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

In the Matter of the Accusation Against: Norman Yu-Neng Kuo, M.D. Physician's and Surgeon's Certificate No. A 37079 Respondent.	Case No. 800-2017-030272

DECISION

The attached Stipulated Surrender of License and 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, 2021.

IT IS SO ORDERED DEC 22 2020.

MEDICAL BOARD OF CALIFORNIA

William Prasifka
Executive Director

XAVIER BECERRA
Attorney General of California
E. A. JONES III
Supervising Deputy Attorney General
CHRISTINE R. FRIAR
Deputy Attorney General
State Bar No. 228421
California Department of Justice
300 South Spring Street, Suite 1702
Los Angeles, CA 90013
Telephone: (213) 269-6472
Facsimile: (916) 731-2117
Attorneys for Complainant

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

In the Matter of the Accusation Against: **NORMAN YU-NENG KUO, M.D.** **PO Box 2593** **Cypress, California 90630** **Physician's and Surgeon's Certificate No. A 37079,** Respondent.	Case No. 800-2017-030272 OAH No. 2020040196 **STIPULATED SURRENDER OF LICENSE AND 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 brought this action solely in her official capacity as the Interim Executive Director of the Medical Board of California (Board). Since the filing of the Accusation in this matter, William Prasifka replaced Christine J. Lally as the Executive Director of the Board and Mr. Prasifka now maintains the complaint in his official capacity as the Executive Director of the Board. He is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Christine R. Friar, Deputy Attorney General.

///

2. Norman Yu-Neng Kuo, M.D. (Respondent) is represented in this proceeding by attorney Raymond J. McMahon, of Doyle Schafer McMahon, LLP whose address is 5440 Trabuco Road, Irvine, California 92620.

3. On July 17, 1981, the Board issued Physician's and Surgeon's Certificate No. A 37079 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. 800-2017-030272 and will expire on March 31, 2021, unless renewed.

JURISDICTION

4. On February 14, 2020, Accusation No. 800-2017-030272 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent. Respondent timely filed his Notice of Defense contesting the Accusation. A copy of Accusation No. 800-2017-030272 is attached as Exhibit A and incorporated by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2017-030272. Respondent also has carefully read, fully discussed with counsel, and understands the effects of this Stipulated Surrender of License and 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 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.

///

///

CULPABILITY

8. Respondent understands that the charges and allegations in Accusation No. 800-2017-030272, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

9. For the purpose of resolving the Accusation and pending investigations without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation and that those charges constitute cause for discipline. Respondent hereby gives up his right to contest that cause for discipline exists based on those charges.

10. 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.

CONTINGENCY

11. This stipulation shall be subject to approval by the Board. Respondent understands and agrees that counsel for Complainant and the staff of the Board may communicate directly with the Board regarding this stipulation and surrender, 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 Surrender 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.

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

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

///

ORDER

IT IS HEREBY ORDERED THAT Physician's and Surgeon's Certificate No. A 37079, issued to Respondent Norman Yu-Neng Kuo, 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. The effective date of the Board's Decision and Order shall be January 1, 2021 (Effective Date). Respondent shall lose all rights and privileges as a Physician and Surgeon in California as of the Effective Date.

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. 800-2017-030272 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. 800-2017-030272 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.

///

///

///

///

///

ACCEPTANCE

I have carefully read the above Stipulated Surrender of License and Order and have fully discussed it with my attorney, Raymond J. McMahon. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 10/31/2020

NORMAN YU-NENG KUO, M.D.
Respondent

I have read and fully discussed with Respondent Norman Yu-Neng Kuo, M.D. the terms and conditions and other matters contained in this Stipulated Surrender of License and Order. I approve its form and content.

DATED: 10/30/2020

RAYMOND J. McMAHON
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

DATED: November 2, 2020

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
E. A. JONES III
Supervising Deputy Attorney General

Christine R. Friar

CHRISTINE R. FRIAR
Deputy Attorney General
Attorneys for Complainant

Exhibit A

Accusation No. 800-2017-030272

XAVIER BECERRA
Attorney General of California
E. A. JONES III
Supervising Deputy Attorney General
CHRISTINE R. FRIAR
Deputy Attorney General
California Department of Justice
300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
Telephone: (213) 269-6472
Facsimile: (916) 731-2117
Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO Feb. 14 20 20
BY M. Francis ANALYST

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

In the Matter of the Accusation Against: **NORMAN YU-NENG KUO, M.D.** **PO Box 2593** **Cypress, California 90630** **Physician's and Surgeon's Certificate No. A 37079,** Respondent.	Case No. 800-2017-030272 **A C C U S A T I O N**

PARTIES

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

2. On or about July 17, 1981, the Board issued Physician's and Surgeon's Certificate Number A 37079 to Norman Yu-Neng Kuo, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on March 31, 2021, 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 (Code) unless otherwise indicated.

STATUTORY PROVISIONS

4. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

5. Section 2228.1 of the Code provides, in pertinent part:

"(a) On and after July 1, 2019, except as otherwise provided in subdivision (c), the board shall require a licensee to provide a separate disclosure that includes the licensee's probation status, the length of the probation, the probation end date, all practice restrictions placed on the licensee by the board, the board's telephone number, and an explanation of how the patient can find further information on the licensee's probation on the licensee's profile page on the board's online license information Internet Web site, to a patient or the patient's guardian or health care surrogate before the patient's first visit following the probationary order while the licensee is on probation pursuant to a probationary order made on and after July 1, 2019, in any of the following circumstances:

"(1) A final adjudication by the board following an administrative hearing or admitted findings or prima facie showing in a stipulated settlement establishing any of the following:

"...

"(D) Inappropriate prescribing resulting in harm to patients and a probationary period of five years or more.

"(2) An accusation or statement of issues alleged that the licensee committed any of the acts described in subparagraphs (A) to (D), inclusive, of paragraph (1), and a stipulated settlement based upon a nolo contendre or other similar compromise that does not include any prima facie showing or admission of guilt or fact but does include an express acknowledgment that the

disclosure requirements of this section would serve to protect the public interest.

"(b) A licensee required to provide a disclosure pursuant to subdivision (a) shall obtain from the patient, or the patient's guardian or health care surrogate, a separate, signed copy of that disclosure.

"(c) A licensee shall not be required to provide a disclosure pursuant to subdivision (a) if any of the following applies:

"(1) The patient is unconscious or otherwise unable to comprehend the disclosure and sign the copy of the disclosure pursuant to subdivision (b) and a guardian or health care surrogate is unavailable to comprehend the disclosure and sign the copy.

"(2) The visit occurs in an emergency room or an urgent care facility or the visit is unscheduled, including consultations in inpatient facilities.

"(3) The licensee who will be treating the patient during the visit is not known to the patient until immediately prior to the start of the visit.

"(4) The licensee does not have a direct treatment relationship with the patient.

"...."

6. Section 2234 of the Code, states, in pertinent part:

"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.

"...."

7. Section 2241.5 of the Code states:

"(a) A physician and surgeon may prescribe for, or dispense or administer to, a person under his or her treatment for a medical condition dangerous drugs or prescription controlled substances for the treatment of pain or a condition causing pain, including, but not limited to, intractable pain.

"(b) No physician and surgeon shall be subject to disciplinary action for prescribing, dispensing, or administering dangerous drugs or prescription controlled substances in accordance with this section.

"(c) This section shall not affect the power of the board to take any action described in Section 2227 against a physician and surgeon who does any of the following:

"(1) Violates subdivision (b), (c), or (d) of Section 2234 regarding gross negligence, repeated negligent acts, or incompetence.

"(2) Violates Section 2241 regarding treatment of an addict.

"(3) Violates Section 2242 or 2525.3 regarding performing an appropriate prior examination and the existence of a medical indication for prescribing, dispensing, or furnishing dangerous drugs or recommending medical cannabis.

"(4) Violates Section 2242.1 regarding prescribing on the Internet.

"(5) Fails to keep complete and accurate records of purchases and disposals of substances listed in the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and Safety Code) or controlled substances scheduled in the federal Comprehensive Drug Abuse Prevention and Control Act of 1970 (21 U.S.C. Sec. 801 et seq.), or pursuant to the federal Comprehensive Drug Abuse Prevention and Control Act of 1970. A

physician and surgeon shall keep records of his or her purchases and disposals of these controlled substances or dangerous drugs, including the date of purchase, the date and records of the sale or disposal of the drugs by the physician and surgeon, the name and address of the person receiving the drugs, and the reason for the disposal or the dispensing of the drugs to the person, and shall otherwise comply with all state recordkeeping requirements for controlled substances.

"(6) Writes false or fictitious prescriptions for controlled substances listed in the California Uniform Controlled Substances Act or scheduled in the federal Comprehensive Drug Abuse Prevention and Control Act of 1970.

"(7) Prescribes, administers, or dispenses in violation of this chapter, or in violation of Chapter 4 (commencing with Section 11150) or Chapter 5 (commencing with Section 11210) of Division 10 of the Health and Safety Code.

"(d) A physician and surgeon shall exercise reasonable care in determining whether a particular patient or condition, or the complexity of a patient's treatment, including, but not limited to, a current or recent pattern of drug abuse, requires consultation with, or referral to, a more qualified specialist.

"(e) Nothing in this section shall prohibit the governing body of a hospital from taking disciplinary actions against a physician and surgeon pursuant to Sections 809.05, 809.4, and 809.5."

8. Section 2242, subdivision (a), of the Code states:

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

9. 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."

10. Section 725 of the Code states:

"(a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering of drugs or treatment, repeated acts of clearly excessive use of diagnostic procedures, or repeated

acts of clearly excessive use of diagnostic or treatment facilities as determined by the standard of the community of licensees is unprofessional conduct for a physician and surgeon, dentist, podiatrist, psychologist, physical therapist, chiropractor, optometrist, speech-language pathologist, or audiologist.

"(b) Any person who engages in repeated acts of clearly excessive prescribing or administering of drugs or treatment is guilty of a misdemeanor and shall be punished by a fine of not less than one hundred dollars ($100) nor more than six hundred dollars ($600), or by imprisonment for a term of not less than 60 days nor more than 180 days, or by both that fine and imprisonment.

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

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

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

11. Respondent is subject to disciplinary action under section 2234, subdivision (b), of the Code, in that he was grossly negligent in his care and treatment of Patients A, B, and C.[1] The circumstances are as follows:

12. Since 2007, Respondent has operated a solo medical practice in La Palma, California.

Patient A

13. Patient A first presented to Respondent for care and treatment in 2009 when he was approximately 54 years old. Patient A is still under Respondent's care.

14. Patient A has multiple chronic medical problems including obesity, diabetes, gout, chronic back pain, anxiety, insomnia and osteoarthritis.

[1] The patients are designated by letters to address privacy concerns. The patients' identities are known to Respondent.

15. Throughout the course of his treatment of Patient A, Respondent consistently and continually prescribed high doses of opiate narcotics and benzodiazepines[2] to Patient A.

16. In 2012, Patient A was hospitalized for palpitations, an abnormal EKG and narcotic withdrawal.

17. Respondent, however, continued to prescribe high doses of narcotics and benzodiazepines to Patient A. For example, in both 2015 and 2016, Respondent provided Patient A with almost monthly prescriptions for both oxycodone HCL-acetaminophen, a Schedule II opiate narcotic, along with benzodiazepines.

18. Respondent prescribed these medications to Patient A without taking or documenting an adequate history, physical examination, imaging or other evaluation, such as psychological testing. Likewise, Respondent did not review Patient A's previous medical records before prescribing these medications.

19. Respondent's records provide no detail of Patient A's symptoms or response to therapies. There is no indication that Respondent advised or encouraged therapies for Patient A's chronic pain, other than the highly addictive medication he prescribed. There is no indication that Respondent ever advised Patient A on behavioral techniques, psychotherapy, exercise, or dietary measures that could have been used to treat his anxiety and insomnia.

20. Not until 2016, when Respondent finally ordered an MRI, did Respondent seek an explanation or etiology for Patient A's chronic back pain.

21. At no time did Respondent refer Patient A to an orthopedist or rheumatologist for specialty evaluation.

///

---

[2] "Benzodiazepines" are a class of drugs that produce central nervous system (CNS) depression. They are used therapeutically to produce sedation, induce sleep, relieve anxiety and muscle spasms, and to prevent seizures. They are most commonly used to treat insomnia and anxiety. There is the potential for dependence on and abuse of benzodiazepines particularly by individuals with a history of multi-substance abuse. Alprazolam (e.g., Xanax), lorazepam (e.g., Ativan), clonazepam (e.g., Klonopin), diazepam (e.g., Valium), and temazepam (e.g., Restoril) are the five most prescribed. In general, benzodiazepines act as hypnotics in high doses, anxiolytics in moderate doses, and sedatives in low doses.

22. In December 2014, Respondent performed a colonoscopy of Patient A. The stated indication for that procedure was "history of colon polyps." The results of the previous colonoscopy performed by Respondent on Patient A in 2011, however, showed no polyps. No other documentation indicates that polyps had been found previously. Accordingly, the December 2014 colonoscopy was not medically indicated.

23. Pursuant to the applicable standard of care in the medical community, during the course of the care and treatment of a patient, it is the duty of a physician to take an appropriate patient history, perform an appropriate physical examination, order appropriate lab testing, imaging and other diagnostic testing, and to follow-up and act on significant results. When the care required is outside the scope of the physician's medical expertise, a physician has a duty to refer a patient to specialists for care.

24. When treating a chronic illness, such as chronic pain, anxiety or insomnia, the standard of care requires that the physician treat the patient with the least toxic/addictive therapies available, including non-pharmacological therapies. When using narcotics and benzodiazepines, these medications must be prescribed at the lowest effective dose, for the shortest period of time, and only after other therapies have been tried and failed. The physician is to, "First, do not harm."

25. When treating chronic back pain or other chronic joint pain, a thorough history, including a review of past evaluation and therapy is necessary for on-going care; an adequate physical examination is necessary to diagnose the condition; and for on-going symptoms, imaging is needed. For refractory symptoms, patients should be referred to an orthopedist or rheumatologist for specialty evaluation.

26. When treating chronic pain, high doses of narcotics are inappropriate and dangerous. A patient requiring narcotics for pain relief for a chronic condition should be treated with multi-modality pain control, including non-pharmacological therapies, and should be under the care of a specialist, if the patient is unable to be weaned from narcotics.

27. When treating chronic anxiety and insomnia, long-term therapy with high dose benzodiazepines is inappropriate and dangerous. Patients should be treated with the least

addictive measures possible, including non-pharmacological therapies.

28. The standard of care in the medical community requires that physicians only perform invasive testing, such as a colonoscopy, when indicated and when in the patient's best interest.

29. The standard of care in the medical community requires that physicians document in the patient's medical record appropriate details of the evaluation and management of the patient's medical care, allowing the physician and others reviewing the record to understand and follow the patient's course of care. Pertinent details of the patient's symptoms, of the physical examination, the diagnostic testing, and response to therapies must be documented. In addition, the physician's current diagnostic assessment and plan for further evaluation and care must be documented at each patient encounter.

30. Respondent's care and treatment of Patient A constitutes an extreme departure from the applicable standard of care in the medical community. Specifically, over the course of several years, Respondent prescribed Patient A high doses of narcotics and benzodiazepines, both of which are well-known to be addicting, dangerous and potentially life-threatening without adequate history and examination, diagnostic testing, referral to specialists or attempt to treat with less toxic modalities. More specifically, during the course of his care and treatment of Patient A:

A. Respondent failed to perform an appropriate patient history;

B. Respondent failed to perform appropriate physical examinations;

C. Respondent failed to order appropriate lab testing, imaging and other diagnostic testing, and to follow-up and act on significant results;

D. Respondent failed to make appropriate referrals to specialists;

E. Respondent performed the December 2014 colonoscopy without adequate indication;

F. Respondent failed to treat Patient A's chronic pain, anxiety and insomnia with the least toxic/addictive therapies available, including non-pharmacological therapies;

G. Respondent failed to advise or encourage therapies other than highly addictive medication, such as behavioral techniques, psychotherapy, exercise, or dietary measures for Patient A's chronic conditions;

H. Respondent failed to document appropriate details of his evaluation and management

of Patient A's medical care, including pertinent details of Patient A's symptoms, physical examination, diagnostic testing, responses to therapies, diagnostic assessment and plan for further evaluation and treatment; and

I. Respondent continued to prescribe high doses of narcotics and benzodiazepines to Patient A even after Patient A was hospitalized in 2012 for narcotic withdrawal.

31. Respondent's care and treatment of Patient A caused Patient A harm. Respondent's inappropriate prescribing practices resulted in Patient A's long-term addiction to narcotics and benzodiazepines.

Patient B

32. Patient B first presented to Respondent in 2012. She was 42 years old.

33. She had been referred for abdominal pain and gastroesophageal reflux disease (GERD). She had also been diagnosed with fibromyalgia, chronic obstructive pulmonary disease (COPD), and obesity.

34. During Patient B's second visit with Respondent, on or about October 4, 2012, he prescribed Patient B 100 tablets of Norco, a Schedule II opiate for back pain. Respondent did not document any of her related symptoms or portions of her physical examination that were directed at her back pain.

35. Over the course of the next several years, and until 2017, Respondent continued to prescribe Patient B high dosages of narcotics and benzodiazepines for chronic back pain, anxiety, panic disorder and insomnia. Specifically, between 2014 and 2017, Respondent gave Patient B prescriptions for 100 of 10-325 Norco and/or 90 of 2 mg Xanax, a benzodiazepine, every time he saw her. During this time period, Respondent did not document that any medical history was ever taken of Patient B or that appropriate physical examinations or imaging studies were done pertinent to her diagnoses.

36. During the course of treatment, Respondent did not refer Patient B to either an orthopedist or rheumatologist for back pain. Nor did he refer her to a psychiatrist or therapist for her anxiety/panic disorder and refractory insomnia.

///

37. Patient B reports that during her course of care with Respondent, she became addicted to Norco and, ultimately sought the care of another physician to wean her off of the medication.

38. Respondent's care and treatment of Patient B constitutes an extreme departure from the applicable standard of care in the medical community. Specifically, over the course of several years, Respondent prescribed Patient B high doses of narcotics and benzodiazepines, both of which are well-known to be addicting, dangerous and potentially life-threatening without adequate history and examination, diagnostic testing, referral to specialists or attempt to treat with less toxic modalities. More specifically, during the course of his care and treatment of Patient B:

A. Respondent failed to perform an appropriate patient history;

B. Respondent failed to perform appropriate physical examinations;

C. Respondent failed to order appropriate lab testing, imaging and other diagnostic testing, and to follow-up and act on significant results;

D. Respondent failed to make appropriate referrals to specialists;

E. Respondent failed to treat Patient B's chronic pain, anxiety, panic disorder and insomnia with the least toxic/addictive therapies available, including non-pharmacological therapies;

F. Respondent failed to advise or encourage therapies other than highly addictive medication, such as behavioral techniques, psychotherapy, exercise, or dietary measures for Patient B's chronic conditions; and

G. Respondent failed to document appropriate details of his evaluation and management of Patient B's medical care, including pertinent details of Patient B's symptoms, physical examination, diagnostic testing, responses to therapies, diagnostic assessment and plan for further evaluation and treatment.

39. Respondent's care and treatment of Patient B caused Patient B harm. Respondent's inappropriate prescribing practices resulted in Patient B's addiction to narcotics and benzodiazepines.

///

///

Patient C

40. Patient C is married to Patient B.

41. Patient C presented to Respondent in October 2014, when she was 48 years old. Her diagnoses were hypothyroidism and lower back pain. Respondent prescribed her Norco and Xanax.

42. Over the course of Patient C's care and treatment with Respondent, he also treated her for depression, COPD and sinusitis.

43. Between 2014 and 2016, Patient C saw Respondent approximately once a month. Respondent consistently and repeatedly prescribed high doses of Norco and Xanax to Patient C. There is no evidence that Respondent performed an adequate evaluation or considered other non-pharmacological therapies.

44. In July 2015, Respondent noted that Patient C was being treated by another provider with Suboxone, in an attempt to break her addiction to narcotics. Respondent, however, continued to regularly prescribe Patient C Norco.

45. Patient C last saw Respondent in March 2016. At that visit, he again prescribed her Norco and Xanax.

46. There is no evidence in Patient C's records that Respondent ever took an adequate history or performed an appropriate physical examination pertinent to Patient C's diagnoses. Respondent also failed to refer Patient C to appropriate specialists.

47. Like Patient B, Patient C ultimately began seeing another provider to attempt to get off the pain medication prescribed by Respondent. The other provider placed her on Suboxone. Patient C reports that she relapsed once and went back to Respondent for a Norco prescription.

48. Patient C reports that she is a recovering alcoholic, who had been sober for 20 years when she began seeing Respondent. Patient C believes that the course of medication prescribed by Respondent led to her becoming addicted, which eventually led to her losing her professional license as a registered nurse.

49. On or about February 16, 2017, Patient C filed a police report against Respondent. Patient C was concerned that Patient B was still seeing Respondent and had nearly overdosed.

50. Respondent's care and treatment of Patient C constitutes an extreme departure from the applicable standard of care in the medical community. Specifically, over a two-year period, Respondent prescribed Patient C high doses of narcotics and benzodiazepines, both of which are well-known to be addicting, dangerous and potentially life-threatening without adequate history and examination, diagnostic testing, referral to specialists or attempt to treat with less toxic modalities. More specifically, during the course of his care and treatment of Patient C:

A. Respondent failed to perform an appropriate patient history;

B. Respondent failed to perform appropriate physical examinations;

C. Respondent failed to order appropriate lab testing, imaging and other diagnostic testing, and to follow-up and act on significant results;

D. Respondent failed to make appropriate referrals to specialists;

E. Respondent failed to treat Patient C's chronic pain and other conditions with the least toxic/addictive therapies available, including non-pharmacological therapies;

F. Respondent failed to advise or encourage therapies other than highly addictive medication, such as behavioral techniques, psychotherapy, exercise, or dietary measures for Patient C's chronic conditions;

G. Respondent failed to document appropriate details of his evaluation and management of Patient C's medical care, including pertinent details of Patient C's symptoms, physical examination, diagnostic testing, responses to therapies, diagnostic assessment and plan for further evaluation and treatment; and

H. Respondent continued to prescribe Patient C Norco even after he noted that she was being treated by another provider with Suboxone, in an attempt to break her addiction to narcotic medication.

51. Respondent's care and treatment of Patient C caused Patient C harm. Respondent's inappropriate prescribing practices resulted in Patient C's addiction to narcotics and benzodiazepines.

///

///

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

52. Respondent is subject to disciplinary action under section 2234, subdivision (c), of the Code, in that Respondent engaged in repeated negligent acts in his care and treatment of Patients A, B, and C. The circumstances are as follows:

53. The allegations contained in paragraphs 12 through 51 herein are incorporated by reference as if fully set forth, and represent repeated negligent acts.

THIRD CAUSE FOR DISCIPLINE

(Excessive Prescribing)

54. Respondent is subject to disciplinary action under section 725 of the Code, in that Respondent excessively prescribed narcotic medications to Patients A, B, and C. The circumstances are as follows:

55. The allegations contained in paragraphs 12 through 51 herein are incorporated by reference as if fully set forth, and represent the excessive prescribing of narcotics.

FOURTH CAUSE FOR DISCIPLINE

(Prescribing Dangerous Drugs Without an Examination)

56. Respondent is subject to disciplinary action under section 2242, subdivision (a), of the Code, in that Respondent prescribed dangerous drugs to each of the patients above, without appropriate prior examinations and/or medical indications. The circumstances are as follows:

57. The allegations contained in paragraphs 12 through 51 herein are incorporated by reference as if fully set forth, and represent the prescribing of dangerous drugs without an appropriate prior examination and/or medical indication.

FIFTH CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

58. Respondent is subject to disciplinary action under section 2266 of the Code, in that he failed to maintain adequate and accurate records relating to the provision of services to Patients A, B, and C. The circumstances are as follows:

59. The allegations contained in paragraphs 12 through 51 herein are incorporated by

reference as if fully set forth, and represent the failure to maintain adequate and accurate records.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 37079, issued to Norman Yu-Neng Kuo, M.D.;

2. Revoking, suspending or denying approval of Norman Yu-Neng Kuo, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Norman Yu-Neng Kuo, M.D., 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: FEB 14 2020

CHRISTINE J. LALLY
Interim Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

LA2020500644
Kup Revised Accusation.docx