

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

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

BRIAN MICHAEL MANJARRES, M.D.

Case No. 800-2016-020907

**Physician's and Surgeon's
Certificate No. A 100304**

Respondent

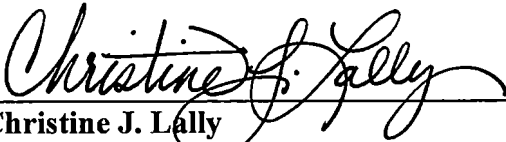
DECISION

The attached Stipulated Surrender of License 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 January 1, 2020.

IT IS SO ORDERED December 12, 2019.

MEDICAL BOARD OF CALIFORNIA



Christine J. Lally
Interim Executive Director

1 XAVIER BECERRA
Attorney General of California
2 MATTHEW M. DAVIS
Supervising Deputy Attorney General
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8 *Attorneys for Complainant*

9
10 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
11 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA
12

13 In the Matter of the Accusation Against:

Case No. 800-2016-020907

14 **BRIAN MICHAEL MANJARRES, M.D.**
1357 7th Ave., Suite A
15 San Diego, CA 92101

OAH No. 2019050021

16 **Physician's and Surgeon's Certificate No.**
A 100304

**STIPULATED SURRENDER OF
LICENSE AND DISCIPLINARY ORDER**

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

22 **PARTIES**

23 1. Christine Lally is the Interim Executive Director of the Medical Board of California
24 (Board). Former Executive Director Kimberly Kirchmeyer brought this action solely in her then
25 official capacity as Executive Director of the Board.¹ Christine Lally is represented in this matter
26 by Xavier Becerra, Attorney General of the State of California, by Jason J. Ahn, Deputy Attorney
27 General.

28 ¹ Kimberly Kirchmeyer became Director of the California Department of Consumer
Affairs effective October 28, 2019.

2. Brian Michael Manjarres, M.D. (Respondent) is representing himself in this proceeding and has chosen not to exercise his right to be represented by counsel.

3. On or about June 1, 2007, the Board issued Physician's and Surgeon's Certificate No. A 100304 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2016-020907 and will expire on August 31, 2020, unless renewed.

JURISDICTION

4. On March 13, 2019, Accusation No. 800-2016-020907 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on March 13, 2019. Respondent timely filed his Notice of Defense contesting the Accusation. A copy of Accusation No. 800-2016-020907 is attached as Exhibit A and incorporated by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, and fully understands the charges and allegations in Accusation No. 800-2016-020907. Respondent also has carefully read, and fully understands the effects of this Stipulated Surrender of License and Disciplinary Order.

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

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

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9. Respondent understands that by signing this stipulation he enables the Board to issue an order accepting the surrender of his Physician's and Surgeon's Certificate without further process.

10. Respondent further agrees that if he ever petitions for reinstatement of his Physician's and Surgeon's Certificate No. A 100304, or if an accusation is filed against him before the Medical Board of California, all of the charges and allegations contained in First Amended Accusation No. 800-2016-020907 shall be deemed true, correct, and fully admitted by Respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the state of California or elsewhere.

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12. This Stipulated Surrender of License and Disciplinary Order shall be subject to approval of the Executive Director on behalf of the Medical Board. The parties agree that this Stipulated Surrender of License and Disciplinary Order shall be submitted to the Executive Director for her consideration in the above-entitled matter and, further, that the Executive Director shall have a reasonable period of time in which to consider and act on this Stipulated Surrender of License and Disciplinary Order after receiving it. By signing this stipulation, Respondent fully understands and agrees that he may not withdraw his agreement or seek to rescind this stipulation prior to the time the Executive Director, on behalf of the Medical Board, considers and acts upon it.

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13. The parties agree that this Stipulated Surrender of License and Disciplinary Order shall be null and void and not binding upon the parties unless approved and adopted by the Executive Director on behalf of the Board, except for this paragraph, which shall remain in full force and effect. Respondent fully understands and agrees that in deciding whether or not to approve and adopt this Stipulated Surrender of License and Disciplinary Order, the Executive Director and/or the Board may receive oral and written communications from its staff and/or the Attorney General's Office. Communications pursuant to this paragraph shall not disqualify the Executive Director, the Board, any member thereof, and/or any other person from future participation in this or any other matter affecting or involving Respondent. In the event that the Executive Director on behalf of the Board does not, in her discretion, approve and adopt this Stipulated Surrender of License and Disciplinary Order, with the exception of this paragraph, it shall not become effective, shall be of no evidentiary value whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party hereto. Respondent further agrees that should this Stipulated Surrender of License and Disciplinary Order be rejected for any reason by the Executive Director on behalf of the Board, Respondent will assert no claim that the Executive Director, the Board, or any member thereof, was prejudiced by its/his/her review, discussion and/or consideration of this Stipulated Surrender of License and Disciplinary Order or of any matter or matters related hereto.

ADDITIONAL PROVISIONS

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

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

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

ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 100304,
issued to Respondent Brian Michael Manjarres, M.D., is surrendered and accepted by the Board.

1. The surrender of Respondent's Physician's and Surgeon's Certificate and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Board.

2. Respondent shall lose all rights and privileges as a physician and surgeon in California as of the effective date of the Board's Decision and Order.

3. Respondent shall cause to be delivered to the Board his pocket license and, if one was issued, his wall certificate on or before the effective date of the Decision and Order.

4. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations, and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation No. 800-2016-020907 shall be deemed to be true, correct, and admitted by Respondent when the Board determines whether to grant or deny the petition.

5. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing agency in the State of California, all of the charges and allegations contained in Accusation, No. 800-2016-020907 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

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DATED: 12/4/2019

ENDORSEMENT

DATED: 12/5/19

[Handwritten signature]

Exhibit A

Accusation No. 800-2016-020907

1 XAVIER BECERRA
Attorney General of California
2 ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
3 JASON J. AHN
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8 *Attorneys for Complainant*

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO MARCH 13 2019
BY [Signature] ANALYST

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

14 In the Matter of the Accusation Against:

Case No. 800-2016-020907

15 **Brian Michael Manjarres, M.D.**
16 **Namaste Medical Group**
1357 7th Avenue, Suite A
17 San Diego, CA 92101

ACCUSATION

18 **Physician's and Surgeon's Certificate**
19 **No. A 100304,**

Respondent.

21
22 Complainant alleges:

23 **PARTIES**

24 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official
25 capacity as the Executive Director of the Medical Board of California, Department of Consumer
26 Affairs (Board).

27 2. On or about June 1, 2007, the Medical Board issued Physician's and Surgeon's
28 Certificate No. A 100304 to Brian Michael Manjarres, M.D. (Respondent). The Physician's and

1 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
2 herein and will expire on August 31, 2020, unless renewed.

3 JURISDICTION

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

7 4. Section 2227 of the Code states:

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

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

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

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

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

21 "(5) Have any other action taken in relation to discipline as part of an order
22 of probation, as the board or an administrative law judge may deem proper.

23 "(b) Any matter heard pursuant to subdivision (a), except for warning letters,
24 medical review or advisory conferences, professional competency examinations,
25 continuing education activities, and cost reimbursement associated therewith that
26 are agreed to with the board and successfully completed by the licensee, or other
27 matters made confidential or privileged by existing law, is deemed public, and shall be
28 made available to the public by the board pursuant to Section 803.1."

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.

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1 6. Section 2239 of the Code states:

2 “(a) The use or prescribing for or administering to himself or herself, of any
3 controlled substance; or the use of any of the dangerous drugs specified in Section
4 4022, or of alcoholic beverages, to the extent, or in such a manner as to be dangerous
5 or injurious to the licensee, or to any other person or to the public, or to the extent that
6 such use impairs the ability of the licensee to practice medicine safely or more than
7 one misdemeanor or any felony involving the use, consumption, or self
8 administration of any of the substances referred to in this section, or any combination
9 thereof, constitutes unprofessional conduct. The record of the conviction is conclusive
10 evidence of such unprofessional conduct.”

11 “...”

12 7. Section 2266 of the Code states:

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

15 8. Unprofessional conduct under Business and Professions Code section 2234 is conduct
16 which breaches the rules or ethical code of the medical profession, or conduct which is
17 unbecoming a member in good standing of the medical profession, and which demonstrates an
18 unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564,
19 575.)

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1 **FIRST CAUSE FOR DISCIPLINE**

2 **(Gross Negligence)**

3 9. Respondent has subjected his Physician's and Surgeon's Certificate No. A 100304 to
4 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of
5 the Code, in that he committed gross negligence in his care and treatment of Patients A,¹ B, C, D,
6 and E, as more particularly alleged hereinafter:

7 **Patient A**

8 10. On or about September 30, 2014, Patient A presented to Respondent. There is no
9 physical examination documented other than vital signs. Notations indicate that Patient A had
10 pain in his shoulder, back, and knee. There are no assessments or diagnoses noted. Respondent
11 prescribed a topical compound cream.

12 11. On or about October 14, 2014, Patient A completed new patient intake forms, which
13 indicated, among other things, that Patient A was under the care of a psychiatrist. Patient A
14 signed a Buprenorphine² consent form, and a consent for IV and injection vitamins. Patient A
15 completed an Attention Deficit Hyperactivity Disorder Questionnaire, Androgen Deficiency in
16 Aging Males (ADAM) Questionnaire, and Men's Health Questionnaire. There is no
17 documentation stating that Respondent reviewed and/or discussed these consent forms with
18 Patient A.

19 12. On or about October 20, 2014, Patient A returned to Respondent for concerns about
20 Sexually Transmitted Disease(s). A physical examination was not performed and/or there is no
21 documentation of a physical examination performed. There is no questioning and/or
22 documentation of questioning regarding specific symptoms or exposures. Respondent failed to
23 order and/or failed to document having ordered laboratory tests. Respondent counseled Patient A
24 regarding safe sex practices and prescribed Azithromycin³ 2 grams orally, for one dose with three
25 refills.

26 ¹ References to "Patients A~E" are used to protect patient privacy.

27 ² Buprenorphine is used to treat dependence/addiction to opioids.

28 ³ Azithromycin is an oral tablet used to treat infections caused by bacteria.

1 13. On or about November 25, 2014, Patient A presented to Respondent for depression.
2 Respondent noted that Patient A was taking Viibryd, an antidepressant, and that Patient A was
3 receiving treatment from a psychiatrist. Respondent noted decreased sleep and decreased quality
4 of life. Respondent prescribed Wellbutrin⁴ XL 300 mg per day and advised Patient A to start
5 hormone replacement therapy and growth hormone. Respondent prescribed anabolic steroids
6 Oxandrolone⁵ and Stanozolol.⁶ Patient A did not have any diagnoses which may indicate use of
7 anabolic steroids, including, but not limited to, delayed puberty, failure to gain weight, or aplastic
8 anemia.⁷ Respondent failed to review with Patient A and/or failed to document having reviewed
9 with Patient A potential adverse effects of using anabolic steroids. Respondent failed to monitor
10 and/or failed to document having monitored for kidney or liver damage while Patient A was on
11 anabolic steroids. Except for vital signs, Respondent failed to conduct a physical examination
12 and/or failed to document having conducted a physical examination. Respondent failed to
13 counsel Patient A and/or failed to document having counseled Patient A regarding the risks of
14 testosterone or growth hormones. Respondent failed to question and/or failed to document
15 having questioned Patient A about alcohol consumption or seizures, which would render
16 Wellbutrin contraindicated. An informed consent form regarding testosterone was not signed
17 until February 2017, nearly two years after testosterone treatment began.

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22 ⁴ Wellbutrin (Bupropion hydrochloride) is an antidepressant used to treat depression.

23 ⁵ Oxandrolone is an anabolic steroid that promotes growth of muscle tissue. It is a
24 Schedule III controlled substance pursuant to Health and Safety Code section 11056, subdivision
(f), and a dangerous drug pursuant to Business and Professions Code section 4022.

25 ⁶ Stanozolol is a synthetic steroid that was withdrawn from the U.S. market in 2010. It is
26 a Schedule III controlled substance pursuant to Health and Safety Code section 11056,
subdivision (f), and a dangerous drug pursuant to Business and Professions Code section 4022.

27 ⁷ Aplastic anemia is a rare disease which develops as a result of bone marrow damage.

14. On or about December 23, 2014, Patient A visited Respondent. Respondent prescribed Ritalin⁸ 20 mg three times a day and Percocet⁹ 10/325 one to two every six hours for musculoskeletal, non-radicular back pain. Respondent also prescribed Xanax¹⁰ 2 mg one twice a day for anxiety and insomnia, and Cialis¹¹ 5 mg one a day as needed for Erectile dysfunction. Other than vital signs, Respondent failed to conduct a physical examination and/or failed to document having conducted a physical examination. Respondent failed to order laboratory testing and/or failed to document having ordered laboratory testing. Respondent failed to discuss and/or failed to document having discussed the risks of newly prescribed medications. Respondent failed to review CURES report(s).¹²

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⁸ Methylphenidate (Ritalin®), a central nervous system stimulant, is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used to treat attention deficit hyperactivity disorder (ADHD) and narcolepsy. According to the DEA, amphetamines, such as Adderall®, are considered a drug of abuse. "The effects of amphetamines and methamphetamine are similar to cocaine, but their onset is slower and their duration is longer." (Drugs of Abuse – A DEA Resource Guide (2011), at p. 44.)

⁹ Percocet® (oxycodone and acetaminophen), an opioid analgesic, is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for the management of moderate to moderately severe pain. The Drug Enforcement Administration has identified oxycodone, as a drug of abuse. (Drugs of Abuse, A DEA Resource Guide (2011 Edition), at p. 41.) The Federal Drug Administration has issued a black box warning for Percocet® which warns about, among other things, addiction, abuse and misuse, and the possibility of "life-threatening respiratory distress."

¹⁰ Xanax® (alprazolam), a benzodiazepine, is a centrally acting hypnotic-sedative that is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for the management of anxiety disorders. Concomitant use of Xanax® with opioids "may result in profound sedation, respiratory depression, coma, and death." The Drug Enforcement Administration (DEA) has identified benzodiazepines, such as Xanax®, as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2011 Edition), at p. 53.)

¹¹ Cialis (Tadalafil) is a drug used to treat erectile dysfunction and enlarged prostate.

¹² CURES is the Controlled Substances Utilization Review and Evaluation System (CURES), a database of schedule II, III, and IV controlled substance prescriptions dispensed in California, serving the public health, regulatory oversight agencies, and law-enforcement.

1 15. On or about February 23, 2015, Patient A returned to Respondent for severe acne that
2 was worsening with testosterone. Respondent prescribed Claravis,¹³ 30 mg one twice a day #60
3 with three refills. Respondent failed to conduct a physical examination and/or failed to document
4 having conducted a physical examination. Respondent failed to order laboratory testing and/or
5 failed to document having ordered laboratory testing. Respondent failed to change and/or
6 document change in the prescribed dosage of testosterone, if any.

7 16. On or about February 25, 2015, Patient A presented to Respondent for erectile
8 dysfunction and ADHD.¹⁴ Respondent failed to conduct a physical examination and/or failed to
9 document having conducted a physical examination. Respondent failed to order laboratory
10 testing and/or failed to document having ordered laboratory testing. Respondent prescribed
11 Adderall¹⁵ and Cialis.

12 17. On or about April 25, 2015, Respondent prescribed Tramadol¹⁶ and three refills of
13 azithromycin. Respondent also refilled Xanax and Ritalin prescriptions.

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15 ¹³ Claravis (Isotretinoin) is an oral medicine for treating the most severe form of acne.

16 ¹⁴ Attention Deficit Hyperactivity Disorder (ADHD) is a chronic condition that makes it
17 difficult for a person to pay attention and control impulsive behaviors.

18 ¹⁵ Adderall®, a mixture of d-amphetamine and l-amphetamine salts in a ratio of 3:1, is a
19 central nervous system stimulant of the amphetamine class, and is a Schedule II controlled
20 substance pursuant to Health and Safety Code section 11055, subdivision (d), and a dangerous
21 drug pursuant to Business and Professions Code section 4022. When properly prescribed and
22 indicated, it is used for attention-deficit hyperactivity disorder and narcolepsy. According to the
DEA, amphetamines, such as Adderall®, are considered a drug of abuse. "The effects of
amphetamines and methamphetamine are similar to cocaine, but their onset is slower and their
duration is longer." (Drugs of Abuse – A DEA Resource Guide (2011), at p. 44.) Adderall and
other stimulants are contraindicated for patients with a history of drug abuse.

23 ¹⁶ Tramadol Hydrochloride (Ultram®, Ultracet®), an opioid analgesic, is a Schedule IV
24 controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a
25 dangerous drug pursuant to Business and Professions Code section 4022. When properly
26 prescribed and indicated, it is used for the treatment of moderate to severe pain. The FDA-
27 approved labeling under the Drug Abuse and Dependence section provides warns, among other
28 things, that "[t]ramadol hydrochloride may induce psychic and physical dependence ...
Dependence and abuse, including drug-seeking behavior and taking illicit actions to obtain the
drug are not limited to those patients with prior history of opioid dependence. The risk in patients
with substance abuse has been observed to be higher. Tramadol hydrochloride is associated with
craving and tolerance development. Withdrawal symptoms may occur if tramadol hydrochloride
is discontinued abruptly."

1 18. On or about July 2, 2015, Patient A reported penile discharge and pain with urination
2 and ejaculation. Respondent made a diagnosis of "presumed STD" and prescribed three refills of
3 azithromycin.

4 19. On or about September 17, 2015, Patient A presented to Respondent with "testicular
5 pain." Respondent diagnosed the patient with epididymitis¹⁷ and prescribed an antibiotic,
6 Ciprofloxacin,¹⁸ for 14 days with two refills. Respondent prescribed 3 refills of azithromycin.
7 Respondent failed to conduct a physical examination and/or failed to document a physical
8 examination conducted. Respondent failed to order and/or failed to document ordering urinalysis
9 or laboratory studies. Respondent failed to discuss or failed to document having discussed the
10 results of the urinalysis or laboratory studies, if any.

11 20. On or about September 23, 2015, Patient A visited Respondent for "decreased
12 erections" and benign prostatic hypertrophy (BPH).¹⁹ Respondent failed to conduct a physical
13 examination and/or failed to document having conducted a physical examination. Respondent
14 failed to order laboratory testing and/or failed to document having ordered laboratory testing.

15 21. On or about February 28, 2017, Patient A presented to Respondent for a urinary tract
16 infection after complaining of pain with urination. Respondent failed to conduct and/or failed to
17 document having conducted a physical examination of Patient A. Respondent failed to order a
18 urinalysis or culture and/or failed to document having ordered a urinalysis or culture.

19 22. Thereafter, Patient A continued to see Respondent for ongoing pain, anxiety,
20 insomnia and hormone replacement and refills of controlled substances, through December 31,
21 2017.

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25 ¹⁷ Epididymitis is an inflammation of the tube at the back of the testicle that stores and
26 carries sperm.

27 ¹⁸ Ciprofloxacin is used to treat bacterial infections in many different parts of the body.

28 ¹⁹ Benign prostatic hyperplasia (BPH) also called prostate gland enlargement is a common
condition for men as they grow older.

1 Medical Record-Keeping

2 23. During the course of his care and treatment of Patient A, approximately from
3 September 2014 through December 31, 2017, Respondent used a pre-printed form for each visit
4 which did not have a section for a physical examination other than vital signs. Patient A's
5 birthdate or other identifier is not included on the visit documentations. There is no section on
6 the form for an assessment or diagnosis. The Subjective Portion of the form was often scant and
7 included little or no review of systems or details about the presenting complaints other than what
8 is pre-printed on the form. There was no documentation of any labs ordered, lab results, phone
9 calls with patient, or billing records.

10 Prescribing and Monitoring of Testosterone Replacement Therapy

11 24. During the course of his care and treatment of Patient A, approximately from
12 September 2014 through December 31, 2017, Respondent did not adequately evaluate and/or
13 discuss or failed to document having adequately evaluated and/or discussed whether Patient A's
14 underlying depression, opiate use, hypertension, or marijuana use was causing Patient A's
15 reported symptoms indicative of low testosterone, such as fatigue, depression, backache, sleep
16 problems, lack of energy and feeling sad. Respondent failed to perform any evaluations and/or
17 failed to document having perform any evaluations. Respondent failed to conduct and/or failed to
18 document having conducted a testicular or prostate examination. Respondent failed to order any
19 blood testing, failed to engage in further workup to determine the cause of the "low testosterone"
20 such as karyotyping,²⁰ LH and FSH levels,²¹ repeat testosterone levels, hematocrit,²² or PSA.²³
21 Respondent failed to alter the medication dose or instructions even though Patient A complained

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23 ²⁰ Karyotyping is the determination of a karyotype, e.g., to detect chromosomal
24 abnormalities.

25 ²¹ Among other things, luteinizing hormone (LH) and follicle-stimulating hormone (FSH)
26 levels are measured to assist with diagnosing a low testosterone in post-pubertal males.

27 ²² Hematocrit refers to the ratio of the volume of red blood cells to the total volume of
28 blood.

29 ²³ PSA refers to prostate specific antigen. A test for PSA may be used to screen for cancer
30 of the prostate.

1 of a number of symptoms that may have been side effects of excessive testosterone such as labile
2 mood and acne.

3 Prescribing Chronic Opiates for Chronic Pain

4 25. During the course of his care and treatment of Patient A, approximately from
5 September 2014 through December 31, 2017, Respondent failed to perform any physical
6 examinations and/or failed to document having performed any physical examinations to
7 determine the cause(s) of Patient A's back pain. Respondent failed to order and/or failed to
8 document having ordered any imaging studies or refer Patient A for orthopedic or surgical
9 evaluation, physical therapy, or epidural injections for the pain. Respondent failed to prescribe
10 prescription modalities such as Lyrica,²⁴ gabapentin,²⁵ or tricyclic antidepressants as non-opiate
11 alternatives. Respondent did not adequately monitor Patient A's CURES reports. Respondent
12 failed to adequately review with Patient A and/or failed to document having adequately reviewed
13 with Patient A the risks of opiate addiction. Respondent did not have a written pain management
14 contract other than a Buprenorphine contract. Until on or about June 13, 2016, Respondent failed
15 to perform urine drug screening. Respondent did not perform screening for opiate addiction or
16 dependence disorder even though Patient A had red flags for opiate addiction such as a history of
17 mental health issues, seeing multiple providers, willingness to pay cash for medications or visits,
18 going on and off medications, and using mind-altering medications such as marijuana and
19 benzodiazepines.

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27 ²⁴ Lyrica is a medication that can be used to treat nerve and muscle pain.

28 ²⁵ Gabapentin is a medication that can be used to relieve nerve pain.

1 Prescribing Chronic Benzodiazepines

2 26. During the course of his care and treatment of Patient A, approximately from
3 September 2014 through December 31, 2017, Respondent failed to discuss with Patient A and/or
4 failed to document having discussed with Patient A risks of benzodiazepines, including, but not
5 limited to, overdose, whether to use it in combination of other medications, whether concurrent
6 usage increases the risk of sedation, confusion, respiratory depression and intentional and
7 unintentional death. Respondent failed to assess and/or failed to document having assessed the
8 effectiveness of Benzodiazepines and whether or not Patient A was experiencing side effects.
9 Respondent failed to adequately review CURES reports. Respondent failed to coordinate and/or
10 failed to document his coordination of care with Patient A's psychiatrist.

11 Treatment of Sexually Transmitted Infection(s)

12 27. During the course of his care and treatment of Patient A, approximately from
13 September 2014 through December 31, 2017, Respondent prescribed Patient A eleven course of
14 antibiotics without performing any physical examinations and/or without documenting physical
15 examinations performed, if any. Respondent failed to obtain and/or failed to document having
16 obtained a thorough sexual history of Patient A. Respondent failed to perform and/or failed to
17 document having performed any laboratory testing. Respondent failed to test Patient A for
18 gonorrhea and HIV even though Patient is at high-risk for both. Respondent failed to advise
19 Patient A and/or failed to document having advised Patient A to have his partner treated.

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1 Diagnosis and Treatment of Attention Deficit Hyperactivity Disorder (ADHD)

2 28. During the course of his care and treatment of Patient A, approximately from
3 September 2014 through December 31, 2017, Respondent failed to perform any evaluations other
4 than one Adult ADHD Self-Report Scale Symptoms checklist²⁶ provided to Patient A on or about
5 October 14, 2014. Respondent failed to review and/or failed to document having reviewed DSM
6 criteria²⁷ for ADHD. Respondent failed to gather information and/or failed to document having
7 gathered information such as how Patient A's symptoms affect Patient A's function, how he was
8 originally diagnosed or at what age. Respondent failed to obtain prior medical records
9 confirming the ADHD diagnosis. Respondent failed to discuss and/or failed to document having
10 discussed Patient A's "ADHD" with his psychiatrist. Respondent did not adequately attempt to
11 rule out other potential causes for Patient A's poor concentration. Respondent failed to
12 adequately check CURES reports to determine whether Patient A was receiving the same ADHD
13 medications from his psychiatrist.

14 Diagnosis and Treatment of Benign Prostatic Hypertrophy (BPH)²⁸

15 29. When Patient A presented to Respondent on or about September 23, 2015, for
16 "decreased erections," Respondent failed to perform a physical examination and/or failed to
17 document having conducted a physical examination; Respondent failed to complete and/or failed
18 to document having completed a urinalysis; Respondent failed to ask questions and/or failed to
19 document having asked questions about the specific symptoms related to the prostate issues;
20 Respondent failed to order Prostate Specific Antigen (PSA) blood testing, which aids in
21 evaluation of possible prostate cancer; Respondent failed to conduct and/or failed to document
22 having conducted a prostate examination.

23
24 ²⁶ The Adult ADHD Self-Report Scale Symptoms Checklist is a tool used to help screen
for ADHD in adult patients.

25 ²⁷ The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) is the 2013 update
26 to the Diagnostic and Statistical Manual of Mental Disorders, the taxonomic and diagnostic tool
published by the American Psychiatric Association.

27 ²⁸ Benign prostatic hyperplasia (BPH) is an age-associated prostate gland enlargement that
28 can cause urination difficulty.

1 Informed Consent

2 30. On or about October 14, 2014, Patient A signed a "written informed consent" for
3 Buprenorphine treatment and IV and Injection medications. However, Respondent never
4 prescribed Buprenorphine or IV medications to Patient A. The consent form related to injection
5 testosterone does not discuss side effects of the hormone therapy or alternative treatments.
6 During the course of his care and treatment of Patient A, approximately from September 2014
7 through December 31, 2017, Respondent failed to discuss with Patient A and/or failed to
8 document having discussed with Patient A the risks and benefits of the medications he prescribed
9 to Patient A, including but not limited to, Percocet, Oxycodone, isotretinoin, testosterone, Xanax,
10 Ambien, Ritalin, and Adderall.

11 Urine Toxicology Screening for Controlled Substances

12 31. Respondent administered four in-house urine toxicology screenings from September
13 2014 through December 31, 2017. Respondent did not send any of the four screenings to an
14 outside laboratory. Respondent himself performed the urine screenings instead of a medical
15 assistant or a nurse.

16 Prescribing and Monitoring Anabolic Steroids

17 32. Respondent prescribed anabolic steroids Oxandrolone and Stanozolol starting on or
18 about November 25, 2014, through February 24, 2017, without any clear indication as Patient A
19 did not have any documented diagnoses such as delayed puberty, failure to gain weight, or
20 aplastic anemia. Respondent failed to review and/or failed to document having reviewed
21 potential adverse effects even though Patient A had a number of conditions that could be
22 worsened by the anabolic steroids such as hypertension,²⁹ depressions, and hypogonadism.³⁰
23 Respondent failed to monitor and/or failed to document having monitored possible kidney or liver
24 damage while Patient A was on anabolic steroids.

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26 ²⁹ Hypertension refers to high blood pressure.

27 ³⁰ Hypogonadism refers to a failure of the gonads, testes in men and ovaries in women, to
28 function properly.

33. Respondent prescribed the following controlled substances to Patient A:

Date	Drug Name	Quantity
9/17/14	Methylphenidate Hydrochloride 36 MG	15
9/30/14	Methylphenidate Hydrochloride 20 MG	90
10/14/14	Oxycodone and Acetaminophen 325 MG/ 10 MG	60
10/20/14	Methylphenidate Hydrochloride 20 MG	90
11/25/14	Methylphenidate Hydrochloride 20 MG	90
12/15/14	Oxandrolone (Powder)	0.5625
12/15/14	Testosterone Cypionate (Powder)	2.06
12/23/14	Alprazolam 2 MG	60
12/23/14	Methylphenidate Hydrochloride 20 MG	90
12/23/14	Oxycodone and Acetaminophen 325 MG / 10 MG	90
1/30/15	Alprazolam 2 MG	60
1/30/15	Methylphenidate Hydrochloride 20 MG	90
2/4/15	Oxandrolone (Powder)	0.5625
2/4/15	Testosterone Cypionate (Powder)	2.06
2/26/15	Amphetamine Salt Combo 30 MG	60
3/27/15	Amphetamine Salt Combo 30 MG	60
4/16/15	Testosterone Cypionate (Powder)	2.06
4/25/15	Alprazolam 2 MG	60
4/25/15	Methylphenidate HCL 20 MG	90
5/26/15	Alprazolam 2 MG	60
5/26/15	Methylphenidate HCL 20 MG	90
6/1/15	Testosterone Cypionate (Powder)	2.06
7/14/15	Alprazolam 2 MG	60
7/14/15	Methylphenidate HCL 20 MG	90

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8/7/15	Testosterone Cypionate	2.06
8/21/15	Alprazolam 2 MG	60
8/21/15	Methylphenidate HCL 20 MG	90
8/21/15	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	90
8/21/15	Zolpidem Tartrate 10 MG	30
8/27/15	Compound	45
10/20/15	Alprazolam 2 MG	60
10/20/15	Methylphenidate HCL 20 MG	90
10/20/15	Oxycodone HCL 20 MG	90
11/20/15	Alprazolam 2 MG	60
11/20/15	Methylphenidate HCL 20 MG	90
11/20/15	Oxycodone HCL 20 MG	90
11/30/15	Compound	2
12/4/15	Compound	45
12/4/15	Testosterone Cypionate (Powder)	2.06
12/18/15	Alprazolam 2 MG	60
12/18/15	Methylphenidate HCL 20 MG	90
12/18/15	Oxycodone HCL 20 MG	90
1/20/16	Compound	5
1/20/16	Stanozolol Micronized (Powder)	0.25
1/20/16	Testosterone Cypionate (Powder)	1.03
1/26/16	Alprazolam 2 MG	60
1/26/16	Methylphenidate HCL 20 MG	90
1/26/16	Oxycodone HCL 20 MG	90
2/18/16	Compound	45
2/28/16	Alprazolam 2 MG	60
2/28/16	Oxycodone HCL 20 MG	90

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2/29/16	Testosterone Cypinoate (Powder)	1.03
3/25/16	Methylphenidate HCL 20 MG	120
3/26/16	Alprazolam 2 MG	60
3/27/16	Oxycodone HCL 20 MG	90
4/25/16	Methylphenidate HCL 20 MG	120
4/25/16	Stanozolol Micronized	Powder
5/14/16	Oxycodone HCL 20 MG	90
5/16/16	Compound	2
5/23/16	Alprazolam 2 MG	60
5/26/16	Testosterone Cypionate (Powder)	2
5/27/16	Stanozolol Micronized	Powder
5/31/16	Methylphenidate HCL 20 MG	90
6/3/16	Compound	45
6/10/16	Testosterone Cypionate (Powder)	2
6/13/16	Oxycodone HCL 20 MG	120
6/23/16	Alprazolam 2 MG	90
6/24/16	Amphetamine Salt Combo 20 MG	90
7/10/16	Methylphenidate HCL 20 MG	90
7/24/16	Alprazolam 2 MG	60
8/5/16	Stanozolol Micronized	Powder
9/12/16	Compound	10
9/12/16	Compound	45
9/15/16	Stanozolol Micronized	Powder
10/5/16	Methylphenidate HCL 20 MG	90
10/5/16	Oxycodone HCL 20 MG	120
10/18/16	Stanozolol Micronized	Powder
10/27/16	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	120

1	11/5/16	Methylphenidate HCL 20 MG	90
2	11/23/16	Compound	1
3	11/23/16	Oxycodone HCL 20 MG	120
4	12/7/16	Methylphenidate HCL 20 MG	90
5	12/23/16	Alprazolam 2 MG	60
6	12/29/16	Oxycodone HCL 20 MG	100
7	1/4/17	Methylphenidate HCL 20 MG	90
8	1/19/17	Alprazolam 2 MG	60
9	2/17/17	Alprazolam 2 MG	90
10	2/17/17	Methylphenidate HCL 20 MG	90
11	2/21/17	Oxycodone HCL 20 MG	90
12	2/24/17	Testosterone Cypionate (Powder)	2
13	2/24/17	Stanozolol Micronized	Powder
14	2/24/17	Oxandrolone	Powder
15	3/28/17	Compound	10
16	4/1/17	Alprazolam 2 MG	90
17	4/1/17	Methylphenidate HCL 20 MG	90
18	4/1/17	Oxycodone HCL 20 MG	120
19	4/7/17	Compound	30
20	5/4/17	Alprazolam 2 MG	90
21	5/4/17	Oxycodone HCL 20 MG	90
22	5/4/17	Methylphenidate HCL 20 MG	90
23	6/5/17	Alprazolam 2 MG	60
24	6/5/17	Oxycodone HCL 20 MG	120

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1 34. Respondent committed gross negligence in his care and treatment of Patient A, which
2 included, but was not limited to, the following:

- 3 (a) Respondent had inadequate medical record-keeping;
- 4 (b) Respondent did not properly provide testosterone replacement treatment;
- 5 (c) Respondent failed to properly prescribe opiates;
- 6 (d) Respondent failed to properly treat Patient A's sexually transmitted
7 infection(s);
- 8 (e) Respondent failed to properly diagnose and/or treat Patient A's purported
9 Attention Deficit Hyperactivity Disorder;
- 10 (f) Respondent failed to properly diagnose and/or treat Patient A's purported
11 Benign Prostatic Hypertrophy; and
- 12 (g) Respondent failed to properly prescribe anabolic steroids.

13 **Patient B**

14 35. Respondent provided care and treatment to Patient B from about October 2014 to
15 about July 2017.³¹ On or about October 14, 2014, Patient B presented to Respondent with a
16 complaint of left shoulder pain. Review of Systems noted decreased sleep, appetite, physical
17 activity, and concentration. Other than vital signs, Respondent failed to conduct and/or failed to
18 document having conducted a physical examination. Respondent failed to document Assessment
19 or Diagnosis. Respondent refilled Mixed Androgen and Growth Hormone Releasing Peptide³²
20 for "shoulder healing" and advised Patient B to continue "HRT [hormone replacement therapy]"
21 without documenting what this would involve.

22 36. On or about November 14, 2014, Patient B returned to Respondent for chronic left
23 shoulder pain. Review of systems noted that Patient B had irritability, was depressed, and had
24 decreased sleep, physical activity, and concentration. There is no mention of erectile dysfunction
25 or hair loss, or any questioning regarding history of drug use. Respondent failed to conduct

26 ³¹ This statement is based on available medical records.

27 ³² Growth Hormone Releasing Peptides (GHRP) constitute a group of synthetic peptides
28 that stimulate the growth hormone secretion.

1 and/or failed to document having conducted a physical examination. Respondent failed to order
2 and/or or review and/or failed to document having ordered and/or reviewed laboratory tests.
3 Respondent failed to document any assessment or diagnosis other than "ICD-9 code 719.41,"
4 which represents "pain in shoulder region." Respondent prescribed Cialis, Finasteride,³³ and
5 Percocet. Respondent failed to obtain and/or failed to document having obtained a written
6 informed consent regarding opiates. Thereafter, Respondent continued to prescribe Percocet
7 every month or every other month and the dosage was increased to 10 mg in May of 2015 due to
8 increased pain. In August of 2015, Respondent increased the amount of Percocet prescribed to
9 #120 per month and again to #160 per month as of March 4, 2016.

10 37. On or about January 5, 2015, Patient B presented to Respondent complaining of a
11 cough, congestion, fever, chills. Other than vital signs, Respondent failed to conduct and/or
12 failed to document having conducted a physical examination. The vital signs indicated a heart
13 rate of 68 and temperature of 101 degrees, Fahrenheit. Respondent diagnosed Patient B with
14 "Upper Respiratory Infection, most likely bacterial." Respondent gave Patient B an IV "Myer's
15 Cocktail,"³⁴ prescribed Robitussin AC,³⁵ Tessalon Peries,³⁶ Azithromycin #6 with 1 refill.
16 Respondent failed to conduct and/or failed to document having conducted a lung exam.
17 Respondent failed to order and/or failed to document having ordered x-rays.

18 38. On or about March 19, 2015, Patient B saw Respondent complaining of persistent
19 shoulder pain and "worsening ADHD that is affecting his work." Review of systems noted
20 depression, and decreased sleep, appetite, physical activity, and concentration. Respondent
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22 ³³ Finasteride is a medication that can be used to treat enlarged prostate (benign prostatic
hyperplasia).

23 ³⁴ Myers' cocktail refers to use of an intravenous vitamin and mineral formula for
24 treatment of a wide range of clinical conditions.

25 ³⁵ Robitussin AC (Guaifenesin and Codeine) is a combination medication used to
26 temporarily treat coughing and chest congestion symptoms caused by the common cold, flu or
other breathing illnesses.

27 ³⁶ Tessalon Peries is a medication used to treat coughs caused by the common cold and
28 other breathing problems.

1 diagnosed Patient B with ADHD and shoulder pain. Respondent prescribed Vyvanse³⁷ 20 mg
2 once a day, Adderall 30 mg, and refilled Percocet. Respondent did not administer an ADHD Self
3 Report Scale Symptoms Checklist.

4 39. On or about December 2, 2015, Respondent increased the prescription for Vyvanse
5 from 30 mg to 70 mg one per day and continued Adderall at 30 mg ½ to one pill every afternoon.
6 Respondent did not administer an ADHD Self Report Scale Symptoms Checklist.

7 40. On or about March 27, 2017, Respondent performed a urine toxicology screening,
8 which showed positive for oxycodone and marijuana. Respondent made a notation, "Patient not
9 taking Ativan and Adderall and Vyvanse which he takes at times. On Percocet for shoulder pain.
10 No diversion noted. Has Script for MJ." Respondent also noted, "[Patient B] told needs to
11 decrease Percocet use" but continued to prescribe Percocet at 10/325 #150 per month until July
12 2017.

13 Medical Record-Keeping

14 41. During the course of his care and treatment of Patient B, approximately from October
15 2014 through July 2017, Respondent used a pre-printed form for each visit which did not have a
16 section for physical examination other than vital signs. Patient B's birthdate or other identifier is
17 not included on the visit documentations. There is no section on the form for an assessment or
18 diagnosis. The Subjective Portion of the form was often scant, included little or no review of
19 systems or details about the presenting complaints other than what is pre-printed on the form.
20 There was no documentation of any labs ordered, lab results, phone calls with patient, or billing
21 records.

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28 ³⁷ Vyvanse is a medication used to treat ADHD.

1 Prescribing and Monitoring Steroid (Including Androgen) and Hormone Treatment

2 42. During the course of his care and treatment of Patient B, approximately from October
3 2014 through July 2017, Respondent prescribed Patient B "HRT [hormone replacement
4 therapy]." Patient B did not have diagnoses such as delayed puberty, failure to gain weight, or
5 aplastic anemia. Respondent failed to conduct physical examinations or order laboratory studies
6 to corroborate the diagnosis of any hormone deficiency. Respondent failed to adequately
7 investigate the underlying cause(s) of Respondent's purported low testosterone levels.
8 Respondent failed to adequately discuss and/or failed to document having discussed potential
9 adverse effects. Respondent failed to monitor and/or failed to document having monitored
10 Patient B for elevated hematocrit levels, kidney or liver damage, while Patient B was on these
11 medications.

12 Treatment of Shoulder Pain

13 43. During the course of his care and treatment of Patient B, approximately from October
14 2014 through July 2017, Respondent failed to make and/or failed to document having made a
15 definitive diagnosis of Patient B's shoulder pain, other than noting "ICD9 code" for "pain in the
16 shoulder region" on or about November 14, 2014. Respondent failed to conduct physical
17 examinations and/or failed to document having conducted physical examinations. Respondent
18 failed to coordinate care with other providers and/or failed to document having coordinated care
19 with other providers such as orthopedic surgeons. Respondent failed to order or review imaging
20 studies and/or request imaging studies from other providers. Respondent failed to refer and/or
21 failed to document having referred Patient B for physical therapy or other non-opiate
22 interventions.

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1 Prescribing and Monitoring of Opiates

2 44. During the course of his care and treatment of Patient B, approximately from October
3 2014 through July 2017, Respondent failed to adequately investigate the cause(s) of Patient B's
4 shoulder pain. For most of the treatment period, Patient B was on 50 mg of Oxycodone per day,
5 even though Patient B did not have any evidence of pathology necessitating this amount of
6 dosage. Respondent failed to adequately monitor CURES reports. Respondent failed to review
7 with Patient B and/or failed to document having reviewed with Patient B the risks of opiates.
8 Respondent administered only one urine drug screening on or about March 27, 2017, during the
9 time he treated Patient B. Respondent failed to perform and/or failed to document having
10 performed screening(s) for opiate addiction or dependence disorder even though Patient B had a
11 number of "red flags" for opiate addiction such as steadily increasing dosage and amount of
12 medications, being a young male with a history of depression, seeing multiple providers, and
13 using mind-altering substances such as marijuana and benzodiazepines. Respondent failed to ask
14 or failed to document having asked the patient about a family history related to addiction and
15 Patient B's drug or alcohol use. Respondent failed to adequately inform Patient B and/or failed to
16 document having adequately informed Patient B regarding the risks of concurrent usage of
17 opiates with marijuana or benzodiazepines.

18 Treatment of Insomnia

19 45. During the course of his care and treatment of Patient B, approximately from October
20 2014 through July 2017, Respondent prescribed Ativan and Ambien for Patient B's insomnia.
21 Respondent failed to obtain and/or failed to document having obtained a thorough history
22 regarding Patient B's sleep pattern and other factors which may affect his sleep such as stress,
23 caffeine intake, exercise, and work hours. Respondent did not adequately attempt to rule out
24 other underlying causes of insomnia such as presence of thyroid disease or depression.
25 Respondent did not adequately attempt first-line treatment options such as doxepin or TCAs (tri-
26 cyclic antidepressants) before prescribing controlled substances.

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1 Treatment of Upper Respiratory Infection

2 46. On or about January 5, 2015, Respondent prescribed antibiotic Azithromycin for five
3 days with 1 refill even though Patient B had no signs or symptoms indicating a bacterial infection.
4 Respondent failed to perform a lung examination and/or failed to document having performed a
5 lung examination. Respondent failed to order and/or failed to document having ordered x-rays.

6 Diagnosis and Treatment of Attention Deficit Hyperactivity Disorder (ADHD)

7 47. During the course of his care and treatment of Patient B, approximately from October
8 2014 through July 2017, Respondent failed to review and/or failed to document having reviewed
9 the DSM criteria regarding Patient B's ADHD. Respondent failed to ask and/or failed to
10 document having asked Patient B about how Patient B's ADHD symptoms affect his function,
11 how he was originally diagnosed or at what age. Respondent failed to obtain prior medical
12 records confirming Patient B's ADHD diagnosis. Respondent failed to rule out or failed to
13 document having ruled out other potential causes of Patient B's poor concentration such as
14 untreated depression, opiate use, and marijuana use.

15 48. Respondent prescribed the following controlled substances to Patient B:

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Date	Drug Name	Quantity
10/14/14	Dextroamph Sacc/Amph Asp / Dextroam S 30 MG	30
10/14/14	Oxycodone and Acetaminophen 325 MG / 10 MG	45
11/14/14	Oxycodone and Acetaminophen 325 MG / 10 MG	60
12/8/14	Progesterone (Powder)	0.5
12/8/14	Testosterone Cypionate (Powder)	0.5
12/18/14	Dextroamph Sacc/Amph Asp / Dextroam S 30 MG	60
12/18/14	Oxycodone and Acetaminophen 325 MG / 10 MG	60
2/2/15	Dextroamph Sacc/Amph Asp / Dextroam S 30 MG	60
2/9/15	Oxycodone and Acetaminophen 325 MG / 10 MG	60
3/20/15	Oxycodone HCL - Acetaminophen 325 MG / 10 MG	60

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3/20/15	Vyvanse 20 MG	30
5/1/15	Oxycodone HCL - Acetaminophen 325 MG / 10 MG	60
6/12/15	Lorazepam 1 MG	60
6/12/15	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	60
7/11/15	Lorazepam 1 MG	60
7/11/15	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	60
8/7/15	Lorazepam 1 MG	30
8/10/15	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	120
10/10/15	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	120
10/10/15	Vyvanse 20 MG	29
12/7/15	Amphetamine Salt Combo 30 MG	30
12/7/15	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	120
12/7/15	Vyvanse 70 MG	30
1/30/16	Amphetamine Salt Combo 30 MG	30
1/30/16	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	120
3/14/16	Lorazepam 1 MG	30
3/14/16	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	160
5/10/16	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	150
5/10/16	Zolpidem Tartrate 12.5 MG	30
7/27/16	Stanozolol Micronized	Powder
8/11/16	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	150
8/24/16	Stanozolol Micronized	Powder
9/14/16	Stanozolol Micronized	Powder
10/12/16	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	150
10/20/16	Stanozolol Micronized (Powder)	1
11/23/16	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	150
12/29/16	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	150

1	2/1/17	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	150
2	2/1/17	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	150
3	3/2/17	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	150
4	3/28/17	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	150
5	4/24/17	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	150
6	5/18/17	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	150
7	6/11/17	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	150
8	7/13/17	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	156

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11 49. Respondent committed gross negligence in his care and treatment of Patient B, which
12 included, but was not limited to, the following:

- 13 (a) Respondent had inadequate medical record-keeping;
14 (b) Respondent failed to properly provide steroid and hormone therapy;
15 (c) Respondent failed to properly treat Patient B's shoulder pain; and
16 (d) Respondent failed to properly prescribe opiates to Patient B.

17 **Patient C**

18 50. On or about May 19, 2015, Patient C presented to Respondent with a history of
19 chronic shoulder pain and Post Traumatic Stress Disorder (PTSD). Patient C completed the new
20 patient intake form, Androgen Deficiency in Aging Males (ADAM) Questionnaire, the Men's
21 Health Questionnaire, a testosterone therapy consent form, an ADHD Self-Report Scale
22 Symptoms checklist and Buprenorphine agreement. Patient C's noted main concerns were
23 "energy, stronger sex drive." Other than vital signs, Respondent failed to conduct and/or failed to
24 document having conducted a physical examination. Respondent failed to make and/or failed to
25 document having made any diagnoses or assessments. Respondent's stated plan was to initiate
26 Ativan nightly for insomnia, Finasteride for hair loss, Cialis daily for ED [erectile dysfunction]
27 and BPH (benign prostatic hypertrophy), begin Anastrozole, MAI3 [a combination steroid
28 product], GHRP [growth hormone releasing peptide], and HCG [human chorionic

gonadotropin],³⁸ and Flurbiprofen³⁹ topical cream for shoulder pain.

51. On or about June 15, 2015, Patient C returned to Respondent complaining of anxiety and insomnia. Respondent prescribed Xanax #30, 2 mg tablets, one at night for sleep. By September 2015, Respondent increased the Xanax prescription to 2 mg three times a day. On June 30, 2016 Patient C had worsening insomnia and Respondent decreased Xanax prescription from 3 to two tablets per day and added Ambien 10 mg for sleep. In August of 2016, Respondent stopped prescribing Xanax to Patient C and replaced it with Ativan 1mg one to two nightly, for insomnia. On or about September 26, 2016, Respondent resumed prescribing Xanax #90 to 120 tablets per prescription.

52. On or about June 20, 2015, Patient C returned to Respondent. Respondent noted, "Patient here for URI, will give Z-pack and continue MAI package [mixed androgen.]" Respondent prescribed Azithromycin 250 mg #6. Other than vital signs excluding temperature, Respondent failed to conduct and/or failed to document having conducted a physical examination. Respondent failed to order and/or failed to document having ordered x-rays or other tests.

53. On June 27, 2015, Patient C visited Respondent for left shoulder pain. The pain level noted was a 6 [out of ten], and Patient C reported decreased range of motion and that he was better with rest and medications and worse with movement. Patient C also reported a decrease in sleep, appetite, physical activity, patience, and concentration. Respondent performed a trigger point injection of the shoulder with Kenalog,⁴⁰ Lidocaine,⁴¹ and Marcaine.⁴² Respondent prescribed Percocet 10/325 one to two every six hours, as needed, for left shoulder pain. Respondent failed to counsel and/or failed to document having counseled Patient C regarding the risk of the medications. On or about October 30, 2015 Respondent increased the prescription for

³⁸ Human chorionic gonadotropin (HCG) is used to cause ovulation and to treat infertility in women and to increase sperm count in men.

³⁹ Flurbiprofen can be used to treat pain and arthritis.

⁴⁰ Kenalog injection can be used to reduce inflammation and pain.

⁴¹ Lidocaine injection is a local anesthetic that works by blocking nerve signals in your body.

⁴² Marcaine injection is a numbing medicine that can be used as a local anesthetic.

1 Percocet to two per day. In or around February 2016, Respondent increased prescription for
2 Percocet to # 90 per month noting, "pain worse." In September of 2016, Respondent increased
3 prescription for Percocet to # 120 per month without any documented reason(s). Respondent
4 failed to refer Patient C to any specialists and/or failed to document having referred Patient C to
5 any specialists. Respondent failed to order and/or failed to document having ordered imaging
6 studies of Patient C's left shoulder. Respondent failed to conduct any neurologic examination
7 assessing for strength or nerve impingement.

8 54. On or about July 13, 2015, Patient C returned to Respondent for acne on his back and
9 chest. Respondent prescribed Doxycycline⁴³ 100 mg twice a day, #60 with three refills. On or
10 about January 4, 2016, Respondent changed this prescription to Keflex⁴⁴ 500 mg twice a day #40
11 with 3 refills. Respondent advised Patient C to use salicylic acid wash and to use oral antibiotics
12 short-term. On or about September 26, 2016, Respondent refilled Keflex #40 with 3 refills.

13 55. On or about August 24, 2015, Patient C visited Respondent for "ADHD symptoms."
14 Other than vital signs, Respondent failed to conduct a physical examination and/or failed to
15 document having conducted a physical examination. Other than the ADHD Self-Report Scale
16 Symptoms checklist completed at the initial visit in May 2015, there were no other ADHD Self-
17 Report Scale Symptoms checklist. Respondent started Patient C on Adderall 20 mg ½ tablet
18 twice a day #30, and also gave a "Myer's Cocktail" and IV Hydration in the office. Respondent
19 advised Patient C to continue all of the hormones and steroids.

20 56. Respondent performed four urine toxicology screenings in his office on June 1, 2016,
21 April 12, 2017, December 4, 2017, and April 6, 2018. Respondent failed to adequately review
22 CURES reports.

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27 ⁴³ Doxycycline is a medication that can be used to treat and prevent infections.

28 ⁴⁴ Keflex is an antibiotic that can be used to treat infections.

1 Medical Record-Keeping

2 57. During the course of his care and treatment of Patient C, approximately from May 19,
3 2015 through April 6, 2018, Respondent used a pre-printed form for each visit which did not
4 include a section for physical examination, other than vital signs. There is no section for an
5 assessment or diagnosis. The Subject portion of the form is often scant and includes little or no
6 review of systems or details about the presenting complaints, other than what is pre-printed on the
7 form. Other than vital signs and one documented physical examination on or about April 6, 2018,
8 there are no documented physical examinations during the nearly three years of treatment
9 provided to Patient C. There were no phone calls documented, no billing records, CURES
10 reports, or consultations with other physicians. Some of the handwritten entries are illegible and
11 many are unsigned.

12 Prescribing and Monitoring Steroid (Including Androgen) and Hormone Treatments

13 58. During the course of his care and treatment of Patient C, approximately from May 19,
14 2015 through April 6, 2018, Respondent prescribed Patient C "HRT" [hormone replacement
15 therapy] without documenting what exactly is being prescribed and why. Patient C had no
16 documented diagnoses such as delayed puberty, failure to gain weight, or aplastic anemia.
17 Respondent failed to document how and whether physical examinations and/or laboratory studies,
18 if any, corroborate Patient C's purported diagnosis of hormone deficiency, if any. Respondent
19 failed to adequately investigate and/or failed to document having adequately investigated the
20 underlying cause(s) of Patient C's purported hormone deficiency. Respondent failed to monitor
21 and/or document having failed to monitor Patient C for elevated hematocrit levels, kidney or liver
22 damage while Patient C was on these medications. Respondent failed to obtain a written
23 informed consent, before initiating hormone replacement therapy with Patient C.

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1 Treatment of Shoulder Pain

2 59. During the course of his care and treatment of Patient C, approximately from May 19,
3 2015 through April 6, 2018, Respondent failed to make a definitive diagnosis regarding Patient
4 C's shoulder pain, other than noting on or about June 27, 2015, ICD 10 code 719.41 for "pain in
5 the left shoulder." Respondent had only one documented physical examination on or about April
6 6, 2018. Respondent failed to order imaging studies or request them from Patient C's other
7 providers. Although Respondent did recommend non-opiate treatment options such as ice, rest,
8 and heat, Respondent failed to refer Patient C for other treatment modalities such as steroid
9 injections or orthopedic evaluation.

10 Prescribing and Monitoring of Opiates

11 60. During the course of his care and treatment of Patient C, approximately from May 19,
12 2015 through April 6, 2018, Respondent began prescribing Percocet to Patient C in 2015 and
13 increased the amount from 10 mg #60 per month to #120 per month starting on or about
14 December 6, 2016, without clear indications other than noting, "increased pain." Respondent
15 failed to adequately investigate and/or failed to document having adequately investigated the
16 cause(s) for pain. Respondent failed to review CURES reports. Respondent failed to review
17 and/or failed to document having reviewed risks of opiates with Patient C. The urine drug
18 screening tests were not sent out to an outside laboratory for confirmation.

19 Prescribing Chronic Benzodiazepines

20 61. During the course of his care and treatment of Patient C, approximately from May 19,
21 2015 through April 6, 2018, Respondent prescribed Xanax to Patient C from on or about June 17,
22 2015 through April 6, 2018 and Ativan intermittently for "anxiety and insomnia." Respondent
23 failed to adequately consider other safer alternatives such as SSRIs⁴⁵ for anxiety or Doxepin⁴⁶ or
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25 ⁴⁵ Selective serotonin reuptake inhibitors (SSRIs) are a class of drugs that are typically
26 used as antidepressants in the treatment of major depressive disorder and anxiety disorders.

27 ⁴⁶ Doxepin is a medication used to treat mental/mood problems such as depression and
28 anxiety.

1 tricyclics⁴⁷ for insomnia. Respondent failed to advise and/or failed to document having advised
2 Patient C regarding the risks of overdose or addiction.

3 Treatment of Insomnia

4 62. During the course of his care and treatment of Patient C, approximately from May 19,
5 2015 through April 6, 2018, Respondent failed to obtain and/or failed to document having
6 obtained information regarding Patient C's sleep pattern and relevant factors such as stress,
7 caffeine intake, exercise, work shift. Respondent failed to adequately rule out and/or failed to
8 document having adequately rule out potential underlying causes of insomnia and depression.
9 Respondent failed to adequately attempt first-line treatment options such as Doxepin or tricyclics
10 before prescribing controlled substances.

11 Treatment of Upper Respiratory Infection

12 63. Respondent treated Patient C for "Upper Respiratory Infections" on or about June 20,
13 2015 and on or about May 17, 2017. Respondent failed to perform and/or failed to document
14 having performed any lung examinations. Respondent failed to order and/or failed to document
15 having ordered any x-rays. Patient C did not display any signs or symptoms suggesting a
16 bacterial infection and had no indication for antibiotics. At the subject interview conducted on
17 August 22, 2018, Respondent stated that he "treats appropriately with antibiotics."

18 Diagnosis and Treatment of Attention Deficit Hyperactivity Disorder (ADHD)

19 64. During the course of his care and treatment of Patient C, approximately from May 19,
20 2015 through April 6, 2018, Respondent failed to review and/or failed to document having
21 reviewed the DSM criteria regarding Patient C's ADHD. Respondent failed to ask and/or failed
22 to document having asked Patient C about how Patient C's ADHD symptoms affect his function,
23 how he was originally diagnosed or at what age. Respondent failed to rule out or failed to
24 document having ruled out other potential causes of Patient C's poor concentration such as
25 untreated depression, opiate use, and marijuana use. Respondent failed to discuss and/or failed to
26 document having discussed risks and benefits of medications and/or safer alternatives to the

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28 ⁴⁷ Tricyclic antidepressants (TCAs) are a class of medications that are used primarily as
antidepressants.

1 medications Respondent prescribed to Patient C for Patient C's purported ADHD. Respondent
2 did not adequately monitor and document side effects or efficacy of the medications he prescribed
3 for Patient C's purported ADHD.

4 Treatment of Anxiety

5 65. During the course of his care and treatment of Patient C, approximately from May 19,
6 2015 through April 6, 2018: Respondent prescribed benzodiazepines to Patient C, to be taken two
7 to three times per day for Patient C's anxiety symptoms. Respondent failed to adequately
8 investigate and/or failed to document having adequately investigated Patient's symptoms or rule
9 out underlying physical causes. Respondent failed to refer and/or failed to document having
10 referred Patient C to a mental health professional. Respondent failed to prescribe safer alternative
11 medications for treatment of anxiety such as SSRIs or Buspar.⁴⁸

12 Treatment of Acne

13 66. On or about July 13, 2015 and on or about January 4, 2016 Respondent treated
14 Patient C for acne. Respondent treated Patient C's acne with oral antibiotics Doxycycline and
15 Keflex and provided prescriptions with refills enough for at least twelve months. Respondent
16 failed to try safer topical medications before prescribing Doxycycline and Keflex. Respondent
17 failed to recommend and/or failed to document having recommended Patient C to use
18 Doxycycline and Keflex with Benzoyl Peroxide.⁴⁹ Respondent failed to adequately consider
19 whether Patient C's acne was an adverse effect of the excess testosterone Respondent prescribed
20 and if so, altering the testosterone dose accordingly.

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27 ⁴⁸ Buspar is a medication that can be used to treat anxiety.

28 ⁴⁹ Benzoyl Peroxide is a medication that can be used to treat acne and other skin conditions.

Diagnosis and Treatment of Benign Prostatic Hypertrophy (BPH)

67. During the course of his care and treatment of Patient C, approximately from May 19, 2015 through April 6, 2018, Respondent failed to conduct and/or failed to document having conducted a physical examination to confirm the existences of an enlarged prostate and to rule out other causes that may result in symptoms similar to BPH such as prostate cancer, anal lesions, and prostate infections. Respondent failed to question and/or failed to document having questioned Patient C regarding specific symptoms related to the prostate such as changes with urination. Respondent failed to order Prostate Specific Antigen (PSA) blood test to rule out prostate cancer. Respondent failed to perform and/or failed to document having performed a prostate exam to confirm the prostate enlargement, which is the basis for the diagnosis of Benign Prostatic Hypertrophy. Respondent failed to conduct and/or failed to document having conducted a thorough endocrine evaluation to rule out potential malignancies.

68. Respondent prescribed the following controlled substances to Patient C:

Date	Drug Name	Quantity
5/19/15	Lorazepam 1 MG	30
6/17/15	Alprazolam 2 MG	30
6/27/15	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	45
7/10/15	Compound	2
7/10/15	Compound	2
7/10/15	Hydroxocobalamin HCL Powder	0.5
7/30/15	Alprazolam 2 MG	30
8/15/15	Compound	2
8/15/15	Compound	2
8/15/15	Hydroxocobalamin HCL Powder	0.5
8/27/15	Ampehtamine Salt combo 20 MG	30
9/24/15	Alprazolam 2 MG	60

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10/2/15	Nandrolone Decanoate Powder	1
10/2/15	Stanozolol Micronized Powder	0.5
10/2/15	Testosterone Cypionate Powder	2.06
11/5/15	Alprazolam 2 MG	90
11/5/15	Amphetamine Salt Combo 20 MG	30
11/5/15	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	60
11/20/15	Testosterone Cypionate Powder	2.06
12/16/15	Alprazolam 2 MG	60
12/16/15	Amphetamine Salt Combo 20 MG	60
12/16/15	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	60
12/16/15	Stanozolol Micronized Powder	0.5
2/14/16	Endocet 325 MG / 10 MG	90
2/18/16	Stanozolol Micronized Powder	0.25
3/3/16	Testosterone Cypionate Powder	2.06
3/11/16	Alprazolam 2 MG	90
3/11/16	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	90
4/1/16	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	90
4/1/16	Alprazolam 2 MG	60
4/1/16	Alprazolam 2 MG	60
4/1/16	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	90
4/28/16	Testosterone Cypionate Powder	2
4/28/16	Compound	2
4/28/16	Stanozolol Micronized	Powder
5/1/16	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	90
5/1/16	Alprazolam 2 MG	60
5/1/16	Dextroamph Sacc – Amph Asp – Dextroam S 20 MG	60
5/16/16	Compound	2

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6/1/16	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	90
6/1/16	Alprazolam 2 MG	90
6/1/16	Alprazolam 2 MG	90
6/1/16	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	90
6/1/16	Phentermine HCL 37.5 MG	90
6/30/16	Alprazolam 2 MG	60
6/30/16	Vyvanse 70 MG	30
6/30/16	Zolpidem Tartrate 10 MG	20
6/30/16	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	90
7/12/16	Testosterone Powder	2
7/27/16	Nandrolone Decanoate Powder	2
8/26/16	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	90
8/26/16	Lorazepam 1 MG	60
9/14/16	Compound	10
9/27/16	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	90
9/27/16	Alprazolam 2 MG	120
10/20/16	Nandrolone Decanoate Powder	2
11/7/16	Testosterone Cypionate Powder	2
11/8/16	Alprazolam 2 MG	90
11/8/16	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	90
11/8/16	Vyvanse 70 MG	30
11/23/16	Compound	1
12/6/16	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	120
12/6/16	Alprazolam 2 MG	90
12/16/16	Stanozolol Micronized	Powder
1/11/17	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	120
1/11/17	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	120

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1/11/17	Dextroamph Sacc – Amph Asp – Dextroam S 30 MG	60
1/11/17	Dextroamph Sacc – Amph Asp – Dextroam S 30 MG	60
1/26/17	Alprazolam 2 MG	90
1/26/17	Alprazolam 2 MG	90
3/6/17	Dextroamph Sacc – Amph Asp – Dextroam S 20 MG	60
3/6/17	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	120
3/6/17	Dextroamph Sacc – Amph Asp – Dextroam S 20 MG	60
3/6/17	Alprazolam 2 MG	60
3/6/17	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	120
3/6/17	Alprazolam 2 MG	60
3/9/17	Compound	1
4/12/17	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	120
4/12/17	Alprazolam 2 MG	60
4/12/17	Dextroamph Sacc – Amph Asp – Dextroam S 30 MG	60
4/12/17	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	120
4/12/17	Alprazolam 2 MG	60
4/12/17	Dextroamph Sacc – Amph Asp – Dextroam S 30 MG	60
5/11/17	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	120
5/11/17	Alprazolam 2 MG 60	60
5/11/17	Amphetamine Salt Combo 30 MG	60
6/10/17	Alprazolam 2 MG	60
6/10/17	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	120
6/10/17	Amphetamine Salt Combo 30 MG	60
6/15/17	Compound	1
7/20/17	Alprazolam 2 MG	60
7/20/17	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	120
7/20/17	Amphetamine Salt Combo 30 MG	60

9/28/17	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	120
2/1/18	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	120
4/6/18	Alprazolam 2 MG	60

69. Respondent committed gross negligence in his care and treatment of Patient C, which included, but was not limited to, the following:

- (a) Respondent had inadequate medical record-keeping;
- (b) Respondent failed to properly provide adequate steroid and hormone therapy;
- (c) Respondent failed to properly treat Patient C's shoulder pain;
- (d) Respondent failed to properly prescribe opiates to Patient C; and
- (d) Respondent failed to properly diagnose and/or treat Patient C's purported

Benign Prostatic Hypertrophy.

Patient D

70. On or about December 7, 2014, Patient D presented to Respondent complaining of abdomen and sinus pain, congestion, and headache. Patient D had a history of an MRSA⁵⁰ sinus infection and polycystic ovarian syndrome (PCOS).⁵¹ Patient D also reported feeling nausea, sad and irritable, having a poor concentration, and a decreased appetite, sleep, and activity. Other than vital signs, Respondent failed to conduct and/or failed to document having conducted a physical examination. Respondent failed to conduct and/or failed to document having conducted a pelvic examination. Respondent failed to document the information contained in the 500 pages of Patient D's prior medical records Respondent allegedly reviewed. Respondent diagnosed Patient D with polycystic ovarian syndrome (PCOS) and prescribed Patient D Percocet 5/325 mg ½ to 1 tablet every six hours as needed for abdominal pain. Respondent also prescribed Norco 10/325 one to two tablets every six hours as needed for "PCOS." Respondent advised Patient D to alternate between the two medications for pain relief. Respondent failed to adequately review

⁵⁰ Methicillin-resistant Staphylococcus aureus (MRSA) is a bacterium that causes infections in different parts of the body.

⁵¹ Polycystic ovarian syndrome (PCOS) is a common health problem caused by an imbalance of reproductive hormones.

1 CURES reports. Respondent failed to execute a Controlled Substance Agreement.

2 71. Patient D returned to Respondent on or about February 24, 2015 for cough, fever, and
3 chills. A temperature was not recorded in the medical records. The only physical examination
4 noted was decreased breath sounds and rales⁵² in the bilateral lung fields. Respondent diagnosed
5 Patient D with "Bronchitis"⁵³ and prescribed "moxi or levofloxacin"⁵⁴ for 5 to 10 days and
6 advised her to return as needed.

7 72. On or about May 12 and 13, 2015, Patient D visited Respondent complaining of ear
8 and facial pain, menstrual cramps, headache, and nausea. Respondent failed to conduct and/or
9 failed to document having conducted a physical examination. Respondent failed to document any
10 assessments or diagnoses. Respondent prescribed Zofran for nausea and advised Patient D to
11 return as needed. Respondent failed to order or review and/or failed to document having ordered
12 and reviewed any laboratory studies.

13 73. On or about May 17, 2015, Patient D returned to Respondent. No chief complaint
14 was documented. Other than vital signs, Respondent failed to conduct and/or failed to document
15 having conducted a physical examination. Respondent failed to document any assessments or
16 diagnoses. Respondent prescribed Xanax 0.5 mg every eight hours as needed for "cramps" and
17 the ICD9 code for polycystic ovarian syndrome.

18 74. On or about June 16, 2015, Respondent noted that Patient D was being treated by an
19 ear, nose, and throat specialist. Respondent prescribed Vicoprofen⁵⁵ 7.5/200 every six hours as
20 needed for PCOS, and Norco⁵⁶ 10/325 #60 for PCSO.

21 ⁵² Rale refers to an abnormal rattling sound heard when examining unhealthy lungs with a
22 stethoscope.

23 ⁵³ Bronchitis is an inflammation of the bronchial tubes, the airways that carry air to your
24 lungs.

25 ⁵⁴ Levofloxacin is an antibiotic that can be used to treat infections.

26 ⁵⁵ Vicoprofen is a pain reliever and nonsteroidal anti-inflammatory drug that can be used
27 to treat pain.

28 ⁵⁶ Hydrocodone APAP (Vicodin®, Lortab® and Norco®) is a hydrocodone combination
of hydrocodone bitartrate and acetaminophen which was formerly a Schedule III controlled
substance pursuant to Health and Safety Code section 11056, subdivision (e), and a dangerous

1 75. Respondent continued to treat Patient D regularly until approximately December 12,
2 2016. Respondent continued to prescribe Percocet, Vicoprofen, and Norco for Patient D's
3 polycystic ovarian syndrome. Respondent typically prescribed two narcotics at a time and
4 advised Patient D to alternate between the two. Respondent continued to prescribe Xanax at 2 mg
5 #90 per month. Respondent failed to coordinate care with Patient D's mental health provider(s).

6 76. On or about October 13, 2016 and December 12, 2016 Respondent performed two
7 urine toxicology screenings at his office, both of which were positive for Xanax, oxycodone,
8 opiates, and marijuana.

9 Medical Record-Keeping

10 77. During the course of his care and treatment of Patient D, approximately from
11 December 7, 2014 through December 12, 2016, Respondent used a pre-printed form for each visit
12 which did not include a section for physical examination, other than vital signs. There is no
13 section on the forms for an assessment or diagnosis. The Subject portion of the form is often
14 scant and includes little or no review of systems or details about the presenting complaints, other
15 than what is pre-printed on the form. Other than vital signs, there are no documented physical
16 examinations. There were no phone calls documented, no billing records, CURES reports, or
17 consultations with other physicians. Some of the handwritten entries are illegible. Many of the
18 entries are repeated verbatim from visit to visit.

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22 drug pursuant to Business and Professions Code section 4022. On August 22, 2014, the DEA
23 published a final rule rescheduling hydrocodone combination products (HCPs) to schedule II of
24 the Controlled Substances Act, which became effective October 6, 2014. Schedule II controlled
25 substances are substances that have a currently accepted medical use in the United States, but also
26 have a high potential for abuse, and the abuse of which may lead to severe psychological or
27 physical dependence. When properly prescribed and indicated, it is used for the treatment of
28 moderate to severe pain. In addition to the potential for psychological and physical dependence
there is also the risk of acute liver failure which has resulted in a black box warning being issued
by the Federal Drug Administration (FDA). The FDA black box warning provides that
"Acetaminophen has been associated with cases of acute liver failure, at times resulting in liver
transplant and death. Most of the cases of liver injury are associated with use of the
acetaminophen at doses that exceed 4000 milligrams per day, and often involve more than one
acetaminophen containing product."

1 Treatment of Polycystic Ovarian Syndrome (PCOS)

2 78. During the course of his care and treatment of Patient D, approximately from
3 December 7, 2014 through December 12, 2016, Respondent failed to order and/or review and/or
4 failed to document having ordered and reviewed laboratory tests, or ultrasound(s) to confirm the
5 diagnosis of PCOS. Respondent failed to adequately address potentially significant
6 complications of PCOS such as diabetes and endometrial cancer.⁵⁷ The medical records do not
7 mention any complaints or evidence of hirsutism (male type hair growth), acne, infertility, or
8 patient's menses. Respondent failed to fully evaluate Patient D's symptoms. Respondent failed
9 to perform any pelvic examinations. Respondent prescribed narcotic medications even though
10 they were not indicated for Patient D.

11 Prescribing and Monitoring of Opiates

12 79. During the course of his care and treatment of Patient D, approximately from
13 December 7, 2014 through December 12, 2016, Respondent began prescribing Percocet and
14 Norco in 2014 and increased the dose over time to 180 per month, starting on or about August 2,
15 2016 (Percocet) and starting on or about June 3, 2016 (Norco). Respondent also prescribed
16 Vicoprofen and Oxycodone often in combination with Norco and/or Percocet. Respondent failed
17 to document why Patient D was prescribed two short-acting opiates. Respondent failed to
18 adequately determine and/or failed to document having adequately determined the diagnosis of
19 the abdominal pain or the elbow pain. Respondent failed to try safer alternatives such as
20 NSAIDs⁵⁸, physical therapy for the elbow, hormonal manipulation for the PCOS, before initiating
21 opiate treatment. Respondent failed to adequately review CUREs reports. Respondent failed to
22 discuss and/or failed to document having discussed the risks of opiates with Patient D.
23 Respondent did not have a controlled substances agreement with Patient D. Respondent failed to
24 screen and/or failed to document having screened Patient D for opiate dependence. Respondent
25 failed to advise and/or failed to document having advised Patient D of the risks of concurrent
26 usage of opiates with marijuana or benzodiazepines.

27 ⁵⁷ Endometrial cancer is a type of cancer that begins in the lining of the womb (uterus).

28 ⁵⁸ Nonsteroidal anti-inflammatory drugs, or NSAIDs can be used to reduce pain.

1 Prescribing of Chronic Benzodiazepines

2 80. During the course of his care and treatment of Patient D, approximately from
3 December 7, 2014 through December 12, 2016, Respondent prescribed Xanax to Patient D for
4 "cramps" initially, then later for "anxiety." Respondent failed to consider and/or prescribe safer
5 alternatives such as SSRIs for anxiety or NSAIDs or hormonal manipulation for cramps.
6 Respondent failed to advise and/or failed to document having advised Patient D of the risks of
7 overdose or addiction. Respondent failed to adequately review CURES reports.

8 Treatment of Anxiety

9 81. During the course of his care and treatment of Patient D, approximately from
10 December 7, 2014 through December 12, 2016, Respondent failed to adequately investigate
11 Patient D's anxiety symptoms. Respondent failed to prescribe safer alternatives to Xanax such as
12 SSRI's or Buspar. Respondent failed to follow up on whether Patient D was following
13 Respondent's purported recommendation to see a counselor.

14 Prescribing Fluconazole⁵⁹

15 82. Respondent prescribed 46 pills of Fluconazole to Patient D between March 2015 and
16 June 2016. Respondent failed to conduct and/or failed to document having conducted any
17 physical examinations or pelvic examinations. There is no documentation of Patient D
18 complaining of vaginal symptoms indicative of vaginal yeast infection(s). Respondent did not
19 make an appropriate diagnosis of vaginal yeast infection(s), if any. Respondent failed to confirm
20 diagnosis of vaginal yeast infections, if any. Respondent failed to inform and/or failed to
21 document having informed Patient D of possible complications that may be caused by the fact
22 that Patient D is taking Fluconazole along with large quantities of acetaminophen (contained in
23 Percocet and Norco). Respondent failed to evaluate and/or failed to document having evaluated
24 Patient D's liver function.

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28 ⁵⁹ Fluconazole is an antifungal that can be used to treat and prevent fungal infections.

83. Respondent prescribed the following medications to Patient D:

Date	Drug Name	Quantity
12/10/14	Acetaminophen – Hydrocodone Bitartrat 325 MG / 10 MG	60
12/10/14	Oxycodone and Acetaminophen 325 MG / 5 MG	5
1/10/15	Hydrocodone Bitartrate – Ibuprofen 7.5 MG - 200 MG	60
1/10/15	Oxycodone and Acetaminophen 325 MG / 5 MG	60
2/10/15	Alprazolam 0.5 MG	20
2/10/15	Hydrocodone Bitartrate-Ibuprofen 7.5 MG / 200 MG	60
2/24/15	Hydrocodone Bitartrate-Ibuprofen 7.5 MG / 200 MG	60
2/24/15	Oxycodone and Acetaminophen 325 MG / 5 MG	60
3/23/15	Acetaminophen – Hydrocodone Bitartrate 325 MG / 10 MG	60
3/23/15	Alprazolam 0.5 MG	20
3/23/15	Hydrocodone Bitartrate-Ibuprofen 7.5 MG / 200 MG	90
5/12/15	Acetaminophen – Hydrocodone Bitartrate 325 MG / 10 MG	60
5/12/15	Hydrocodone Bitartrate-Ibuprofen 7.5 MG / 200 MG	120
5/18/15	Alprazolam 0.5 MG	20
7/21/15	Acetaminophen – Hydrocodone Bitartrate 325 MG / 10 MG	60
7/21/15	Hydrocodone Bitartrate-Ibuprofen 7.5 MG / 200 MG	120
8/20/15	Acetaminophen – Hydrocodone Bitartrate 325 MG / 10 MG	60
8/26/15	Hydrocodone Bitartrate-Ibuprofen 7.5 MG / 200 MG	120
9/24/15	Hydrocodone Bitartrate – Acetaminophen 3	60
9/26/15	Hydrocodone Bitartrate-Ibuprofen 7.5 MG / 200 MG	120
10/2/15	Alprazolam 0.5 MG	30
10/23/15	Hydrocodone Bitartrate – Acetaminophen 325 MG / 10 MG	60
10/28/15	Alprazolam 0.5 MG	30
10/30/15	Hydrocodone Bitartrate-Ibuprofen 7.5 MG / 200 MG	120

1	11/13/15	Alprazolam 0.5 MG	30
2	11/13/15	Hydrocodone Bitartrate – Acetaminophen 325 MG / 10 MG	60
3	11/24/15	Hydrocodone Bitartrate-Ibuprofen 7.5 MG / 200 MG	120
4	12/10/15	Alprazolam 1 MG	60
5	12/10/15	Hydrocodone Bitartrate- Acetaminophen 325 MG / 10 MG	90
6	12/28/15	Hydrocodone Bitartrate- Acetaminophen 325 MG / 10 MG	90
7	12/28/15	Hydrocodone Bitartrate-Ibuprofen 7.5 MG / 200 MG	120
8	1/10/16	Alprazolam 1 MG	60
9	1/28/16	Hydrocodone Bitartrate- Acetaminophen 325 MG / 10 MG	90
10	1/28/16	Hydrocodone Bitartrate-Ibuprofen 7.5 MG / 200 MG	120
11	2/21/16	Hydrocodone Bitartrate- Acetaminophen 325 MG / 10 MG	120
12	2/24/16	Alprazolam 1 MG	60
13	2/25/16	Hydrocodone Bitartrate-Ibuprofen 7.5 MG / 200 MG	120
14	3/17/16	Hydrocodone Bitartrate- Acetaminophen 325 MG / 10 MG	120
15	3/22/16	Alprazolam 1 MG	60
16	3/22/16	Hydrocodone Bitartrate-Ibuprofen 7.5 MG / 200 MG	120
17	4/14/16	Hydrocodone Bitartrate- Acetaminophen 325 MG / 10 MG	120
18	4/14/16	Hydrocodone Bitartrate-Ibuprofen 7.5 MG / 200 MG	120
19	4/14/16	Acetaminophen – Hydrocodone Bitartrate 325 MG / 10 MG	120
20	5/11/16	Alprazolam 1 MG	30
21	5/11/16	Hydrocodone Bitartrate- Acetaminophen 325 MG / 10 MG	120
22	5/11/16	Hydrocodone Bitartrate-Ibuprofen 7.5 MG / 200 MG	120
23	6/3/16	Alprazolam 1 MG	60
24	6/3/16	Hydrocodone Bitartrate- Acetaminophen 325 MG / 10 MG	180
25	6/24/16	Hydrocodone Bitartrate- Acetaminophen 325 MG / 10 MG	180
26	7/18/16	Alprazolam 1 MG	60
27	7/18/16	Acetaminophen – Hydrocodone Bitartrate 325 MG / 10 MG	120
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8/2/16	Acetaminophen – Hydrocodone Bitartrate 325 MG / 10 MG	240
10/10/16	Oxycodone HCL 20 MG	90
10/10/16	Hydrocodone Bitartrate- Acetaminophen 325 MG / 10 MG	180
10/13/16	Alprazolam 0.5 MG	60
10/26/16	Alprazolam 1 MG	90
10/26/16	Hydrocodone Bitartrate- Acetaminophen 325 MG / 10 MG	180
10/26/16	Oxycodone HCL 20 MG	60
12/12/16	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	180
12/12/16	Alprazolam 2 MG	90
1/3/17	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	180
1/8/17	Alprazolam 2 MG	90
2/3/17	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	180
2/7/17	Alprazolam 2 MG	90
2/28/17	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	180
3/21/17	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	180
3/21/17	Alprazolam 2 MG	90
4/18/17	Alprazolam 2 MG	3
4/18/17	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	12
4/19/17	Alprazolam 2 MG	28
4/19/17	Oxycodone HCL – Acetaminophen 325 MG / 10 MG	84

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1 84. Respondent committed gross negligence in his care and treatment of Patient D,
2 which included, but was not limited to, the following:

- 3 (a) Respondent had inadequate medical record-keeping;
4 (b) Respondent did not properly diagnose and/or treat Patient D's polycystic
5 ovarian syndrome;
6 (c) Respondent failed to properly prescribe opiates to Patient D;
7 (d) Respondent failed to properly prescribe benzodiazepines to Patient D; and
8 (e) Respondent failed to properly prescribe Fluconazole to Patient D.

9 **Patient E**

10 85. Respondent treated Patient E between about October 2014 until June 23, 2016, during
11 the time Patient E was married to Respondent. Patient E was treated for hypothyroidism,⁶⁰
12 Attention Deficit Hyperactivity Disorder, hypogonadism (low testosterone), anxiety, insomnia,
13 and depression. Respondent prescribed Patient E antibiotics, Levothyroxine,⁶¹ Finasteride,⁶²
14 Growth hormone releasing peptide,⁶³ Human chorionic gonadotropin,⁶⁴ Albuterol,⁶⁵ Edex,⁶⁶
15 Anastrozole, Qnasal,⁶⁷ Wellbutrin, Linzess,⁶⁸ topical analgesic creams, Vyvanse, Adderall,
16 Oxycontin, Xanax, Ketamine powder and mixed androgens/testosterone. Respondent failed to
17 provide an official termination of physician-patient relationship to Patient E when Respondent
18 stopped treating Patient E on or about June 23, 2016.

19 ⁶⁰ Hypothyroidism is an underactive thyroid gland.

20 ⁶¹ Levothyroxine is a medication that can be used to treat hypothyroidism.

21 ⁶² Finasteride is a medication that can be used to treat enlarged prostate.

22 ⁶³ Growth hormone releasing peptide stimulates the body's secretion of growth hormone
23 (GH).

24 ⁶⁴ Human chorionic gonadotropin (HCG) is used to cause ovulation and to treat infertility
in women and to increase sperm count in men.

25 ⁶⁵ Albuterol is a medication that can be used for treatment of asthma symptoms.

26 ⁶⁶ Edex is a medication that can be used to treat impotence.

27 ⁶⁷ Qnasl is a medication used to treat allergy symptoms.

28 ⁶⁸ Linzess is a medication that is used to treat certain type of bowel problems.

1 86. Respondent prescribed the following controlled substances to Patient E:
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3	Date	Drug Name	Quantity
4	8/9/14	Alprazolam 2 MG	60
5	8/9/14	Vyvanse 70 MG	30
6	8/16/14	Oxycodone and Acetaminophen 325 MG / 10 MG	60
7	8/20/14	Compound	1
8	8/20/14	Compound	1
9	8/20/14	Hydroxocobalamin HCL Powder	0.5
10	9/7/14	Alprazolam 2 MG	30
11	9/7/14	Dextroamph Sacc / Amph Asp / Dextroam S 30 MG	60
12	9/7/14	Vyvanse 30 MG	30
13	9/7/14	Vyvanse 70 MG	30
14	10/10/14	Compound	1
15	10/10/14	Compound	1
16	10/10/14	Hydroxocobalamin HCL Powder	0.5
17	11/17/14	Alprazolam 2 MG	60
18	12/2/14	Progesterone Powder	0.5
19	12/2/14	Testosterone Cypionate Powder	0.5
20	12/7/14	Alprazolam 2 MG	60
21	2/9/15	Alprazolam 2 MG	90
22	2/20/15	Dextroamph Sacc / Amph Asp / Dextroam S 30 MG	30
23	2/20/15	Vyvanse 30 MG	30
24	2/24/15	Ketamine HCL Powder	12
25	2/25/15	Compound	5
26	2/25/15	Nandrolone Decanoate Powder	1
27	2/25/15	Testosterone Cypionate Powder	1.03
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1	3/31/15	Ketamine HCL Powder	12
2	4/12/15	Amphetamine Salt Combo 30 MG	60
3	4/12/15	Oxycodone HCL 30 MG	90
4	4/13/15	Alprazolam 2 MG	90
5	5/28/15	Ketamine HCL Powder	12
6	6/23/15	Ketamine HCL Powder	12
7	7/13/15	Dextroamph Sacc / Amph Asp / Dextroam S 30 MG	60
8	7/21/15	Ketamine HCL Powder	12
9	8/6/15	Oxycodone HCL 20 MG	60
10	12/24/15	Dextroamph Sacc / Amph Asp / Dextroam S 30 MG	30
11	3/8/16	Alprazolam 2 MG	90
12	3/8/16	Dextroamph Sacc / Amph Asp / Dextroam S 30 MG	30
13	3/8/16	Vyvanse 70 MG	30
14	5/17/16	Compound	2

17 87. Respondent committed gross negligence in his care and treatment of Patient E, which
18 included, but was not limited to, the following:

19 (a) Respondent inappropriately treated a family member by treating chronic, non-
20 acute and/or non-emergency medical conditions, on a repeated basis, and/or prescribing
21 controlled substances, and/or treating mental health condition(s).

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Patient C

91. Paragraphs 50 through 69, above, are hereby incorporated by reference and realleged as if fully set forth herein;

- (a) Respondent did not properly prescribe benzodiazepines to Patient C;
- (b) Respondent did not properly treat Patient C's insomnia;
- (c) Respondent did not properly treat Patient C's upper respiratory infection;
- (d) Respondent did not properly diagnose and/or treat Patient C's purported Attention Deficit Hyperactivity Disorder; and
- (e) Respondent did not properly treat Patient C's anxiety.

Patient D

92. Paragraphs 70 through 84, above, are hereby incorporated by reference and realleged as if fully set forth herein;

- (a) Respondent did not properly treat Patient D's anxiety.

Patient E

93. Paragraphs 85 through 87, above, are hereby incorporated by reference and realleged as if fully set forth herein;

- (a) Respondent inappropriately treated a family member by treating chronic, non-acute and/or non-emergency medical conditions, on a repeated basis, and/or prescribing controlled substances, and/or treating mental health conditions.

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1 **THIRD CAUSE FOR DISCIPLINE**

2 **(Incompetence)**

3 94. Respondent has further subjected his Physician's and Surgeon's Certificate No.
4 A 100304 to disciplinary action under sections 2227 and 2234, as defined by section 2234,
5 subdivision (d), of the Code, in that he was incompetent in his care and treatment of Patients A,
6 B, C, and D, as more particularly alleged hereinafter:

7 **Patient A**

8 95. Paragraphs 9 through 34 above, are incorporated by reference and realleged as if fully
9 set forth herein.

10 96. Respondent was incompetent, in his care and treatment of patient A, including, but
11 not limited to, the following:

12 (a) Respondent displayed a lack of knowledge in his care and treatment of Patient
13 A's Sexually Transmitted Infection(s).

14 **Patient B**

15 97. Paragraphs 35 through 49 above, are incorporated by reference and realleged as if
16 fully set forth herein.

17 98. Respondent was incompetent, in his care and treatment of Patient B, including, but
18 not limited to, the following:

19 (a) Respondent displayed a lack of knowledge regarding opiate monitoring, dependence,
20 and inherent risks of opiates; and

21 (b) Respondent displayed a lack of knowledge in his care and treatment of Patient B's
22 upper respiratory infection.

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1 **Patient C**

2 99. Paragraphs 50 through 69 above, are incorporated by reference and realleged as if
3 fully set forth herein.

4 100. Respondent was incompetent, in his care and treatment of Patient C, including, but
5 not limited to, the following:

6 (a) Respondent displayed a lack of knowledge regarding opiate monitoring, dependence,
7 and inherent risks of opiates;

8 (b) Respondent displayed a lack of knowledge in his care and treatment of Patient C's
9 upper respiratory infection;

10 (c) Respondent displayed a lack of knowledge in his care and treatment of Patient C's
11 anxiety; and

12 (d) Respondent displayed a lack of knowledge in his care and treatment of Patient C's
13 acne.

14 **Patient D**

15 101. Paragraphs 70 through 84 above, are incorporated by reference and realleged as if
16 fully set forth herein.

17 102. Respondent was incompetent, in his care and treatment of Patient D, including, but
18 not limited to, the following:

19 (a) Respondent displayed a lack of knowledge in his care and treatment of Patient D's
20 polycystic ovarian syndrome; and

21 (b) Respondent displayed a lack of knowledge regarding opiate monitoring, dependence,
22 and inherent risks of opiates.

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1 **FOURTH CAUSE FOR DISCIPLINE**

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

3 103. Respondent has further subjected his Physician's and Surgeon's Certificate No.
4 A 100304 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the
5 Code, in that Respondent failed to maintain adequate and accurate records regarding his care and
6 treatment of Patient A, B, C, D, and E, as more particularly alleged in paragraphs 9 through 87,
7 above, which are hereby incorporated by reference and realleged as if fully set forth herein.

8 **FIFTH CAUSE FOR DISCIPLINE**

9 **(Self-Prescription of Controlled Substance)**

10 104. Respondent has further subjected his Physician's and Surgeon's Certificate No.
11 A 100304 to disciplinary action under sections 2227, 2234, and 2238, as defined by 2239,
12 subdivision (a), of the Code, and under Health and Safety Code section 11170 in that he
13 prescribed a controlled substance to himself, as more particularly alleged hereinafter:

14 105. On or about September 14, 2016, Respondent prescribed Ketamine⁶⁹ to himself.

15 106. On or about August 29, 2016, Respondent prescribed Stanozolol⁷⁰ to himself.

16 107. On or about July 27, 2016, Respondent prescribed Ketamine to himself.

17 108. On or about July 27, 2016, Respondent prescribed Stanozolol to himself.

18 109. On or about May 4, 2016, Respondent prescribed Ketamine to himself.

19 110. On or about April 28, 2016, Respondent prescribed Stanozolol to himself.

20 111. On or about December 22, 2015, Respondent prescribed Stanozolol to himself.

21 112. On or about February 25, 2015, Respondent prescribed Testosterone Cypionate⁷¹ to
22 himself.

23 ⁶⁹ Ketamine is a schedule III controlled substance pursuant to Health and Safety Code section
24 11056, subdivision (g), and a dangerous drug pursuant to Business and Professions Code section 4022.

25 ⁷⁰ Stanozolol is a Schedule III controlled substance pursuant to Health and Safety Code
26 section 11056, subdivision (f), and a dangerous drug pursuant to Business and Professions Code
section 4022.

27 ⁷¹ Testosterone is a Schedule III controlled substance pursuant to Health and Safety Code
28 section 11056, subdivision (f), and a dangerous drug pursuant to Business and Professions Code
section 4022.

1 113. On or about February 25, 2015, Respondent prescribed Nandrolone decanoate⁷² to
2 himself.

3 114. On or about December 31, 2014, Respondent prescribed Ketamine to himself.

4 **SIXTH CAUSE FOR DISCIPLINE**

5 **(General Unprofessional Conduct)**

6 115. Respondent has further subjected his Physician's and Surgeon's Certificate No. A
7 100304 to disciplinary action under sections 2227 and 2234 of the Code, in that he has engaged in
8 conduct which breaches the rules or ethical code of the medical profession, or conduct which is
9 unbecoming to a member in good standing of the medical profession, and which demonstrates an
10 unfitness to practice medicine, as more particularly alleged in paragraphs 9 through 114, above,
11 which are hereby incorporated by reference as if fully set forth herein.

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26 ⁷² Nandrolone is a Schedule III controlled substance pursuant to Health and Safety Code
27 section 11056, subdivision (f), and a dangerous drug pursuant to Business and Professions Code
28 section 4022.

1 PRAYER

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

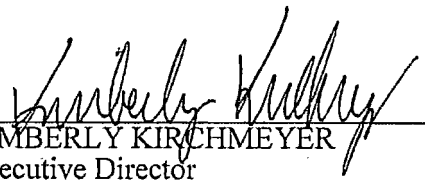
4 1. Revoking or suspending Physician's and Surgeon's Certificate No. A 100304, issued
5 to Brian Michael Manjarres, M.D.;

6 2. Revoking, suspending or denying approval of Brian Michael Manjarres, M.D.'s
7 authority to supervise physician assistants and advanced practice nurses;

8 3. Ordering Brian Michael Manjarres, M.D., if placed on probation, to pay the Board the
9 costs of probation monitoring; and

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

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12 DATED: March 13, 2019

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14 KIMBERLY KIRCHMEYER
15 Executive Director
16 Medical Board of California
17 Department of Consumer Affairs
18 State of California
19 Complainant
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