

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

In the Matter of the Accusation)
Against:)
)
)
Jeffery Alan Muller, M.D.)
)
Physician's and Surgeon's)
Certificate No. G 52888)
)
Respondent)
_____)

Case No. 800-2017-033707

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 November 8, 2019.

IT IS SO ORDERED: October 9, 2019.

MEDICAL BOARD OF CALIFORNIA

By: 
**Kristina D. Lawson, J.D., Chair
Panel B**

1 XAVIER BECERRA
Attorney General of California
2 E. A. JONES III
Supervising Deputy Attorney General
3 CHRISTINE R. FRIAR
Deputy Attorney General
4 State Bar No. 228421
California Department of Justice
5 300 So. Spring Street, Suite 1702
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7 *Attorneys for Complainant*

8
9 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12
13 In the Matter of the Accusation Against:

14 JEFFERY ALAN MULLER, M.D.

15 2815 S. Main Street, Suite 210
16 Corona, CA 92882-2533

17 Physician's and Surgeon's Certificate No.
G 52888,

18 Respondent.

Case No. 800-2017-033707

OAH No. 2018110177

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

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

23 **PARTIES**

24 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board
25 of California (Board). She brought this action solely in her official capacity and is represented in
26 this matter by Xavier Becerra, Attorney General of the State of California, by Christine R. Friar,
27 Deputy Attorney General.

28 ///

1 CULPABILITY

2 9. Respondent does not contest that, at an administrative hearing, Complainant could
3 establish a *prima facie* case with respect to the charges and allegations contained in Accusation
4 No. 800-2017-033707 and that he has thereby subjected his license to disciplinary action.

5 10. Respondent agrees that if an accusation is ever filed against him before the Board, all
6 of the charges and allegations contained in Accusation No. 800-2017-033707 shall be deemed
7 true, correct and fully admitted by Respondent for purposes of any such proceeding or any other
8 licensing proceeding involving Respondent in the State of California.

9 11. Respondent agrees to be bound by the Board's imposition of discipline as set forth in
10 the Disciplinary Order below.

11 CONTINGENCY

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

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

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

28 ///

1 **DISCIPLINARY ORDER**

2 **A. PUBLIC REPRIMAND.**

3 **IT IS HEREBY ORDERED THAT** Physician's and Surgeon's Certificate No. G 52888,
4 issued to Jeffrey Allan Muller, M.D., shall be and is hereby publicly reprimanded pursuant to
5 California Business and Professions Code section 2227, subdivision (a)(4). This public
6 reprimand, which is issued in connection with Respondent's care and treatment of four patients as
7 set forth in Accusation No. 800-2017-033707, is as follows:

8 "Between 2011 and 2017, you failed to regularly check the CURES Reports, to conduct
9 urine testing and/or to adequately document the care and treatment of four chronic pain
10 management patients to whom you prescribed narcotics, in violation of the Business and
11 Professions Code, as more fully described in Accusation No. 800-2017-033707."

12 **B. PRESCRIBING PRACTICES COURSE.**

13 **IT IS FURTHER ORDERED THAT** within sixty (60) calendar days of the effective date
14 of this Decision, Respondent shall enroll in a course in prescribing practices approved in
15 advance by the Board or its designee. Respondent shall provide the approved course provider
16 with any information and documents that the approved course provider may deem pertinent.
17 Respondent shall participate in and successfully complete the classroom component of the
18 course not later than six (6) months after Respondent's initial enrollment. Respondent shall
19 successfully complete any other component of the course within one (1) year of enrollment. The
20 prescribing practices course shall be at Respondent's expense and shall be in addition to the
21 Continuing Medical Education (CME) requirements for renewal of licensure.

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

27 If Respondent fails to enroll, participate in, or successfully complete the prescribing
28 practices course within the designated time period, Respondent shall receive a notification from

1 the Board or its designee to cease the practice of medicine within three (3) calendar days after
2 being so notified. Respondent shall not resume the practice of medicine until enrollment or
3 participation in the prescribing practices course has been completed. Failure to successfully
4 complete the prescribing practices course outlined above shall constitute unprofessional conduct
5 and is grounds for further disciplinary action.

6 **C. MEDICAL RECORD KEEPING COURSE.**

7 **IT IS FURTHER ORDERED THAT** within sixty (60) calendar days of the effective date
8 of this Decision, Respondent shall enroll in a course in medical record keeping approved in
9 advance by the Board or its designee. Respondent shall provide the approved course provider
10 with any information and documents that the approved course provider may deem pertinent.
11 Respondent shall participate in and successfully complete the classroom component of the course
12 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
13 complete any other component of the course within one (1) year of enrollment. The medical
14 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing
15 Medical Education (CME) requirements for renewal of licensure.

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

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

24 If Respondent fails to enroll, participate in, or successfully complete the medical record
25 keeping course within the designated time period, Respondent shall receive a notification from
26 the Board or its designee to cease the practice of medicine within three (3) calendar days after
27 being so notified. Respondent shall not resume the practice of medicine until enrollment or
28 participation in the medical record keeping course has been completed. Failure to successfully

1 complete the medical record keeping course outlined above shall constitute unprofessional
2 conduct and is grounds for further disciplinary action.

3 **ACCEPTANCE**

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


9 DATED: 8/07/2019


10 _____
JEFFERY ALAN MULLER, M.D.
11 Respondent

12 I have read and fully discussed with Respondent Jeffrey Allan Muller, M.D. the terms and
13 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.

14 I approve its form and content.

15 DATED: 8/7/19


16 _____
BARRY M. WALKER
17 Attorney for Respondent

18 **ENDORSEMENT**

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

21 DATED: 8/7/2019

22 Respectfully submitted,

23 XAVIER BECERRA
24 Attorney General of California
25 E. A. JONES III
26 Supervising Deputy Attorney General

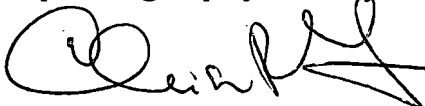

27 _____
CHRISTINE R. FRIAR
28 Deputy Attorney General
Attorneys for Complainant

Exhibit A

Accusation No. 800-2017-033707

1 XAVIER BECERRA
Attorney General of California
2 ROBERT MCKIM BELL
Supervising Deputy Attorney General
3 MARGARET J. PHE
Deputy Attorney General
4 State Bar No. 207205
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5 300 South Spring Street, Suite 1702
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7 Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO June 29, 2018
BY: [Signature] ANALYST

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

12 In the Matter of the Accusation Against:

Case No. 800-2017-033707

13 JEFFERY ALAN MULLER, M.D.

A C C U S A T I O N

14 2815 S Main Street, Suite 210
Corona, California 92882-2533

15 Physician's and Surgeon's Certificate G 52888,
16 Respondent.

17
18 Complainant alleges:

19 **PARTIES**

- 20 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official
21 capacity as the Executive Director of the Medical Board of California "(Board)".
22 2. On July 2, 1984, the Board issued Physician's and Surgeon's Certificate Number G
23 52888 to Jeffery Alan Muller, M.D. ("Respondent"). The license was in full force and effect at
24 all times relevant to the charges brought herein and will expire on June 30, 2020, unless renewed.

25 **JURISDICTION**

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

1 4. The Medical Practice Act ("Act") is codified at Business and Professions Code
2 Section 2000 et seq.

3 5. Pursuant to Code section 2001.1, the Board's highest priority is public protection.

4 6. Section 2004 of the Code states:

5 "The board shall have the responsibility for the following:

6 "(a) The enforcement of the disciplinary and criminal provisions of the Medical
7 Practice Act.

8 "(b) The administration and hearing of disciplinary actions.

9 "(c) Carrying out disciplinary actions appropriate to findings made by a panel or an
10 administrative law judge.

11 "(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of
12 disciplinary actions.

13 "(e) Reviewing the quality of medical practice carried out by physician and surgeon
14 certificate holders under the jurisdiction of the board.

15 "..."

16 7. Section 2227 of the Code states:

17 "(a) A licensee whose matter has been heard by an administrative law judge of the Medical
18 Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default
19 has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary
20 action with the board, may, in accordance with the provisions of this chapter:

21 "(1) Have his or her license revoked upon order of the board.

22 "(2) Have his or her right to practice suspended for a period not to exceed one year upon
23 order of the board.

24 "(3) Be placed on probation and be required to pay the costs of probation monitoring upon
25 order of the board.

26 "(4) Be publicly reprimanded by the board. The public reprimand may include a
27 requirement that the licensee complete relevant educational courses approved by the board.

28 "(5) Have any other action taken in relation to discipline as part of an order of probation, as

1 the board or an administrative law judge may deem proper.

2 “(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical
3 review or advisory conferences, professional competency examinations, continuing education
4 activities, and cost reimbursement associated therewith that are agreed to with the board and
5 successfully completed by the licensee, or other matters made confidential or privileged by
6 existing law, is deemed public, and shall be made available to the public by the board pursuant to
7 Section 803.1.”

8 8. Section 2234 of the Code states:

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

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

14 “(b) Gross negligence.

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

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

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

25 “(d) Incompetence.

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

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

1 “(g) The practice of medicine from this state into another state or country without meeting
2 the legal requirements of that state or country for the practice of medicine. Section 2314 shall not
3 apply to this subdivision. This subdivision shall become operative upon the implementation of the
4 proposed registration program described in Section 2052.5.

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

8 **FACTUAL SUMMARY**

9 **Patient 1:¹**

10 9. Patient 1, an adult male, first presented to Respondent on January 15, 2009, with a
11 history of chronic pain due to migraine headaches. In the past, Patient 1 had tried his wife's
12 Imitrex² with good results. The records did not show evidence of a neurological exam, but
13 indicated that Patient 1 had obstructive sleep apnea and that prescriptions for Soma³ and Ambien⁴
14 were refilled. The records also reflect that Patient 1 was taking Aciphex⁵ and Tylenol with
15 Codeine #3.⁶ Patient 1 was seen periodically and provided refills at each visit generally limited to

16 ¹ The patients herein are referred to as Patients 1, 2, etc., to protect their privacy.

17 ² Imitrex (sumatriptan) is a headache medicine that narrows blood vessels around the
18 brain. Sumatriptan also reduces substances in the body that can trigger headache pain, nausea,
19 sensitivity to light and sound, and other migraine symptoms. It is available as oral tablets, a nasal
20 spray, and as an injection. It used to treat migraine headaches in adults. Imitrex will only treat a
21 headache. It will not prevent headaches or reduce the number of attacks.

22 ³ Soma (carisoprodol) is a muscle relaxer that blocks pain sensations between the nerves
23 and the brain. Soma is used together with rest and physical therapy to treat skeletal muscle
24 conditions such as pain or injury.

25 ⁴ Ambien (zolpidem) is a sedative, also called a hypnotic. Ambien is used to treat
26 insomnia. The immediate-release tablet is used to help one fall asleep when initially going to
27 bed.

28 ⁵ Aciphex (rabeprazole) is a proton pump inhibitor that decreases the amount of acid
produced in the stomach. It is used short-term to treat symptoms of gastroesophageal reflux
disease (GERD) in adults and children who are at least one-year-old. Aciphex is used only in
adults to treat conditions involving excessive stomach acid, such as Zollinger-Ellison syndrome.

⁶ Codeine is an opioid pain medication, sometimes called a narcotic. Acetaminophen is a
less potent pain reliever that increases the effects of codeine. Tylenol with Codeine #3 is a
combination medicine used to relieve moderate to severe pain.

1 monthly supplies. On August 29, 2011, a gastroenterology consultation for a colonoscopy was
2 advised. On November 10, 2011, Respondent prescribed the patient Maxalt.⁷ On April 5, 2012,
3 Respondent noted that Maxalt worked well for the patient's headaches and the Tylenol/Codeine
4 prescription was refilled. On May 23, 2012, the notes indicate that Patient 1 was drinking alcohol
5 daily. He was advised to discontinue alcohol and slowly taper off the Soma and Tylenol/Codeine.
6 A controlled substance agreement was signed on July 9, 2012. However, Respondent's notes did
7 not indicate that Patient 1's Controlled Substance Utilization Review and Evaluation System
8 (CURES) report was reviewed on a regular basis or that a urine test was performed.

9 **Patient 2:**

10 10. According to Respondent's records, Patient 2, an adult female, had a history of
11 laminectomy⁸ and chronic pain due to lumbar radiculopathy.⁹ Treatment included Lyrica,¹⁰
12 Cymbalta¹¹ and Fentanyl.¹² Attempts were made to taper the Fentanyl from 50 mcg to 25 mcg.
13 According to Respondent, Patient 2 was referred to a pain management specialist several times.
14 On August 17, 2010, and on multiple other dates, Patient 2 was referred for pain management and
15

16 ⁷ Maxalt (rizatriptan) is a headache medicine that narrows the blood vessels around the
17 brain. Rizatriptan also reduces substances in the body that can trigger headache pain, nausea,
18 sensitivity to light and sound, and other migraine symptoms. Maxalt is used to treat migraine
19 headaches. Maxalt will only treat a headache that has already begun. It will not prevent
20 headaches or reduce the number of attacks.

21 ⁸ A laminectomy is a surgical procedure that removes a portion of the vertebral bone
22 called the lamina. The back muscles are pushed aside rather than cut and the parts of the vertebra
23 adjacent to the lamina are left intact. Recovery occurs within a few days.

24 ⁹ Lumbar radiculopathy refers to disease involving the lumbar spinal nerve root. This can
25 manifest as pain, numbness, or weakness of the buttock and leg. Sciatica is the term often used
26 by lay people.

27 ¹⁰ Lyrica (Pregabalin) is used to treat nerve pain from diabetes, shingles, spinal cord
28 injury, and fibromyalgia. It is also used to control seizures in epilepsy.

¹¹ Cymbalta (Duloxetine) is used to treat depression, anxiety, and different types of
chronic pain.

¹² Fentanyl is a powerful synthetic opioid analgesic that is similar to morphine but is 50 to
100 times more potent. It is a Schedule II prescription drug, and it is typically used to treat
patients with severe pain or to manage pain after surgery.

1 a sleep study. On April 16, 2014, Patient 2 was referred to orthopedics, and bariatric surgery
2 (weight loss surgery) was considered. A controlled substance agreement was signed by Patient 2
3 on September 7, 2017. However, Respondent's notes did not indicate that Patient 2's CURES
4 report was reviewed on a regular basis or that a urine test was performed.

5 **Patient 3:**

6 11. Patient 3, an adult female, first presented to Respondent in 2012 with a history of
7 migraines, blood disorder, seizure and chronic neck and low back pain. She was previously
8 diagnosed with cervical radiculopathy¹³ and sacroiliitis.¹⁴ Patient 3 was referred to pain
9 management, neurology, rheumatology and physical therapy. According to the pain management
10 consultant's May 8, 2015 reports, Patient 3 had chronic neck and low back pain; she was
11 previously evaluated by neurosurgery; and she previously received treatment with nerve root and
12 facet blocks. Respondent's notes did not indicate that Patient 3's CURES report was reviewed on
13 a regular basis or that a urine test was performed.

14 **Patient 4:**

15 12. Patient 4, an adult female, was first examined by Respondent in early 2016. She
16 previously underwent bilateral mastectomies¹⁵ complicated by leakage. Respondent noted that he
17 requested outside records during her first visit. Patient 4 was taking Percocet¹⁶ for fibromyalgia
18 and back pain. She was prescribed narcotics for a variety of musculoskeletal and abdominal pain.
19 Additionally, a gastroenterology workup was performed. Seizure was noted as a past problem,
20

21 ¹³ Cervical radiculopathy is a disease process marked by nerve compression from
22 herniated disk material or arthritic bone spurs. This impingement typically produces neck and
23 radiating arm pain or numbness, sensory deficits, or motor dysfunction in the neck and upper
24 extremities." Cervical radiculopathy occurs with pathologies that causes symptoms on the nerve
25 roots. Those can be compression, irritation, traction, and a lesion on the nerve root caused by
26 either a herniated disc, foraminal narrowing or degenerative spondylitic change (Osteoarthritic
27 changed or degeneration) leading to stenosis of the intervertebral foramen.

28 ¹⁴ Sacroiliitis is an inflammation of one or both of the sacroiliac joints — situated where
the lower spine and pelvis connect. Sacroiliitis can cause pain in the buttocks or lower back, and
can extend down one or both legs. Prolonged standing or stair climbing can worsen the pain.

¹⁵ A mastectomy is surgery to remove a breast.

¹⁶ Percocet or oxycodone and acetaminophen is a prescription drug used to treat moderate
to severe pain, and is highly addictive.

1 but there was no documentation of the etiology of the seizure. No rheumatological or orthopedic
2 evaluation is reflected in Patient 4 records. Also, there is no documentation of suicidal ideation
3 or a referral for psychological counseling. Patient 4 was seen periodically with refills limited to
4 monthly supplies. She was prescribed both an opiate and a benzodiazepine. Patient 4 had a pain
5 contract, and the records indicate that her CURES was checked at least once. On one occasion,
6 however, Patient 4 obtained medication from another physician. Respondent purportedly
7 addressed the issue with Patient 4, and she did not seek medication from other physicians after
8 this episode. A controlled substance agreement was signed on September 18, 2017. According to
9 Respondent, he checked CURES periodically on this patient, but Respondent's notes did not
10 indicate that a urine test was performed.

11 **STANDARD OF CARE**

12 13. The long-term care of a patient with chronic pain requires a history or evaluation
13 sufficient to ascertain the cause of the pain. Initial treatment should not include opiates, but
14 should include physical therapy, counseling, and non-opiate medications when appropriate.
15 Opiates, if necessary, should be started at a low dose and increased only if necessary. Concurrent
16 prescribing of benzodiazepines should be done only if necessary. Urine testing should be done to
17 monitor for appropriate use and evidence of abuse. Prescription Drug Monitoring Program
18 (PDMP) – CURES should be checked periodically. Patients with opioid use disorder or
19 uncontrollable pain should be referred to a pain management and/or addiction medicine specialist.

20 **FIRST CAUSE FOR DISCIPLINE**

21 (Repeated Negligent Acts)

22 14. By reason of the matters set forth above in paragraphs 9 through 13, incorporated
23 herein by reference, Respondent is subject to disciplinary action under section 2234, subdivision
24 (c), of the Code in that Respondent was repeatedly negligent in his care and treatment of Patients
25 1, 2, 3, and 4.

26 15. The following acts and omissions, considered individually and collectively, constitute
27 repeated negligent acts in Respondent's practice as a physician and surgeon:

28 Respondent's treatment of Patient 1's chronic pain and prescribing of opioids constitutes

1 negligence.

2 Respondent's treatment of Patient 2's chronic pain and prescribing of opioids constitutes
3 negligence.

4 Respondent's treatment of Patient 3's chronic pain and prescribing of opioids constitutes
5 negligence.

6 Respondent's treatment of Patient 4's chronic pain and prescribing of opioids constitutes
7 negligence.

8 **SECOND CAUSE FOR DISCIPLINE**

9 (Unprofessional Conduct)


10 16. By reason of the matters set forth in paragraphs 9 through 13 above, incorporated
11 herein by this reference, Respondent is subject to disciplinary action under section 2234 of the
12 Code in that Respondent has engaged in unprofessional conduct relating to his provision of
13 services to Patients 1, 2, 3 and 4.

14 **PRAAYER**

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

- 17 1. Revoking or suspending Physician's and Surgeon's Certificate Number G 52888,
18 issued to Jeffery Alan Muller, M.D.;
- 19 2. Revoking, suspending or denying approval of his authority to supervise physician
20 assistants and advanced practice nurses;
- 21 3. If placed on probation, ordering him to pay the Board the costs of probation
22 monitoring; and
- 23 4. Taking such other and further action as deemed necessary and proper.

24
25 DATED: June 29, 2018

26 
 27 KIMBERLY KIRCHMEYER
 Executive Director
 Medical Board of California
 Department of Consumer Affairs
 State of California
 28 Complainant