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

In the Matter of the Accusation Against: Thomas Ross Evans Physician's and Surgeons License No. G 30778 Respondent.	Case No. 800-2016-026775

DECISION

The attached Stipulation Settlement 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 8, 2021.

IT IS SO ORDERED: December 11, 2020.

MEDICAL BOARD OF CALIFORNIA

Ronald H. Lewis, Chair
Panel A

XAVIER BECERRA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General
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Attorneys for Complainant

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

In the Matter of the Accusation Against: **THOMAS ROSS EVANS, M.D.** **1070 North Cherry St.** **Tulare, CA 93274-2251** **Physician's and Surgeon's Certificate No. G 30778** Respondent.	Case No. 800-2016-026775 OAH No. 2019080586 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

1. Christine J. Lally (Complainant) is the Interim Executive Director of the Medical Board of California (Board). She brought this action solely in her official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Michael C. Brummel, Deputy Attorney General.

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2. Respondent Thomas Ross Evans, M.D. (Respondent) is represented in this proceeding by attorney Dennis R. Thelen, Esq., whose address is: 5001 E. Commercenter Drive, Suite 300, Bakersfield, CA 93309.

3. On or about September 10, 1975, the Board issued Physician's and Surgeon's Certificate No. G 30778 to Thomas Ross Evans, M.D. (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. 800-2016-026775, and will expire on January 31, 2022, unless renewed.

JURISDICTION

4. Accusation No. 800-2016-026775 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 July 18, 2019. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2016-026775 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2016-026775. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

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CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2016-026775, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. Respondent does not contest that, at an administrative hearing, complainant could establish a prima facie case with respect to the charges and allegations in Accusation No. 800-2016-026775, a true and correct copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate, No. G 30778 to disciplinary action. Respondent agrees that if he ever petitions for early termination or modification of probation, or if the Board ever petitions for revocation of probation, all of the charges and allegations contained in Accusation No. No. 800-2016-026775 shall be deemed true, correct and fully admitted by respondent for purposes of that proceeding or any other licensing proceeding involving respondent in the State of California.

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

CONTINGENCY

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

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13. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in Accusation No. 800-2016-026775 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.

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

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 30778 issued to Respondent Thomas Ross Evans, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for four (4) years on the following terms and conditions:

1. EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

2. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in prescribing practices approved in advance by the Board or its designee. Respondent shall provide the approved course provider

with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The prescribing practices course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

3. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

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

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

Respondent shall submit a certification of successful completion to the Board or its designee not later than 15 calendar days after successfully completing the program or not later than 15 calendar days after the effective date of the Decision, whichever is later.

5. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to Respondent, at any other facility where Respondent engages in the practice of medicine, including all physician and locum tenens registries or other similar agencies, and to the Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage to Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15

calendar days.

This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

6. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE NURSES. During probation, Respondent is prohibited from supervising physician assistants and advanced practice nurses.

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

8. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Board, stating whether there has been compliance with all the conditions of probation.

Respondent shall submit quarterly declarations not later than 10 calendar days after the end of the preceding quarter.

9. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

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

Place of Practice

Respondent shall not engage in the practice of medicine in Respondent's or patient's place of residence, unless the patient resides in a skilled nursing facility or other similar licensed facility.

License Renewal

Respondent shall maintain a current and renewed California physician's and surgeon's

license.

Travel or Residence Outside California

Respondent shall immediately inform the Board or its designee, in writing, of travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty (30) calendar days.

In the event Respondent should leave the State of California to reside or to practice ,Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of departure and return.

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

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

In the event Respondent's period of non-practice while on probation exceeds 18 calendar months, Respondent shall successfully complete the Federation of State Medical Boards's Special Purpose Examination, or, at the Board's discretion, a clinical competence assessment program

that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

Respondent's period of non-practice while on probation shall not exceed two (2) years.

Periods of non-practice will not apply to the reduction of the probationary term.

Periods of non-practice for a Respondent residing outside of California will relieve Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or Controlled Substances; and Biological Fluid Testing..

12. COMPLETION OF PROBATION. Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, Respondent's certificate shall be fully restored.

13. VIOLATION OF PROBATION. Failure to fully comply with any term or condition of probation is a violation of probation. If Respondent violates probation in any respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

14. LICENSE SURRENDER. Following the effective date of this Decision, if Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, Respondent may request to surrender his or her license. The Board reserves the right to evaluate Respondent's request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its designee and Respondent shall no longer practice medicine. Respondent will no longer be subject

to the terms and conditions of probation. If Respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

15. PROBATION MONITORING COSTS. Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of California and delivered to the Board or its designee no later than January 31 of each calendar year.

16. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2016-026775 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Dennis R. Thelen, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: _____

THOMAS ROSS EVANS, M.D.
Respondent

I have read and fully discussed with Respondent Thomas Ross Evans, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: _____

DENNIS R. THELEN, ESQ.
Attorney for Respondent

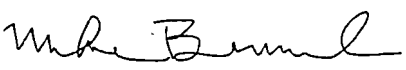
ENDORSEMENT

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

DATED: August 20, 2020

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General



MICHAEL C. BRUMMEL
Deputy Attorney General
Attorneys for Complainant

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Dennis R. Thelen, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 8/18/2020

THOMAS ROSS EVANS, M.D.
Respondent

I have read and fully discussed with Respondent Thomas Ross Evans, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 8-18-20

DENNIS R. THELEN, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: _____

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General

MICHAEL C. BRUMMEL
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2016-026775

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Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO July 18 2019
BY _____ ANALYST

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

In the Matter of the Accusation Against: **Thomas Ross Evans, M.D.** **1070 North Cherry St.** **Tulare, CA 93274-2251** **Physician's and Surgeon's Certificate No. G 30778,** Respondent.	Case No. 800-2016-026775 **ACCUSATION**

Complainant alleges:

PARTIES

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

2. On or about September 10, 1975, the Medical Board issued Physician's and Surgeon's Certificate Number G 30778 to Thomas Ross Evans, M.D. (Respondent). The

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

JURISDICTION

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

4. Section 2227 of the Code states:

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

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

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

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

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

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

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

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5. Section 2234 of the Code, states:

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

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

"(b) Gross negligence.

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

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

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

"(d) Incompetence.

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

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

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

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

6. Section 2266 of the Code states: "The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct."

PERTINENT DRUGS AND DEFINITIONS

7. CURES. Controlled Substance Utilization Review and Evaluation System 2.0 (CURES) is a database of Schedule II, III and IV controlled substance prescriptions dispensed in California serving the public health, regulatory and oversight agencies and law enforcement. CURES 2.0 is committed to the reduction of prescription drug abuse and diversion without affecting legitimate medical practice or patient care.

8. Controlled Substances Agreement, also known as a pain management contract or pain management agreement. A pain management agreement is recommended for patients on short-acting opioids at the time of the third visit; on long acting opioids; or expected to require more than three months of opioids. A pain management agreement outlines the responsibilities of the physician and patient during the time that controlled substances are prescribed. See Medical Board of California: Guidelines for Prescribing Controlled Substances for Pain, November 2014.

9. Acetaminophen (Tylenol®) is a pain reliever and a fever reducer. It is used to treat many conditions including headache, muscle aches, arthritis, backache, toothaches, colds, and fevers. Acetaminophen is not a controlled substance.

10. Benzodiazepines are a class of agents that work on the central nervous system, acting on select receptors in the brain that inhibit or reduce the activity of nerve cells within the brain. Valium, diazepam, alprazolam and temazepam are all examples of benzodiazepines. All benzodiazepines are Schedule IV controlled substances and have the potential for abuse, addiction and diversion.

11. Butrans® (buprenorphine hydrochloride) is a Schedule III controlled substance pursuant to Health and Safety Code section 11056, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and

indicated, it is used for the treatment of opioid addiction and should be used as part of a complete treatment plan to include counseling and psychosocial services.

12. Hysingla ER® (hydrocodone) is an extended release opioid pain medication used to treat severe pain. Hysingla ER® is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (e), and a dangerous drug pursuant to Business and Professions Code section 4022.

13. Klonopin® (clonazepam) 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. It is an anti-anxiety medication in the benzodiazepine family.

14. Lyrica® (pregabalin) is an anti-epileptic drug, also called an anticonvulsant, that slows down impulses in the brain that cause seizures. It also affects chemicals in the brain that send pain signals across the nervous system. It is used to treat fibromyalgia, nerve pain, herpes zoster, or spinal cord injury. Lyrica is a Schedule IV controlled substance pursuant to Health and Safety Code section 11058, and a dangerous drug pursuant to Business and Professions Code section 4022.

15. Vicodin® and Norco® are brand names for a preparation of acetaminophen and hydrocodone bitartrate. Hydrocodone Bitartrate – Acetaminophen is an opioid pain medication used for relief from moderate to moderately severe pain and has a high potential for abuse. Norco is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (e), and a dangerous drug pursuant to Business and Professions Code section 4022.

16. Nucynta (tapentadol hydrochloride) is an opioid pain medication or narcotic that is used to treat moderate to severe pain. Nucynta has a high potential for abuse. Nucynta is a Schedule II controlled substance and narcotic as defined by section 11055, subdivision (b)(1) of the Health and Safety Code, and a Schedule II controlled substance as defined by Section 1308.12 (b)(1) of Title 21 of the Code of Federal Regulations and a dangerous drug as defined in Business and Professions Code section 4022.

17. Gabapentin (Neurontin®) is an anti-epileptic medication also called an anticonvulsant. It affects chemicals and nerves in the body that are involved in the cause of seizures and some types of pain. Gabapentin is a dangerous drug as defined in Section 4022.

18. Tramadol (Ultram®) is a narcotic like pain reliever used to treat severe pain. Tramadol has the potential for abuse. Tramadol 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.

19. Zanaflex® (tizanidine) is a short-acting muscle relaxer. It blocks nerve impulses that are sent to your brain. Zanaflex® is a dangerous drug pursuant to Business and Professions Code section 4022.

20. Zoloft® (sertraline) is an antidepressant belonging to a group of drugs called selective serotonin uptake inhibitors. It affects chemicals in the brain that may be unbalanced in people with depression, panic, anxiety, or obsessive-compulsive symptoms. It is used to treat depression, obsessive-compulsive disorder, panic disorder, anxiety disorders, post-traumatic stress disorder (PTSD), and premenstrual dysphoric disorder. Zoloft® is a dangerous drug pursuant to Business and Professions Code section 4022.

CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

21. Respondent's Physician's and Surgeon's License No. G 30778 is subject to disciplinary action under section 2227, as defined by section 2234, subdivision (c), in that he committed act(s) and/or omission(s) constituting repeated negligent acts. The circumstances are as follows:

22. Respondent has served as the primary care physician for Patient A[1] at Tulare Family Practice Medical Group for more than twenty years. Patient A's history included anxiety, depression, allergic rhinitis, and recurrent chest colds.

23. On or about November 26, 2012, Patient A presented to Respondent at 43 years of age, after injuring his back pulling down a 200-pound box at work. Patient A had taken some

[1] To protect the privacy of the patient, names are not identified in this Accusation.

Vicodin that he had in his possession from a prior surgeon, unrelated to his back pain. Patient A had no history of back pain, and was experiencing significant spasms and pain in his right lumbar area. Respondent noted that Patient A did not drink any alcohol. Respondent documented a review of systems, physical examination, and neurological examination, but did not document a specific back examination. Respondent stated that his plan for Patient A was to rest, stretch, and return for evaluation in approximately one week.

24. On or about November 29, 2012, Patient A returned to Respondent for a follow up related to his lower back pain. Patient A complained that he was stiff and sore, despite taking Motrin and doing his exercises. Respondent did not document a specific back examination, but listed lumbar pain, and lumbar sprain and strain under the assessment portion of the medical record. Respondent prescribed Zanaflex, four times daily for 10 days, with two refills.

25. On or about December 5, 2012, Patient A returned to Respondent complaining that his back pain was not improving. Patient A was concerned that his back was not improving, despite taking his medications. Respondent recommended that Patient A take a couple of weeks off work, referred him to physical therapy, and recommended that he continue range of motion exercises. Respondent chose to begin prescribing opioids to Patient A, even though he had not documented a substance abuse history. Respondent prescribed 40 tablets of Norco 10/325, with one refill. Respondent did not document any discussions for the risks and benefits of the use of controlled substances or alternative treatment modalities for his pain.

26. On or about December 14, 2012, Patient A returned to Respondent with back pain, and head and chest congestion. Respondent did not document a specific back examination. Respondent prescribed Patient A an antibiotic for his congestion.

27. On or about December 21, 2012, Patient A returned to Respondent complaining of back pain. Respondent documented a back examination that revealed paraspinal muscle spasms on the left side, and tenderness to palpation on the lumbosacral spine. Respondent recommended that Patient A use a TENS unit in addition to the Zanaflex and Norco. Respondent did not document any discussions of the risks and benefits of the use of controlled substances or alternative treatment modalities for his pain.

28. On or about December 28, 2012, patient A returned to Respondent for a follow up related to his back pain. Patient A reported that his back was doing better, and he wanted to return to work. Patient A reported that he was taking the pain medicine occasionally, about two or three times per week. Respondent prescribed Patient A 40 tablets of Norco 10/325, with one refill, and recommended that he continue with the stretching and exercise program. Respondent did not document any discussions for the risks and benefits of the use of controlled substances or alternative treatment modalities for his pain.

29. On or about February 5, 2013, Patient A presented to Respondent complaining of symptoms of withdrawal after running out of Norco on the Saturday prior to the visit. Patient A stated that his back pain was improving, and he did not want to continue taking pain medications. Patient A told Respondent that he had problems with drug use in the past, but was not getting medications from anyone other than Respondent. Respondent prescribed Patient A 40 tablets of Norco 10/325, with no refills. Respondent instructed him to taper off the Norco by ½ tablet per day every day for the next 15 days. Respondent did not document a specific back examination. Respondent listed under the assessments that Patient A suffered from generalized anxiety disorder, depressive disorder, and lumbar sprain and strain. Respondent prescribed Klonopin to aid with his sleep and anxiety symptoms, and refilled his Zoloft at an increased dosage. Respondent did not document any discussions of the risks and benefits of the use of controlled substances or alternative treatment modalities for his pain. Respondent did not document any consideration of a referral to a specialist in addiction medicine, pain management or psychiatry. Respondent continued to prescribe Norco to Patient A for the next five months, without any documented office visits or consultations.

30. On or about January 27, 2014, Patient A returned to Respondent for follow up, and complaining that he had experienced back pain for the last couple of weeks. Respondent documented the first physical examination of Patient A's back since Patient A first presented to him complaining of back pain. Respondent advised Patient A to continue stretching and exercise, and increased the prescription to 60 tablets of Norco 10/325, with 1 refill. Respondent did not document any discussions of the risks and benefits of the use of controlled substances or

alternative treatment modalities for his pain. Respondent did not document any consideration of a referral to a specialist in addiction medicine, pain management or psychiatry. Respondent continued to prescribe Norco to Patient A for the next five months, without any documented office visits or consultations.

31. On or about March 31, 2014, Respondent documented a telephone authorization for a refill of Patient A's Norco prescription, specifically 60 tablets of Norco.

32. On or about April 30, 2014, Respondent documented a telephone authorization for a refill of Patient A's Norco prescription, specifically 60 tablets of Norco.

33. On or about June 3, 2014, Patient A returned to Respondent for refills on his medications. Patient A reported that he has to take three or four pain pills when working, and is using more than 60 pain pills per month. Respondent documented a discussion of pain management with Patient A for the first time in the treatment section of the medical record, then increased the prescription to 90 pills of Norco 10/325, with 2 refills. Respondent continued to prescribe Norco to Patient A for the next three months, without any documented office visits or consultations.

34. On or about September 2, 2014, Patient A returned to Respondent because he was out of pain medication. Patient A asked Respondent to keep him on a lower narcotic dose because of his potential tolerance to narcotics. Respondent introduced a new prescription for Neurontin, and continued to prescribe 90 pills of Norco 10/325, with 2 refills.

35. On or about October 31, 2014, Patient A presented to Respondent for refills. Patient A reported that he was working full time, but needed 3-4 pain pills each day. Respondent increased the opioid prescription to 120 pills of Norco 10/325, with no refills.

36. On or about November 30, 2014, Patient A completed an initial pain assessment for Respondent. Patient A complained of back spasms, shooting pain and stiffness in his back. Patient A reported that he had frequently used alcohol in the past, and occasionally used marijuana and cocaine in the past. Patient A reported that he still occasionally used marijuana. Patient A signed a pain management agreement with Respondent.

37. On or about December 19, 2014, Patient A presented to Respondent for refills of Norco. Respondent increased the opioid prescription to 120 tablets of Norco 10/325, with no refills.

38. During the period of on or about January 27, 2014, through on or about December 30, 2014, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Strength	Qty	Dr's Name	Refill#
2014-01-27	HYDROCODONE BITARTRATE-ACETAMINOPHEN	10 mg-325 mg	60	EVANS, THOMAS R MD	0
2014-02-26	HYDROCODONE BITARTRATE-ACETAMINOPHEN	10 MG-325 mg	60	EVANS, THOMAS R MD	1
2014-03-28	HYDROCODONE BITARTRATE-ACETAMINOPHEN	10 mg-325 mg	60	EVANS, THOMAS R MD	0
2014-04-29	HYDROCODONE BITARTRATE-ACETAMINOPHEN	10 mg-325 mg	60	EVANS, THOMAS R MD	0
2014-06-03	HYDROCODONE BITARTRATE-ACETAMINOPHEN	10 mg-325 mg	90	EVANS, THOMAS R MD	0
2014-07-03	HYDROCODONE BITARTRATE-ACETAMINOPHEN	10 mg-325 mg	90	EVANS, THOMAS R MD	0
2014-08-05	HYDROCODONE BITARTRATE-ACETAMINOPHEN	10 mg-325 mg	90	EVANS, THOMAS R MD	0
2014-09-05	HYDROCODONE BITARTRATE-ACETAMINOPHEN	10 mg-325 mg	90	EVANS, THOMAS R MD	0
2014-10-04	HYDROCODONE BITARTRATE-ACETAMINOPHEN	10 mg-325 mg	90	EVANS, THOMAS R MD	1
2014-10-31	HYDROCODONE BITARTRATE-ACETAMINOPHEN	10 mg-325 mg	120	EVANS, THOMAS R MD	0
2014-12-01	HYDROCODONE BITARTRATE-ACETAMINOPHEN	10 mg-325 mg	120	EVANS, THOMAS R MD	0
2014-12-30	HYDROCODONE BITARTRATE-ACETAMINOPHEN	10 mg-325 mg	120	EVANS, THOMAS R MD	0

39. On or about February 27, 2015, Patient A returned to Respondent for refills of Norco. Patient A stated that he was working full time, but still taking 3-4 pain pills each day. Respondent recommended that he try to take 2-3 pain pills on days when he was not working. Respondent prescribed 120 tablets of Norco 10/325, with no refills.

40. On or about March 27, 2015, Patient A returned to Respondent for refills of his pain medications. Respondent lowered the dosage of hydrocodone, in response to Patient A's request for less pain medication. Respondent prescribed 120 tablets of Norco 7.5/325, with no refills.

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41. On or about April 29, 2015, Patient A picked up a prescription for 120 tablets of Norco 7.5/325, with no refills.

42. On or about May 27, 2015, Patient A returned to Respondent for refills of his pain medication. Respondent prescribed 120 tablets of Norco 7.5/325, with no refills.

43. On or about July 13, 2015, Patient A returned to Respondent for refills of his pain medication. Respondent lowered the dosage of hydrocodone from 7.5 mg to 5 mg. Respondent prescribed 120 tablets of Norco 5/325, with no refills.

44. On or about August 21, 2015, Patient A returned to Respondent for refills of his pain medication. Respondent increased the dosage of hydrocodone from 5 mg back to 7.5 mg. Respondent prescribed 120 tablets of Norco 7.5/325, with no refills. Respondent continued to prescribe Lyrica, despite Patient A's complaint that it made him sleepy and was not helpful.

45. On or about September 18, 2015, Patient A returned to Respondent for a refill of his Norco. Respondent diagnosed Patient A with lumbar sprain and strain, pain in his thoracic spine, and contact dermatitis. Respondent discussed urine drug testing for Patient A while he was taking controlled substances. Patient A reported that he was taking 2-3 pain pills each day. Respondent prescribed 120 tablets of Norco 7.5/325.

46. On or about September 22, 2015, Patient A provided a sample for a urine toxicology test. The urine test was positive for the presence of THC as well as opioids.

47. On or about October 20, 2015, Patient A returned to Respondent for refills of his pain medications. Respondent recommended introducing Tramadol for his pain in place of the Norco, in order to avoid monthly visits while taking controlled substances. Respondent did not document any consideration of a referral to a specialist in addiction medicine, pain management or psychiatry.

48. On or about October 23, 2015, Patient A presented to Respondent complaining that the Tramadol was ineffective, and requesting Norco. Patient A complained that he was hurting all over, and felt much better when he was taking Norco. Patient A asked for more Norco, but also felt that he had taken it for too long and wanted help getting off of it. Respondent diagnosed Patient A with chronic pain syndrome, dorsalgia, and chronic pain syndrome. Respondent

discontinued the Tramadol, and prescribed Patient A 60 tablets of Norco 7.5/325, with no refills. Respondent added a prescription for a Butrans patch.

49. On or about December 10, 2015, Patient A returned to Respondent for refills and complaining of a facial rash. Respondent diagnosed him with contact dermatitis due to the Butrans patch. Respondent discontinued the Butrans patch, and prescribed Patient A a lower dosage of Norco. Respondent prescribed 90 tablets of 5/325 Norco, with no refills.

50. During the period of on or about January 28, 2015, through on or about December 11, 2015, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Strength	Qty	Dr's Name	Refill#
2015-01-28	HYDROCODONE BITARTRATE-ACETAMINOPHEN	10 mg-325 mg	120	EVANS, THOMAS R MD	0
2015-02-27	HYDROCODONE BITARTRATE-ACETAMINOPHEN	10 mg-325 mg	120	EVANS, THOMAS R MD	0
2015-03-27	HYDROCODONE BITARTRATE-ACETAMINOPHEN	7.5 mg-325 mg	120	EVANS, THOMAS R MD	0
2015-04-30	HYDROCODONE BITARTRATE-ACETAMINOPHEN	7.5 mg-325 mg	120	EVANS, THOMAS R MD	0
2015-05-28	HYDROCODONE BITARTRATE-ACETAMINOPHEN	7.5 mg-325 mg	120	EVANS, THOMAS R MD	0
2015-07-13	HYDROCODONE BITARTRATE-ACETAMINOPHEN	5 mg-325 mg	120	EVANS, THOMAS R MD	0
2015-09-20	HYDROCODONE BITARTRATE-ACETAMINOPHEN	7.5 mg-325 mg	90	EVANS, THOMAS R MD	0
2015-10-20	TRAMADOL HCL	50 mg	120	EVANS, THOMAS R MD	0
2015-10-23	BUTRANS	10 MCG/1 HR	4	EVANS, THOMAS R MD	0
2015-10-23	HYDROCODONE BITARTRATE-ACETAMINOPHE	7.5 mg-325 mg	60	EVANS, THOMAS R MD	0
2015-11-21	BUTRANS	10 MCG/1 HR	4	EVANS, THOMAS R MD	0
2015-12-11	HYDROCODONE BITARTRATE-ACETAMINOPHEN	5 mg-325 mg	90	EVANS, THOMAS R MD	0

51. On or about January 20, 2016, Patient A returned for treatment by another provider at Respondent's medical office. Patient A received a prescription for 90 tablets of Norco 5/325, with no refills.

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52. On or about February 23, 2016, Patient A returned to Respondent for refills of his Norco. Respondent's assessment for Patient A included thoracic spine pain, lumbar sprain, and pain in the lumbar region. Respondent increased the strength of Patient A's hydrocodone prescription from 5 mg to 7.5 mg. Respondent prescribed 60 tablets of 7.5/325 Norco, with no refills.

53. On or about March 28, 2016, Patient A returned to Respondent for refills on his medications. Respondent discussed the possibility of introducing Nucynta to treat Patient A's pain, if his insurance would cover the prescription. Respondent increased the strength of Patient A's hydrocodone prescription from 7.5 mg to 10 mg. Respondent prescribed 90 tablets of 10/325 Norco, with no refills.

54. On or about April 29, 2016, patient A returned to Respondent for refills of his Norco. Patient A reported that he was functioning well taking 2.5 pills of Norco per day. Respondent discussed the possibility of prescribing an oral form of Butrans to Patient A, since he had an allergic reaction to the patch. Respondent prescribed Patient A 90 tablets of Norco 10/325.

55. On or about July 1, 2016, Patient A returned to Respondent for refills on his Norco. Respondent's plan for Patient A was to continue prescribing the same medications.

56. On or about August 1, 2016, Patient A returned to Respondent for refills of his Norco. Respondent noted that Patient A was taking 3-4 pills of Norco each day, but was not supposed to be taking pain medication while at work. Respondent noted that he was trying to get insurance authorization for Hysingla ER. Respondent prescribed Patient A 90 tablets of Norco 10/325.

57. On or about August 12, 2016, Respondent prescribed 30 tablets of Hysingla ER with two refills by telephone.

58. On or about September 1, 2016, Patient A returned to Respondent seeking refills of his medications. Respondent noted that Patient A's back pain was unchanged, and he was experiencing pain and weakness in his joints. Respondent prescribed Patient A 90 tablets of Norco 10/300. Respondent's records contain no mention of the August 12, 2016, prescription for Hysingla ER.

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59. During the period of on or about February 23, 2016, through on or about September 1, 2016, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Strength	Qty	Dr's Name	Refill#
2016-02-23	HYDROCODONE BITARTRATE-ACETAMINOPHEN	7.5 mg-325 mg	90	EVANS, THOMAS R MD	0
2016-03-28	HYDROCODONE BITARTRATE-ACETAMINOPHEN	10 mg-325 mg	90	EVANS, THOMAS R MD	0
2016-04-29	HYDROCODONE BITARTRATE-ACETAMINOPHEN	10 mg-325 mg	90	EVANS, THOMAS R MD	0
2016-06-01	HYDROCODONE BITARTRATE-ACETAMINOPHEN	10 mg-325 mg	90	EVANS, THOMAS R MD	0
2016-07-02	HYDROCODONE BITARTRATE-ACETAMINOPHEN	10 mg-325 mg	90	EVANS, THOMAS R MD	0
2016-08-01	HYDROCODONE BITARTRATE-ACETAMINOPHEN	10 mg-325 mg	90	EVANS, THOMAS R MD	0
2016-09-01	HYDROCODONE BITARTRATE-ACETAMINOPHEN	10 mg-325 mg	90	EVANS, THOMAS R MD	0

Standard of Care

60. The standard of care for a physical examination includes an initial examination, focused towards the patient's presenting illness. The physician should perform subsequent follow-up examinations to determine the course of the illness, effect of treatment, intended and adverse effects. The physical examination should include documentation of vital signs.

61. The standard of care for the treatment plan, objectives and course of illness while prescribing controlled substances requires the physician to state objectives by which the treatment plan can be evaluated. The objectives may include pain relief and/or function, and should indicate if any further diagnostic evaluations or other treatments are planned.

62. The standard of care is for the physician to discuss the risks and benefits of the use of controlled substances and other available treatment modalities with the patient prior to prescribing controlled substances.

63. The standard of care is for the physician to periodically review the course of pain treatment and make appropriate modifications of treatment based on the patient's progress or lack of progress, depending on the evaluation towards treatment objectives.

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64. The standard of care requires the physician to consider referring the patient for additional evaluation and treatment in order to achieve treatment objectives, especially with complex cases. The physician should give special attention to those patients who are at higher risk for misuse, including patients with a history of substance abuse/addiction or co-morbid mental health conditions. These patients require extra care, monitoring, documentation, and consultation with specialists, including medicine, pain management, and/or psychiatry.

65. The standard of care requires the physician to maintain accurate and complete records, demonstrating a history and examination along with evaluations, consultations, treatment plans, objectives, informed consent documentation, medications prescribed and documentation of periodic review.

Departures

66. Respondent failed to conduct a focused physical examination of Patient A's back until January 27, 2014, several months after Patient A initially presented with a back injury. Respondent failed to determine whether Patient A suffered from vertebral tenderness to palpation. Respondent did not document Patient A's pulse, respiratory rate or temperature during any of his visits. Respondent documented that Patient A's heart was not in distress, and had a regular rate and rhythm, but failed to actually obtain Patient A's pulse and respiratory rate. Respondent's failure to assess and document Patient A's pulse and respiratory rate prevented him from evaluating the effects of prescribed medicine, including respiratory depression and bradycardia or tachycardia. Respondent's failure to assess and document Patient A's temperature prevented him from ruling out any possible infectious process. Respondent prescribed antibiotics on several occasions during the four years evaluated, but failed to document Patient A's temperature to support the presumption of a possible bacterial infection. Respondent failed to conduct a more thorough physical examination at each visit, and failed to assess Patient A's vital signs, which constitutes a separate and distinct simple departure at each visit.

67. Respondent documented regular visits with Patient A during which Patient A reported pain relief and improvement with function. Respondent documented discussion of multiple treatment modalities, but failed to pursue additional diagnostic work up including lab work,

imaging studies or referrals to specialists. Despite failing to modify the treatment plan in response to Patient A's improvement or to conduct an adequate diagnostic workup, Respondent continued to prescribe controlled substances to Patient A. Respondent failed to adequately document and/or utilize an adequate treatment plan and objectives in the care of Patient A, which constitutes a departure from the standard of care.

68. Respondent failed to document a discussion of the risk and benefits of controlled substances prior to prescribing controlled substances to Patient A. Despite Patient A's history of substance abuse, Respondent prescribed controlled substances to him for more than seven months before documenting a discussion about the risks and benefits of controlled substances. Respondent prescribed controlled substances for more than ten months prior to obtaining a signed pain management agreement. Respondent's failure to adequately provide informed consent to Patient A regarding controlled substances constitutes a departure from the standard of care.

69. Respondent repeatedly prescribed controlled substances to Patient A, absent regular visits with Patient A. Respondent continued to prescribe Patient A Norco, without documenting any discussion with Patient A regarding the need to taper off controlled substances. Respondent's efforts to introduce alternative medications to controlled substances for Patient A were inadequate, because he continued to prescribe Norco alongside the new medications. Respondent's efforts to lower the dose of controlled substances to Patient A were short lived and inadequate. Each time Respondent failed to perform an adequate periodic review related to the prescribing of controlled substances to Patient A constitutes a separate and distinct departure from the standard of care.

70. Respondent failed to obtain consultations from specialists related to Patient A's back pain. Patient A had a history of substance abuse, depression, anxiety, and presented with withdrawal symptoms when he stopped taking controlled substances. Despite Patient A's complicated history, withdrawal symptoms, and significant increase in the dosage of his antidepressant medication, Respondent did not refer him to a pain management specialist, addiction medicine specialist or a psychiatrist. Respondent's failure to refer Patient A to

specialists related to his prescribing of controlled substances constitutes a departure from the standard of care.

71. Respondent's medical records for Patient A frequently contained an insufficient documentation of the history of present illness, and failed to contain Patient A's vital signs. Respondent commonly failed to perform and/or document a focused physical examination of Patient A's back, the source of his pain complaints. Respondent's documentation of the objectives and treatment plan for Patient A were often inadequate, frequently only including a list of prescribed pain medications. After prescribing Hysingla ER by telephone, Respondent failed to document any mention of the prescription in the next office visit medical records, and continued to prescribe Patient A Norco. Respondent's medical records for Patient A repeatedly failed to include adequate documentation, which constitute separate and distinct departures from the standard of care.

SECOND CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Medical Records)

72. Respondent has subjected his Physician's and Surgeon's License No. G 30778 to disciplinary action under section 2227, as defined by section 2266, of the Code, in that he failed to maintain adequate and accurate records in connection with his care and treatment of Patient A, as more particularly alleged in paragraphs 22 through 71, which are hereby incorporated by reference and realleged as if fully set forth herein.

DISCIPLINARY CONSIDERATIONS

73. On or about September 17, 2007, in a prior disciplinary action entitled *In the Matter of the Accusation Against Thomas Ross Evans, M.D.* before the Medical Board of California, in Case No. 08-2005-164520, Respondent's Physician's and Surgeon's Certificate No. G 30778 was revoked, with the revocation stayed and Respondent placed on probation for five (5) years for allegations involving gross negligence, repeated negligent acts, and failure to maintain adequate and accurate medical records. That decision is now final and is incorporated by reference as if fully set forth herein.

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74. On or about March 26, 2001, in a prior disciplinary action entitled *In the Matter of the Accusation Against Thomas Ross Evans, M.D.* before the Medical Board of California, in Case No. 08-1997-74202, Respondent's Physician's and Surgeon's Certificate No. G 30778 was reprimanded for failing to adequately document a patient's medical record, and authorizing a prescription refill without scheduling a follow-up examination. That decision is now final and is incorporated by reference as if fully set forth herein.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number G 30778, issued to Thomas Ross Evans, M.D.;

2. Revoking, suspending or denying approval of Thomas Ross Evans, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent, if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: July 18, 2019

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

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