. Respondent noted that patient G.O. had numerous health problems with
16 "pain in hands, pain in left ankle, constant back pain." Respondent also noted that patient G.O.
17 appeared depressed, scared, and worried, but no suicidal ideation. Patient G.O. was not eating
18 enough due to lack of funds and was going to apply for food stamps. Respondent did not
19 document a mental status exam at this visit. Respondent did not document the cause for patient
20 G.O.'s pain, neither did respondent refer patient G.O. to a specialist. Respondent prescribed
21 Cymbalta 120 mg/day, Adderall 30 mg po tid #90, and Adderall XR 20 mg BID #60 to patient
22 G.O. The plan was for patient G.O. to follow-up in one (1) month.

23 161. On or about April 15, 2011, patient G.O. was seen for a follow-up visit. Patient G.O.
24 reported that she had not completed her application for MediCal. Respondent noted that patient
25 G.O. had decreased all narcotics and was occasionally taking Aleve and Humira. Respondent did
26 not document a mental status exam at this visit. Respondent gave patient G.O. samples of
27 Cymbalta 120 mg/day and prescribed Adderall 30 mg po TID #90, and Adderall XR 20 mg BID
28 to patient G.O. The plan was for patient G.O. to follow-up in one (1) month.

1 162. On or about an indeterminable date in 2011, patient G.O. was seen for a follow-up
2 visit. Patient G.O. was noted to be having housing problems. Respondent documented that
3 patient G.O. "has been able to tolerate being off narcotics (can't afford them)." Patient G.O.'s
4 affect and mood were described to be sad, tired. Patient G.O. was noted to be experiencing
5 interrupted sleep. Respondent did not document a mental status exam at this visit. Respondent
6 gave patient G.O. 8 boxes of Cymbalta samples and prescribed Adderall 30 mg po TID #90 and
7 methylin ER 20 mg BID to patient G.O.

8 163. On or about July 1, 2011, patient G.O. was seen for a follow-up visit. Patient G.O.
9 was noted to have severe back pain for one to two weeks with spine and muscle spasm, depressed
10 mood and sleeping poorly. Respondent diagnosed patient G.O. with "flare-up of ankylosing
11 spondylitis, diffuse." Respondent did not document a mental status exam at this visit. Neither
12 did respondent refer patient G.O. to a specialist for her continued pain problems. Respondent
13 gave patient G.O. samples of Cymbalta 120 mg/day and prescribed Adderall 30 mg po TID #90,
14 methylin ER 20 mg BID, Motrin, Robaxin prn muscle spasm, and Norco 10/325 #120 (1 q 3 hr
15 prn pain) to patient G.O. The plan was for patient G.O. to follow-up in one (1) month.

16 164. On or about July 29, 2011, patient G.O. was seen for a follow-up visit. Respondent
17 noted that "Pt was here for monthly meds." Respondent did not document a mental status exam
18 at this visit. Respondent gave patient G.O. Cymbalta samples and prescribed Adderall 30 mg po
19 TID #90, and methylin ER 20 mg BID to patient G.O. The plan was for patient G.O. to follow-up
20 in one (1) month.

21 165. On or about August 21, 2011, respondent completed a SSI Questionnaire for patient
22 G.O.

23 166. On or about August 31, 2011, patient G.O. was seen for a follow-up visit. Patient
24 G.O. was reported to be having financial stressors and experiencing substantial back and joint
25 pain, was very shaky, and had lots of muscle spasms. Respondent noted that patient G.O. had
26 been sleeping poorly, had paresthesias of left hand, and her "affect looks to be in pain."
27 Respondent did not document a mental status exam at this visit. Respondent did not refer patient
28 G.O. to a specialist regarding her ongoing pain problems. Respondent gave patient G.O.

1 Cymbalta samples and prescribed Adderall 30 mg po TID #90, methylin ER 20 mg BID #60,
2 Motrin, Robaxin prn for muscle spasm, Norco 10/325 #180 (1 q 3 hr prn for pain), and
3 Clonazepam 0.5 mg #30 (1 QHS prn) with two (2) refills to patient G.O. The plan was for patient
4 G.O. to follow-up in one (1) month.

5 167. On or about September 29, 2011, patient G.O. was seen for a follow-up visit.
6 Respondent noted that patient G.O. had applied for SSI. Respondent did not document a mental
7 status exam at this visit. Respondent prescribed Adderall 30 mg #90 TID, and methylin ER 30
8 mg #60 BID to patient G.O. Patient G.O. was to return in one week for a refill of Cymbalta and
9 to follow-up in one (1) month.

10 168. On or about October 24, 2011, patient G.O. was seen for a visit. Respondent noted
11 patient G.O.'s sleep to be poor and affect as ill. Patient G.O. was noted to be coughing up
12 greenish/yellowish sputum. Respondent did not document a mental status exam at this visit.
13 Respondent gave patient G.O. Cymbalta samples and prescribed Adderall 30 mg po TID #90 and
14 methylin ER 20 mg BID to patient G.O. The plan was for patient G.O. to follow-up in one (1)
15 month.

16 169. On or about November 21, 2011, patient G.O. was seen for a follow-up visit. Patient
17 G.O. complained of severe paresthesias in right hand for several days via, neck, upper back, and
18 right shoulder. Patient reported that taking Clonazepam at bedtime had been effective.
19 Respondent noted patient's mood to be 6/10, anxiety to be 8/10, and energy to be 6/10.
20 Respondent did not document a mental status exam at this visit. Respondent did not refer patient
21 G.O. to a specialist for her ongoing pain problems, but continued to prescribe high dose
22 stimulants. Respondent gave patient G.O. Cymbalta samples, advised patient G.O. to use
23 Voltaren Gel, and prescribed Clonazepam 0.5 mg #60 with five (5) refills, Lyrica 150 mg #30,
24 with five (5) refills, Adderall 30 mg po TID #90, and methylin ER 20 mg BID #60 to patient G.O.
25 The plan was for patient G.O. to follow-up in one (1) month.

26 170. On or about December 26, 2011, patient G.O. was seen for a follow-up visit. Patient
27 G.O. reported increased pain that was not helped with current dose of Norco and conflict with
28 roommate. Respondent noted that patient G.O.'s affect looked depressed and mood was

1 depressed and anxious. Respondent did not document a mental status exam at this visit.

2 Respondent gave patient G.O. Cymbalta samples and prescribed Adderall 30 mg po TID #90,
3 methylin ER 20 mg BID, and Oxycodone 10 mg #90 (1/2-1 q 3 hr prn for pain) to patient G.O.

4 171. On or about January 23, 2012, patient G.O. was seen for a follow-up visit. Patient
5 G.O. reported severe social stressors and severe pain due to fibromyalgia "on top of ankylosing
6 spondylitis." Respondent described patient G.O.'s affect as sad and her mood as sad and weepy.
7 Respondent noted that the methylin ER had caused patient G.O. to have severe headache and the
8 Oxycodone had caused patient G.O. to have nausea and vomiting. Respondent did not document
9 a mental status exam at this visit. The plan was to continue medications at current doses.

10 Respondent prescribed Adderall 30 mg po TID #90, and Cymbalta 60 mg #60 to patient G.O.

11 172. On or about February 22, 2012, patient G.O. was seen for a follow-up visit. Patient
12 G.O. reported feeling sick with intermittent fever and continuing pain due to living situation,
13 including horrible situation with roommate. Respondent did not document a mental status exam
14 at this visit. Respondent prescribed Adderall 30 mg po TID #90, Adderall XR 20 mg BID,
15 clonazepam 0.5 mg (1-2 QHS prn for anxiety), and Cymbalta 120 mg/day with eleven (11) refills,
16 to patient G.O.

17 173. On or about March 14, 2012, patient G.O. was seen for a follow-up visit. Respondent
18 noted that patient G.O. was in great distress due to ongoing problems with roommate and lack of
19 support from family, and looked "exhausted & abused." Patient G.O. reported that she was
20 sleeping poorly, pursuing a restraining order against her roommate and planned to move from her
21 apartment. Respondent noted patient G.O.'s affect as "...very ill & exhausted; many lesions on
22 face; no make-up. Frequent crying spells; appears hopeless; frightened." Respondent noted
23 patient G.O.'s mood to be "[d]epressed (pt. is on adequate & proper anti-depressants – situational
24 problems are currently overwhelming her meds); Angry." Respondent did not document a mental
25 status exam at this visit. The plan was for patient G.O. to get out of current living situation and
26 continue anti-depressants. Respondent prescribed Adderall XR 20 mg #60 BID, and Adderall 30
27 mg #90 TID. Patient G.O. was to call to schedule a follow-up appointment.

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1 174. On or about April 13, 2012, patient G.O. was seen for a follow-up visit. Patient G.O.
2 reported that she was doing better since moving and was living in motels while looking for a
3 place to live. Respondent noted that patient G.O.'s affect was "a little brighter" and mood was
4 "less depressed." Respondent did not document a mental status exam at this visit. Respondent
5 prescribed Adderall 30 mg po TID #90, and Adderall XR 20 mg BID to patient G.O. The plan
6 was to continue Cymbalta and for patient G.O. to call to schedule a one (1) month follow-up
7 appointment.

8 175. On or about May 7, 2012, patient G.O. was seen for a follow-up visit. Patient G.O.
9 reported finding a new place to live, being upset about a friend not contacting her, and dating
10 someone. Respondent noted patient G.O.'s affect to look better, mood as 4/10, and anxiety as
11 5/10. Respondent did not document a mental status exam at this visit. Respondent prescribed
12 Adderall XR 20 mg #60 BID, and Adderall 30 mg #90 TID to patient G.O. The plan was for
13 patient G.O. to follow-up in one (1) month.

14 176. On or about June 4, 2012, patient G.O. was seen for a follow-up visit. Patient G.O.
15 reported worsening dreams and night-terrors, and that the Clonazepam she was taking at bedtime
16 was ineffective. Respondent noted that patient had been referred for therapy but had yet to see
17 the therapist. Respondent did not document a mental status exam at this visit. Respondent
18 prescribed Adderall 30 mg po TID #90, Adderall XR 20 mg BID, and Klonopin 0.5 mg #60 with
19 five (5) refills.

20 177. On or about sometime in July, 2012, patient G.O. was seen for a follow-up visit.
21 Patient G.O. was noted to be doing well and was "NOT DEPRESSED any longer," and was
22 sleeping better on new Klonopin regimen. Respondent did not document a mental status exam at
23 this visit. Respondent prescribed Adderall XR 20 mg #60 BID and Adderall 30 mg #90 to patient
24 G.O. The plan was for patient G.O. to follow-up in one (1) month.

25 178. On or about August 2, 2012, patient G.O. was seen for a follow-up visit. Patient G.O.
26 was noted to be "very weepy," having social problems, denied any suicidal ideations but reported
27 feeling overwhelmed. Respondent did not document a mental status exam at this visit.
28 Respondent prescribed Adderall 30 mg po TID, and Adderall XR 20 mg BID to patient G.O. The

1 plan was for patient G.O. to follow-up in two weeks or one (1) month.

2 179. On or about August 15, 2012, patient G.O. was seen for a follow-up visit.

3 Respondent noted that patient G.O.'s "[l]ife continues to OVERFLOW [with] CHAOS." Patient
4 G.O. reported having car problems; a theft of items, including medications; disrupted sleep; and,
5 swollen joints. Respondent noted patient G.O.'s affect to be mixed, and mood to be euthymic.

6 Respondent did not document a mental status exam at this visit. Respondent prescribed Adderall
7 XR 20 mg #60 BID, Adderall 30 mg #90 TID, and Flexeril 10 mg #60 to patient G.O. The plan
8 was for patient G.O. to follow-up in one (1) month.

9 180. On or about September 10, 2012, patient G.O. was seen for a follow-up visit. Patient
10 G.O. reported that she was sleeping well, having car problems, and family was trying to help her.
11 Respondent noted that patient G.O.'s affect was mixed and her mood was euthymic. Respondent
12 did not document a mental status exam at this visit. Respondent prescribed Adderall XR 20 mg
13 #60 BID, and Adderall 30 mg #90 to patient G.O. The plan was to follow-up in one (1) month.

14 181. On or about October 8, 2012, patient G.O. was seen for a follow-up visit. Patient
15 G.O. reported that she was sleeping okay, the heat was making things worse, and she was
16 experiencing migraine headaches again. Respondent noted that patient G.O.'s mood was "getting
17 more hopeful less panic-stricken" and her affect "looks puzzled." Patient G.O. reported that she
18 was not getting enough of an effect from the Adderall XR. Respondent did not document a
19 mental status exam at this visit. Respondent prescribed Adderall XR 30 mg BID, Adderall 30 mg
20 1 TID #90, and Imitrex 100 mg #9 (1/4-1/2 at onset of headaches, not to exceed 2 doses/day) to
21 patient G.O. The plan was for patient G.O. to follow-up in two (2) weeks.

22 182. On or about November 5, 2012, patient G.O. was seen for a follow-up visit.

23 Respondent noted that patient G.O. was continuing to have car problems, and that patient G.O.'s
24 affect was bright and mood was "less depressed than usual." Respondent did not document a
25 mental status exam at this visit. Respondent prescribed Adderall XR 30 mg #30, and Adderall 30
26 mg #90 TID to patient G.O. The plan was for patient G.O. to follow-up in a month.

27 183. On or about November 28, 2012, patient G.O. was seen for a follow-up visit. Patient
28 G.O. reported running out of Adderall XR as she was only able to obtain thirty (30) pills for 30

1 days with a higher amount being approved by the insurance company for after November 18.
2 Respondent's notes do not mention patient G.O.'s mood or affect. Respondent did not document
3 a mental status exam at this visit. Respondent prescribed Adderall XR 30 mg #60 BID, and
4 Adderall 30 mg #90 TID to patient G.O. The plan was for patient G.O. to follow-up in a month.

5 184. On or about December 19, 2012, patient G.O. was seen for a follow-up visit.
6 Respondent noted that patient G.O. had "lots of chaos." Respondent documented patient G.O.'s
7 mood as depressed and affect as "mixed." Respondent did not document a mental status exam at
8 this visit. Respondent prescribed Cymbalta 60 mg #60 TID, with eleven (11) refills, Adderall XR
9 30 mg #60 BID, and Adderall 30 mg #90 TID to patient G.O. The plan was for patient G.O. to
10 follow-up in one month.

11 185. On or about January 2, 2013, patient G.O. was seen for a follow-up visit. Respondent
12 noted that patient G.O.'s affect was flat and mood sad. Respondent did not document a mental
13 status exam at this visit. Respondent prescribed Adderall XR 30 mg #60 BID, Adderall 30 mg
14 #90 TID, and Cymbalta 60 mg #60 TID. The plan was for patient G.O. to follow-up in one
15 month.

16 186. On or about January 30, 2013, patient G.O. was seen for a follow-up visit.
17 Respondent noted that patient G.O. was unable to get approval for a Cymbalta prescription, so
18 respondent gave samples of Cymbalta 120 mg to patient G.O. Respondent documented that
19 patient G.O.'s mood was euthymic and affect brighter. Respondent did not document a mental
20 status exam at this visit. Respondent prescribed Adderall XR 30 mg #60 BID, and Adderall 30
21 mg #90 TID to patient G.O. The plan was for patient G.O. to follow-up in one month.

22 187. On or about February 26, 2013, patient G.O. was seen for a follow-up visit.
23 Respondent noted that patient G.O.'s affect was bright and animated and things were going well
24 for patient G.O. Patient G.O. was planning to see a primary care physician and get referrals to
25 see a Rheumatologist and a Pain Management Specialist, and have lab work done with the results
26 to be sent to respondent. Respondent did not document a mental status exam at this visit.
27 Respondent prescribed Adderall XR 30 mg #60 BID, and Adderall 30 mg #90 TID to patient
28 G.O. The plan was for patient G.O. to follow-up in one month.

1 188. On or about March 26, 2013, patient G.O. was seen for a follow-up visit. Patient
2 G.O. had reportedly seen the primary care physician but had yet to get lab work completed.
3 Patient G.O. was noted to have developed pain and weakness in her right wrist, with the pain
4 getting worse each day. Respondent documented patient G.O.'s mood as good, affect as mixed,
5 and mental energy as low. Respondent also noted that patient G.O. was encouraged to go to
6 Alanon. Respondent did not document a mental status exam at this visit. Respondent prescribed
7 Adderall XR 30 mg #60 BID, and Adderall 30 mg #90 TID to patient G.O. The plan was for
8 patient G.O. to follow-up in one month.

9 189. On or about April 23, 2013, patient G.O. was seen for a follow-up visit. Respondent
10 noted patient G.O. was "upset," "feels like crap," and has aching knees and right wrist.
11 Respondent documented patient G.O.'s mood as euthymic and affect as bright and animated.
12 Respondent did not document a mental status exam at this visit. Respondent gave samples of
13 Cymbalta 60 mg #60 to patient G.O. and prescribed Adderall XR 30 mg #60 BID, Adderall 30
14 mg #90 TID, and Klonopin 0.5 mg #60 prn for anxiety, with four (4) refills, to patient G.O. The
15 plan was for patient G.O. to follow-up in one month.

16 190. On or about May 21, 2013, patient G.O. was seen for a follow-up visit. Respondent
17 noted that patient G.O. had "major problems" with roommate and found a new living situation,
18 pain was under control, sleep was good, mood was euthymic and affect was bright and animated.
19 Respondent did not document a mental status exam at this visit. Respondent prescribed Adderall
20 XR 30 mg #60 BID, other medications, and Adderall 30 mg #90. The plan was for patient G.O.
21 to follow-up in one month.

22 191. On or about June 18, 2013. Patient G.O. was seen for a follow-up visit. Respondent
23 noted that patient G.O. was to see a new pain management doctor to take over narcotics, NSAIA
24 (nonsteroidal anti-inflammatory analgesic) and muscle relaxant prescriptions; and, that
25 respondent would continue to prescribe patient G.O. with psychotropic medications only.
26 Respondent did not document a mental status exam at this visit. Respondent prescribed Adderall
27 30 mg po TID #90, Adderall XR 30 mg BID #60, and Cymbalta 120 mg per day. The plan was
28 for patient G.O. to follow-up in three weeks.

1 192. On or about July 12, 2013, patient G.O. was seen for a follow-up visit. Respondent
2 noted that patient G.O. was having difficulty getting the health plan to take over prescriptions for
3 pain medications. Respondent did not document a mental status exam at this visit. Respondent
4 prescribed Norco 10/325 #240, 2 q 3-4 hrs prn for pain with no refills and Adderall 30 mg po TID
5 #90. The plan was for patient G.O. to follow-up in two (2) weeks.

6 193. On or about July 23, 2013, patient G.O. did not show-up for or call to cancel her
7 appointment with respondent.

8 194. On or about July 30, 2013, respondent prescribed Adderall XR 30 mg #60 BID to
9 patient G.O., and noted that patient G.O. had an appointment scheduled for August 1, 2013.

10 195. On or about August 1, 2013, patient G.O. was seen for a follow-up visit. Respondent
11 noted that patient G.O. was still having problems with health insurance and needs pain
12 management and rheumatologist. Respondent further noted that patient G.O. had "[n]o way to
13 get pain meds." Patient G.O.'s affect and mood were noted to be mixed with restless sleep.
14 Respondent did not document a mental status exam at this visit. Respondent prescribed Adderall
15 30 mg #90 TID, and Percocet 5/325 #120 for severe pain to patient G.O. The plan was for patient
16 G.O. to follow-up in three (3) weeks.

17 196. On or about August 14, 2013, patient G.O. was seen by respondent. Patient G.O. was
18 noted to be "feeling worse on 10 mg Percocet than she did (with) 10/325 of Norco." Respondent
19 prescribed Norco 10/325 #240 for severe pain with no refills. Respondent did not document a
20 mental status exam at this visit. The plan was for patient G.O. to follow-up in 2 weeks, at the
21 previously scheduled appointment.

22 197. On or about August 20, 2013, patient G.O. was seen for a follow-up visit.
23 Respondent noted that patient G.O.'s affect was bright and animated, mood was substantially
24 better than it had been on the last several visits, and sleep was terrific. Patient G.O. reported that
25 she was still waiting to see the Rheumatologist. Respondent did not document a mental status
26 exam at this visit. Respondent prescribed Adderall 30 mg po TID #90, Adderall XR 30 mg BID
27 #60, and (to prescribe) "narcotics per Rheumatologist" to patient G.O. The plans was for patient
28 G.O. to follow-up in one (1) month.

1 198. On or about May 27, 2015, respondent was interviewed by an investigator with the
2 Division of Investigation, Health Quality Investigations Unit, regarding her care and treatment of
3 patient G.O. Respondent stated that she did not keep track of the prescriptions that patient G.O.
4 was receiving from her primary care physician. Respondent did not recall if she checked patient
5 G.O.'s liver function tests. Respondent stated that she did not follow her own agreement with
6 patient G.O. that patient G.O. would obtain narcotics from patient G.O.'s primary care physician.
7 Respondent further stated that she did not have a pain contract with patient G.O. Respondent also
8 stated that she did not request and/or obtain patient G.O.'s records from any other treating
9 physicians, including a rheumatologist and/or a pain management specialist.

10 199. Respondent committed gross negligence in her care and treatment of patient G.O.,
11 including, but not limited to, the following:

- 12 a. Respondent failed to corroborate the diagnoses of ankylosing spondylitis and
13 possible fibromyalgia for patient G.O.;
- 14 b. Respondent failed to make referrals to specialists for G.O.'s ongoing pain
15 related problems;
- 16 c. Respondent failed to make clear psychiatric diagnoses for patient G.O.;
- 17 d. Respondent did not have a pain medication treatment contract or agreement
18 with patient G.O., even after patient G.O. reported having lost medications;
- 19 e. Respondent prescribed opiate medication to patient G.O. without documenting
20 a clear indication for prescribing the opiate medication used and the dosages prescribed;
- 21 f. Respondent failed to monitor the acetaminophen and opiate medications
22 prescribed, including documentation of doses of opiates and acetaminophen prescribed for
23 patient G.O., labs, vital signs, risk factors and contraindications, possible drug interactions,
24 and signs of possible misuse of medications;
- 25 g. Respondent wrote multiple prescriptions for patient G.O. without a clear reason
26 to do so;
- 27 h. Respondent failed to document any discussions of the risks and benefits of the
28 high dose acetaminophen containing opiate medications prescribed with patient G.O. and/or

1 informed consent regarding the treatment;

2 i. Respondent prescribed psycho-stimulant medications to patient G.O. without
3 documenting the medical indication /rationale for the prescriptions and/or keeping track of
4 the dosages and combinations used;

5 j. Respondent failed to monitor the psycho-stimulant medications prescribed to
6 patient G.O., including documentation of doses of drugs prescribed for patient G.O., labs,
7 vital signs, risk factors and contraindications, possible drug interactions, and signs of
8 possible misuse of medications;

9 k. Respondent engaged in inappropriate polypharmacy of opioid medications and
10 psycho-stimulants to patient G.O.;

11 l. Respondent failed to document the rationale for high dose psycho-stimulant
12 treatment for patient G.O.;

13 m. Respondent failed to document any discussions of the risks and benefits of
14 psycho-stimulant treatment with patient G.O. and/or informed consent regarding the
15 treatment; and

16 n. Respondent failed to document the criteria for the psychiatric diagnoses given
17 to patient G.O. and the psychiatric diagnoses being treated.

18 **SECOND CAUSE FOR DISCIPLINE**

19 **(Repeated Negligent Acts)**

20 200. Respond is further subject to disciplinary action under sections 2227 and 2234, as
21 defined by section 2234, subdivision (c), of the Code, in that she committed repeated negligent
22 acts in the care and treatment of patients A.A., C.H. and G.O., as more particularly alleged in
23 paragraphs 9 through 199, above, which are hereby incorporated by reference and realleged as if
24 fully set forth herein.

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1 **THIRD CAUSE FOR DISCIPLINE**

2 **(Incompetence)**

3 201. Respondent is further subject to disciplinary action under sections 2227 and 2234, as
4 defined by section 2234, subdivision (d), of the Code, in that she was incompetent in her care and
5 treatment of patient A.A., C.H. and G.O., as more particularly alleged in paragraphs 9 through
6 199, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

7 **FOURTH CAUSE FOR DISCIPLINE**

8 **(Excessive Prescribing)**

9 202. Respondent is further subject to disciplinary action under sections 2227 and 2234, as
10 defined by section 725, subdivision (a), of the Code, in that respondent repeatedly prescribed
11 clearly excessive amounts of opioid and psycho-stimulant medications for patients A.A., C.H. and
12 G.O., as more particularly alleged in paragraphs 9 through 199, above, which are hereby
13 incorporated by reference and realleged as if fully set forth herein.

14 **FIFTH CAUSE FOR DISCIPLINE**

15 **(Prescribing Without An Appropriate Examination and Medical Indication)**

16 203. Respondent is further subject to disciplinary action under sections 2227 and 2234, as
17 defined by section 2242, of the Code, in that without performing an appropriate prior examination
18 and medical indication, respondent prescribed opioids and psycho-stimulant medications to
19 patient A.A., C.H., and G.O., as more particularly alleged in paragraphs 9 through 199, above,
20 which are hereby incorporated by reference and realleged as if fully set forth herein.

21 **SIXTH CAUSE FOR DISCIPLINE**

22 **(Failure to Maintain Adequate and Accurate Records)**

23 204. Respondent is further subject to disciplinary action under sections 2227 and 2234, as
24 defined by section 2266, of the Code, in that respondent failed to maintain adequate and accurate
25 records regarding her care and treatment of patients A.A., C.H. and G.O., as more particularly
26 alleged in paragraphs 9 through 199, above, which are hereby incorporated by reference and
27 realleged as if fully set forth herein.

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SECTION 822 CAUSE FOR ACTION

205. Respondent's Physician's and Surgeon's Certificate No. G43299 is subject to action under section 822 of the Code in that she suffers from mental illness and/or physical illness affecting competency, as more particularly alleged hereinafter:

A. Respondent has been under the nearly continuous care of a psychiatrist and/or psychotherapist since approximately 1998 for treatment of her various mental conditions which have been diagnosed as including, but not limited to, bipolar disorder and attention deficit disorder with a reported history of depressive and hypomanic episodes, alcohol abuse, occupational problems, interpersonal problems, impulse control issues, and difficulties in maintaining proper boundaries in both her personal and professional life. Additionally, respondent suffers from chronic pain attributed to, among other things, multiple surgeries for disc degeneration, neuropathic pain, and arthritis with respondent's treating medical professionals expressing concern over respondent self adjusting and escalating her opioid medications and the potential for addition to her opioid medications.

B. On or about June 1, 2015, respondent was asked, and agreed, to voluntarily undergo both a physical and a psychiatric evaluation to determine whether she has a mental illness and/or physical illness affecting competency, that impaired her ability to safely practice medicine.

C. On or about November 13, 2015, respondent underwent a psychiatric evaluation with A.A., M.D., a Board Certified Psychiatrist. Upon completion of that psychiatric examination, which included psychological testing and a review of respondent's relevant treatment records and other pertinent documentation, Dr. A.A. determined respondent's ability to safely practice medicine is impaired due to her unresolved mental diagnoses, and associated symptoms, which result in respondent's over-identification with patients, and failure to maintain proper boundaries which patients, which makes her unsafe to practice medicine.

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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 No. G43299, issued to respondent Joanna Louis, M.D.;
2. Revoking, suspending or denying approval of respondent Joanna Louis, M.D.'s authority to supervise physician assistants, pursuant to section 3527 of the Code;
3. Ordering respondent Joanna Louis, M.D., if placed on probation, to pay the Board the costs of probation monitoring;
4. Taking action as authorized by section 822 of the Code as the Board, in its discretion, deems necessary and proper; and
5. Taking such other and further action as deemed necessary and proper.

DATED: January 21, 2016


KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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